This issue begins our 15th year of publication. In 2015, I looked back at our first 10 years, and as we pass this new milestone, it seems worth another look at how we started, where we’ve been, and where we might go.

ORIGINS

In 2005, President and CEO Tom Beeman suggested we initiate an in-house scientific journal. We were not aware (and still are not) that any other community hospital did so, and I accepted his offer to be the editor on the condition that it would be a scientific journal, not a promotional newsletter.

Our initial mission statement has never changed: “To provide an educational resource that helps physicians and other interested parties in the LGH service area maintain the highest standards in the science, practice, and delivery of health care.”

Ambitiously modeling ourselves after the New England Journal of Medicine, we planned to publish articles about every aspect of health care delivery.

With the strong backing of an administration that has never attempted to influence the journal’s content, we ventured into developing a community-based scientific periodical.

THE EARLY YEARS

To oversee the administrative and managerial tasks, LGH employee Gina A. Bissett was reassigned to devote 50 percent of her time as our first managing editor.

We used outside consultants for the design, and had our own ideas about format. To enhance portability, JLGH’s pages are smaller than most journals, and they are perforated so that single articles can be easily removed.

Composition, the conversion of typed text into formatted printed pages, requires expertise and software we initially lacked. A company in India provided the service economically, but the 10½ hour time difference was awkward and inefficient. The Internet was much slower then, and large files had to be transmitted piecemeal.

As expected, at first many physicians felt too busy to write articles, but the journal gradually gained recognition, and to this date we have had more than 250 unique contributors to the journal.

Many authors have written multiple articles. Almost every issue has contained at least one article by Dr. Alan Peterson, whose total is now more than 60 articles. Other high volume authors include Dr. Leigh Shuman, formerly of Lancaster Radiology Associates and still a member of our editorial board; Chris O’Connor, Esq., who contributed 10 articles on medico-legal issues while employed here; and Dr. Joseph Kontra, chief of infectious diseases. We have had several articles about nursing practice and education, and now have a member of the editorial board, Tomomi Horning, DBA, from the Pennsylvania College of Health Sciences staff.

CDS AND INTERVIEWS

Early issues had an accompanying CD with interviews of members of our professional staff and administration. One interview usually had a clinical focus, and the other a historical or sociological perspective. Notably, our former President and CEO, the late Paul Wedel, provided a memorable oral history of the growth of LGH.

Even after extensive editing, the interviews often totaled 45 minutes, and the appeal of CDs plummeted as satellite radio, cell phones, and podcasts became competitive sources of in-car entertainment. The effort and cost they entailed became unjustifiable, and – to the dismay of many listeners – the last CDs were mailed in the summer of 2009 with Vol. 4, Issue 2. The interviews are permanently archived on JLGH’s website where they can be heard at any time—hopefully, for all time. (The link to “Audio Interviews” is on the left side of the Home Page.)

www.jlgh.org

We knew from the start that a digital edition of JLGH would be essential, not only for reading online, but to provide a permanent archive and to ensure accessibility to search engines. Fortunately, the URL www.jlgh.org was available. JLGH articles on our website can
be found by any popular search engine, and though there is a search box on our home page, Google and similar search engines are hard to top; we usually just add the unique term “JLGH” to any other Google search term.

**JLGH THROUGH THE YEARS**

JLGH has evolved in many other ways:

1. Our editorial board of approximately a dozen members consists mostly of regular contributors from diverse specialties. The board’s membership changes slowly, as members leave LGH, retire, or ask to be replaced.

   They do not approve submitted manuscripts, but attend regular meetings at which they propose content, and recommend potential authors.

   Without their invaluable assistance, the editorial office could not possibly keep abreast of new developments that merit coverage, and I am profoundly grateful for their commitment to the journal.

2. We have had three managing editors who brought different skill sets to our evolving needs. Gina Bissett, who launched the journal, had expertise in computers and medical data analysis, but her other duties eventually required her full attention and she was reassigned in 2009. Her successor, Alrica Goldstein, had a graduate degree and extensive past employment in the publishing industry. She brought composition in-house, sought competitive bids for printing, and lowered our costs substantially. In 2015, Alrica left to travel with her family, and we were fortunate to hire Jean Korten, our current managing editor, who has extensive experience in journalism. She has a talent for efficiently managing the flow of manuscripts, for negotiating with our printer(s), and for communicating effectively with the many individuals we interact with, including authors and administrators.

3. Early issues of JLGH varied in length because composition was outsourced. Printing is least costly in octavo format – 8 pages on each side of a large sheet that is then cut and folded. Since we now control composition, we consistently print 32 pages (a cost-effective multiple of 8) on a 2x4 press. My editorial is usually confined to 2 pages, so I must write concisely!

4. JLGH is mailed to about 7,000 physicians in Lancaster County and contiguous Pennsylvania counties, as well as to nursing and administrative leaders, and interested lay readers such as hospital trustees. Copies are also sent to interested graduates of the Family Medicine Residency Program wherever they are. Our office of physician recruitment distributes many copies to potential physician recruits to demonstrate the quality of our professional staff.

5. The merger with Penn Medicine has had a very positive impact. We now distribute JLGH to Penn medical and administrative leaders, and have attracted submissions from authors at Penn and CHOP, including an unsolicited article in this issue by Penn CEO Kevin Mahoney.

6. Although the primary purpose of JLGH is educational, its existence reflects well on our health care system and has a positive marketing effect. We conduct quarterly meetings with our marketing department, as they are closely attuned to new physicians and new clinical programs in our system that could be the source of articles for the journal.

**THE FUTURE**

We’re gratified that the journal has become part of our health system’s culture. Though it was once our main challenge to find enough quality material, and doing so is still demanding, staff members are no longer surprised when we suggest they prepare an article. Most respond enthusiastically, and it’s no longer unusual for us to receive unsolicited articles.

The advanced practice clinicians at our urgent care centers are often the first to see interesting cases. They now regularly submit illustrated case reports framed as quizzes that have become a regular feature of the journal. We’re pleased these valuable professionals have an opportunity for creativity that would not exist without JLGH.

Certain initiatives would keep us abreast of modern technology, if we can get the necessary tech support. A phone app would complement our website, and a podcast could revive our oral interviews.

We encourage your feedback and welcome letters to the editor for publication.

We are grateful for the wholehearted support of our administration, and of you, our readers. With that support, JLGH has a bright future.

**REFERENCES**
