



Progress Notes

MEDICAL STAFF

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PENNSYLVANIA MEDICAL SOCIETY OBTAINS MORE ANSWERS ON MEDICARE FEE CONTROL ACT

Through meetings with the Department of State, Bureau of Professional and Occupational Affairs, the Pennsylvania Medical Society (PMS) has obtained responses to many interpretation questions about the Medicare Fee Control Act.

Accordingly, the Society is continuing to revise its analysis of the law to reflect the state's

positions and answer a number of new questions. A copy of the updated analysis will automatically be sent to physicians who requested the earlier analysis from the PMS Council on Medical Economics. To request an analysis for the first time, call the council at 1-800-228-7823.

Meanwhile, the state has invited public comments in preparation for issuing interpretive guidelines on the law. The Society had planned to submit comments by the October 12 deadline.

The PMS will continue to inform members as details become available. Call the Council on Medical Economics at 1-800-228-7823 with any questions about the law.

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MEDICARE "REASONABLE FEE" INFORMATION AVAILABLE FROM BLUE SHIELD

Physicians who need information to determine the Medicare "reasonable fee" for certain services under the state Medicare Fee Control Act may obtain it by writing to Pennsylvania Blue Shield, Medicare Beneficiary and Physician Service Dept., Medicare Fee Control Act 81, P.O. Box 890317, Camp Hill, PA 17089-0317.

Physicians may ask about up to 15 procedures in writing; they should furnish their Medicare provider numbers and specify the procedure codes in question.

Blue Shield has also set up a special line for telephone inquiries. The number is (717) 763-6622. Physicians may call for information on up to five procedures.

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The Allentown
Hospital—
Lehigh Valley
Hospital Center

A HealthEast Hospital

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KEPRO KORNER

The Keystone Peer Review Organization, Inc. (KePRO) is in need of several board certified specialists who are available to do peer reviews in their field.

Requirements of a peer reviewer are that they are board certified and actively admitting and treating patients in a hospital. Currently, peer reviewers are required to come to the Blue Bell office to do reviews; however, this may change in the future.

Specialties currently needed include obstetrics and gynecology, otolaryngology, pediatrics, orthopedics, pathology, anesthesiology, emergency medicine, and radiology. However, all specialists are welcomed.

If you are interested and meet the requirements, please contact: Lester Sablosky, M.D., Associate Medical Director, Area III, Keystone Peer Review Organization, Inc., Three Valley Square, P.O. Box 3009, Suite 370, Blue Bell, PA 19422-0779. His telephone number is (215) 646-8555.

Please note: Attached to the newsletter for your information are the most commonly asked questions on HCFA's Quality Review Process along with an explanation of Generic Quality Screens and a flow chart of the Quality Review Process.

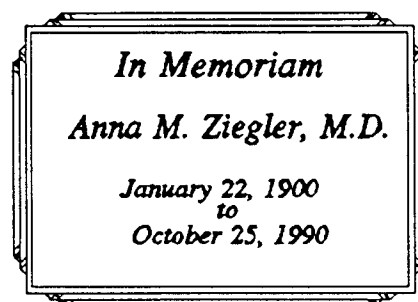
PROBLEMS WITH DOCTOR'S ORDER SHEETS

Nursing has identified two problems related to the Doctor's Order Sheets and physician practice in writing orders.

One of the problems is that some physicians are extending their orders into the initial, date and signature column making it difficult to determine whether the order was transcribed and signed.

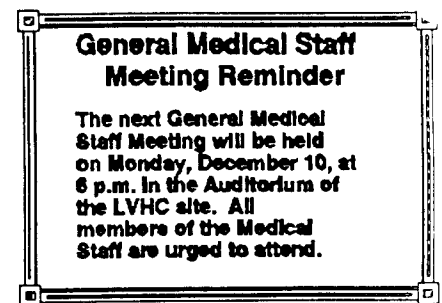
Secondly, some orders have been added to the chart out of date sequence and on previously transcribed order sheets since blank space was available.

Your attention in addressing these concerns will be appreciated.



FYI

The computer terminal in the Doctors' Lounge at the LVHC site now has the capability to access both LVHC and TAH Hospital Information Systems. If you have any questions or would like a mini-demonstration, contact Joe Pilla, POPS Rep, at 776-8225.



STROKE TEAM UPDATE

The Stroke Team at TAH site is now meeting every Monday at 7:30 a.m. in the Physical Therapy Department. William R. Pistone, D.O., neurologist, is the Physician Advisor. In order for the team to evaluate and treat a stroke patient, a physician consult is needed. For more information, contact Carol Steager, M.Ed., social worker, at 776-8610.

MANAGER OF NEURODIAGNOSTIC LAB ANNOUNCED

Margaret Jessup was recently promoted to the position of Manager of the Neurodiagnostic Lab. Mrs. Jessup joined the hospital's staff in 1977 as a Centrex operator. In 1977 she accepted a position as unit clerk, and in 1987, she took a position as an EEG Tech in the Neurodiagnostic Lab. During the past three years Mrs. Jessup has demonstrated continued growth in the professional abilities. Recently, after passing an intensive oral and written examination, she achieved registration by the American Board of Registered EEG Technologists.

RECORDING OF OXIMETRY VALUES IN PATIENT CHARTS

Effective November 5, Respiratory Therapy and Pulmonary Function began utilizing a report form to record O₂ saturation obtained from pulse oximetry checks. In the past, this information was recorded on the progress sheets.

Oximetry results will now appear on the "Other" section of the chart on medical/surgical floors and on the "Flow" sheets in the critical care units.

It is hoped that recording of results in this manner will allow for easier use of the information.

WE'VE MOVED

Endocrine Testing Station - TAH

The Endocrine Testing Station at TAH site recently relocated to the Ground Floor - Clinics opposite Radiology.

C u r r e n t l y , 5 3 endocrine/metabolic-related protocols are available with the newest protocols being:

- * Aldosterone Fx: Posture Stimulation
- * IV Tolbutamide Tolerance Test for Insulinoma
- * Metabolic Bone Profile (osteoporosis, bone disorders)

* Glucagon Stimulated Catecholamines with alpha blockage for pheochromocytoma

For more information, contact Judith Rex, R.N., B.S.N., Coordinator, Endocrine Testing Station, at 778-2690.

Clinical Social Work and Support Services - TAH

The Clinical Social Work and Support Services office at TAH site has moved into the area previously occupied by the Home Care Coordinator on the Ground Floor next to Transport Services. The phone number remains the same - 778-2247.

OPENING OF TELEMETRY BEDS IN TOHU

On Monday, November 5, the Transitional Open Heart Unit (TOHU) opened rooms 3 and 4 as telemetry beds. Although the census will remain 30, TOHU will now have 10 critical care beds and 20 medical/surgical beds.

Visiting hours for rooms 1 through 4 are 11 a.m. to 1 p.m., and 4 p.m. to 7 p.m. Immediate family only rooms 5 through 15 are 11 a.m. to 8 p.m.

PUBLICATIONS, PAPERS AND PRESENTATIONS

Geoffrey G. Hallock, M.D., plastic and reconstructive surgeon, had an article titled,

"Cutaneous Flaps for Cutaneous Coverage," published in the August 1990 edition of **Contemporary Orthopedics**. This described the capabilities of using simple local skin tissues as flaps for coverage of small defects in lieu of more complex microsurgical procedures.

Peter A. Keblish, M.D., orthopedic surgeon, was a guest lecturer at the Total Knee Workshop of the European Society of Knee Surgery and Arthroscopy held in Stockholm, Sweden, from June 25-30, 1990. He presented six papers related to various subjects on total knee arthroplasty.

In addition, Dr. Keblish was a speaker at the 18th World Congress of SICOT (Societe Internationale de Chirurgie Orthopedique et de Traumatologie) held in Montreal, Canada, from September 8-15. The topic of his scientific paper was "Biomechanical Rationale and Long-Term Clinical Overview of the LCS Knee System." Following the conference, Dr. Keblish was an invited speaker at a post-SICOT Workshop sponsored by the QUESTOR Clinical Mechanics Group of Queen's University and the Kingston General Hospital in Kingston, Ontario, Canada. He addressed the subject of "Meniscal Bearings in Total Knee Replacement (from a Bioengineering and Clinical Standpoint)." (Continued on Page 4)

(Continued from Page 3)

Brian W. Little, M.D., Ph.D., neuropathologist, authored a paper titled, "The Laboratory Diagnosis of Alzheimer's Disease," which was published in the June/July 1990 edition of **Labmedica**.

UPCOMING CONFERENCES, SEMINARS AND MEETINGS

Achieving Your Personal Best

Achieving Your Personal Best, a seminar for hospital and HealthEast employees, family members, and staff physicians, will be held on Thursday, November 29, from 7 to 9 p.m., in the Auditorium at the LVHC site.

Learn how to use your "Stress" for energy and to enhance your "Personal Power;" increase positive attitudes to build a healthy lifestyle; begin to practice self-care and relaxation exercises; and uncover your stress "hot spots" and pinpoint areas for change.

For more information or to register, call HealthCounts at 821-2150.

TAH--LVHC Regional Symposium Series

Critical Care Symposium will be held on Saturday, December 1, from 7:30 a.m. to 1 p.m., in the Auditorium of the LVHC site. The objective of this program is

to provide current medical information about specific topics in critical care which have great clinical relevance to the practice of critical care medicine.

The conference will benefit physicians, nurses, medical students, and other healthcare professionals interested in critical care medicine.

Assessing Male Fertility will be held on Saturday, December 15, from 8 a.m. to 3:30 p.m., in the Auditorium of the LVHC site. The objective of this program is to introduce practitioners to recently developed approaches to evaluation of male subfertility based on recent advances in sperm physiology.

The program will benefit obstetricians, gynecologists, urologists, andrologists, family practitioners, and other healthcare professionals interested in male fertility assessment.

Diagnostic Imaging Update will be held on Saturday, January 12, 1991, from 8:30 a.m. to 12:15 p.m., in the Auditorium of the LVHC site. At the completion of the program, participants will be able to identify the strengths, weaknesses, and appropriate strategies for each medical imaging modality.

For more information about the conferences listed above, contact Human Resource Development at 776-8322.

Diabetes Seminar

Diabetes Through the Life Cycle: Nursing's Expanding Involvement will be held on Wednesday, November 28, from 8 a.m. to 4:30 p.m., in the Auditorium of the LVHC site. Sponsored by the Metabolic Regional Resource Center, Helwig Diabetes Center, and Nursing Education, Patient Education and Research, the conference will feature regionally known healthcare professionals.

For more information, call 778-1700.

National Medical Laboratory Week Symposium

Contemporary Topics in Laboratory Medicine will be held in honor of National Medical Laboratory Week on Friday, April 12, 1991, in the Auditorium of the LVHC site. A registration fee of \$15 includes a reception immediately following the program.

For more information, contact Linda Krasley at 776-8155, Monday through Friday, between 9 and 11 a.m. Registration is limited to 200.

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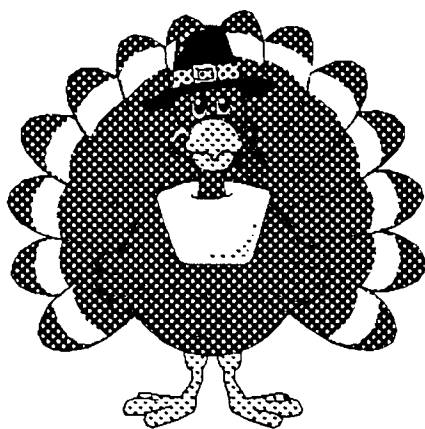
Medical Grand Rounds

Aids and the G.I. Tract will be presented by Donald Kotler, M.D., Division of Gastroenterology, St. Luke's-Roosevelt Hospital Center, New York, N.Y., on November 20.

Alzheimer's Disease will be presented by H. Branch Coslette, M.D., Associate Professor of Neurology, Temple University, Philadelphia, Pa., on November 27.

Medical Grand Rounds is held every Tuesday at noon in the Auditorium of the LVHC site.

For more information, contact the Department of Medicine at 776-8200.



PHYSICIAN PRACTICE OPPORTUNITIES

* Physician rental space available in Allentown Medical Center, 401 N. 17th Street, Suite 306, Allentown. 1,350 square feet. Fully equipped and furnished. Immediate occupancy. Partnership interest also available.

* Physician rental space available in Allentown Medical Center, 401 N. 17th Street, Suite 307, Allentown. 2,190 square feet. Fully equipped and furnished. Immediate occupancy. Partnership interest also available.

* Specialty practice time-share space available in a comprehensive health care facility. Riverside Professional Center, 4019 Wynnewood Drive, Laurys Station. Half- or full-day slots immediately available.

* Kutztown Professional Center is planning a 5,500 square feet addition for Spring, 1991. Office suites available will include medical, dental, legal, and professional.

For more information on these practice opportunities, contact John W. Hart, Vice President, at 776-8968.

* Office space available at 1111 N. 19th Street, Allentown. 1,080 square feet.

For more information, contact Joe Pilla, Physician Office Practice Support Rep, at 776-8225.

COUNTDOWN FOR KIDS

The Division of Community Health of The Allentown Hospital--Lehigh Valley Hospital Center is undertaking a new program, CountDown for Kids, to screen school-age children and educate parents about the health implications of elevated serum cholesterol in children.

For more information regarding pediatric cholesterol issues or CountDown for Kids, please contact Zoe Cowan, Cholesterol Coordinator, at 778-9820.

QUOTE OF THE MONTH

"The human brain starts working the moment you are born and never stops until you stand up to speak in public."

-Anonymous

WHO'S NEW

The Who's New section of **Medical Staff Progress Notes** contains an update of new appointments, address changes, newly approved privileges, etc.

Please remember that each department or unit is responsible for updating its directory, rolodexes, and approved privilege rosters.

Medical StaffAppointments

Michael L. Dunn, M.D.
Joining Emergency Care Associates of Allentown
LVHC/Emergency Department
1200 S. Cedar Crest Blvd.
Allentown, PA 18105
(215) 776-8111
Department of Emergency Medicine
Division of Emergency Medicine
Provisional Active

Additional Privileges

Richard C. Boorse, M.D.
Department of Surgery
Division of General Surgery
L a s e r L a p a r o s c o p i c
Cholecystectomy Privileges

Paul S. Sirota, M.D.
D e p a r t m e n t o f
Radiology/Diagnostic Medical Imaging
Division of Nuclear Medicine
with additional privileges in Radiology

Change of Department

Mark A. Kender, M.D.
From Department of Emergency Medicine
Division of Emergency Medicine
to Department of Medicine
Division of Internal Medicine
Section of General Internal Medicine
(Joining Ellsweig & Wolf)
Provisional Active

Change in Status

Mohan H. Jain, M.D.
Department of Psychiatry
From Courtesy to Consulting

Change of Address

Judith L. Ross, M.D.
Medical College of Pennsylvania
3300 Henry Avenue
Philadelphia, PA 19129

Change of Telephone Number

Richard J. Angelico, M.D.
(215) 954-3019

Resignations

Carl T. Lomboy, M.D.
Department of Medicine
Division of Internal Medicine
Section of General Internal Medicine

Geoffrey P. Tremblay, M.D.
Department of Medicine
Division of Internal Medicine
Section of Cardiology

Robert P. White, M.D.
Department of Medicine
Division of Internal Medicine
Section of Nephrology

Appointment of Chiefs for Newly Created Divisions in Department of Pediatrics

Jerome Dunn, M.D.
Department of Pediatrics
Division of Allergy

Sarah J. Fernsler, M.D.
Department of Pediatrics
Division of Behavioral Pediatrics

Anna C. O'Riordan, M.D.
Department of Pediatrics
Division of Cardiology

Karen E. Senft, M.D.
Department of Pediatrics
Division of Development and Rehabilitation

Russell B. Puschak, M.D.
Department of Pediatrics
Division of General Pediatrics

Ian M. Gertner, M.D.
Department of Pediatrics
Division of Neonatology

Martha A. Lusser, M.D.
Department of Pediatrics
Division of Neurology

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Revisions to Division/Section
Chiefs Roster for the
Department of Surgery

Michael C. Sinclair, M.D.
Chief
Department of Surgery
Division of Cardio-Thoracic
Surgery

Farrokh S. Sadr, M.D.
Associate Chief
Department of Surgery
Division of Cardio-Thoracic
Surgery

Charles J. Scagliotti, M.D.
Associate Chief
Department of Surgery
Division of General Surgery

Mark A. Gittleman, M.D.
Chief
Department of Surgery
Division of Surgical Oncology

Mark C. Lester, M.D.
Associate Chief
Department of Surgery
Division of Neurosurgery

Peter A. Keblish, M.D.
Chief
Department of Surgery
Division of Orthopedic Surgery

Glen H. Tinkoff, M.D.
Associate Chief
Department of Surgery
Division of Trauma

Kevin J. Farrell, M.D.
Co-Chief
Department of Surgery
Division of Trauma
Section of Burn

David J. Barillo, M.D.
Co-Chief
Department of Surgery
Division of Trauma
Section of Burn

James J. Goodreau, M.D.
Chief
Department of Surgery
Division of Vascular Surgery

Alan Berger, M.D.
Associate Chief
Department of Surgery
Division of Vascular Surgery

Allied Health ProfessionalsAppointments

Phyllis Carney-Marzen, R.N.
Physician Extender
Professional - R.N.
Children's HealthCare (Toff)

David J. Grazio, PA
Physician Extender
Physician Assistant
Panebianco - Yip Heart
Surgeons

R. Keith Landis, CRNA
Physician Extender
Professional - CRNA
Allentown Anesthesia
Associates, Inc. (Lerner)

Ruben P. Romero, PA
Physician Extender
Physician Assistant
F. Geoffrey Toonder, M.D.

Change in Supervising Physician

Linda S. Duffy, R.N.
Physician Extender
Professional - R.N.
From Cardiovascular Associates
to J.C. Rex Thoracic Surgical
Group

Change of Address

Dolores M. Kristofits, M.Ed.
Psychologist
45 N. 13th Street
Allentown, PA 18102
(215) 437-7177

MOST COMMONLY ASKED QUESTIONS ON HCFA'S QUALITY REVIEW PROCESS

Q. What is a Severity Level?

A. A HCFA-defined category of quality problem, based on the following definitions:

- | | |
|-------------|--|
| LEVEL I - | Confirmed quality problem without the potential for significant adverse effect on the patient. |
| LEVEL II - | Confirmed quality problem with the potential for significant adverse effect on the patient. |
| LEVEL III - | Confirmed quality problem with significant adverse effect on the patient. |

Q. What is considered a "Significant Adverse Effect?"

A. As defined by HCFA, a "significant adverse effect" can be:

- 1) Unnecessarily prolonged treatment, complications, or readmission; OR
- 2) Patient management which results in anatomical or physiological impairment, disability or death.

Q. What is a Quality Point, When is it Confirmed, and Who Confirms it?

A. A unit associated with a Severity Level. Only after the physician responsible for the care under review has had an opportunity to respond to the questions raised by an initial board certified peer (physician advisor (PA)) is a quality point confirmed by a different board certified peer (PA).^{*} The higher the Severity Level, the greater the number of points as follows:

Level I	1 point
Level II	5 points
Level III	25 points

Q. How are Quality Problems Identified?

A. The HCFA has developed a generic screening methodology which is required for use by all PROs. This screening methodology has been developed for the inpatient, outpatient surgical, psychiatric, and intervening care (i.e., SNF, HHA, and hospital outpatient department) settings.

Our non-physician reviewers, i.e., nurses and medical record professionals, utilize these generic screens as well as their professional experience to identify potential quality concerns. Those "screen failures" believed to represent potential problems are then referred to a board certified peer (PA) either matching the specialty of the physician under review or the type of service under review.

Q. What Happens if I Don't Respond to KePro's Initial Quality Concern Letter in 30 Days?

A. The initial concerns raised by the first PA and the medical record will be reviewed by (an) additional peer(s).^{*} If the problem is confirmed, you will then receive KePRO's final determination letter regarding the quality issue identified and the severity level assigned.

^{*}Recent process changes pending HCFA approval

Q. Who is Notified of My Levels/Points?

A. Effective with KePRO correspondence issued on and after October 15, 1990, your hospital's CEO and President of the Medical Staff receive a carbon copy of ALL confirmed quality problem letters involving physician and/or hospital staff, regardless of the severity level assigned.

Q. Is the Physician Data Bank Notified of My Quality Points?

A. No. The PRO's involvement in the National Practitioner Data Bank is not clear at this time. It is expected to be addressed in the January Federal Register.

Q. How Many Points Will Get Me in Trouble?

A. HCFA's required intervention triggers are as follow:

<u>INTERVENTIONS</u>	<u>POINTS</u>
Notification	1
Education	10
Intensified Review	15
Other Interventions	20
Sanction Consideration/ Referral to Licensing Board	25

Q. What if I Disagree with the Final Severity Level?

A. It is true that HCFA has made no provision for an appeals mechanism within the quality review process. (A response to the initial quality concern letter is therefore extremely important.) However, if a physician has significant new information, e.g. office records, outpatient test results, etc., which would affect a confirmed severity level, the information may be submitted to the attention of the Associate Medical Director at the appropriate KePRO Area/Central Review office. Full patient identifying data must accompany this information. The Associate Medical Director assesses this submission and determines if further review of KePRO's quality decision is warranted.

Q. How Can I Reduce My Chances of Incurring a Severity Level/Quality Problem?

A. First - PLEASE reply to the initial quality concern letters within the 30 day time frame.

Second - documentation is vital!! Your care of the patient is initially evaluated solely on the basis of what is documented within the medical record received by KePRO.

Q. What is a Sanction?

A. A sanction may be either financial, in the form of a fine, or Medicare exclusion, by denying the physician's right to Medicare payments, in varying amounts or durations. No sanction is ever applied without lengthy and exhaustive due process for the physician. A sanctioned physician must have demonstrated failure in a corrective action plan and unwillingness or inability to follow such a plan.

Q. Who Sanctions Physicians?

A. The Office of Inspector General only. A PRO, (KePRO), can only recommend sanctions.

GENERIC QUALITY SCREENS - HOSPITAL INPATIENT**1.* Adequacy of Discharge Planning**

No documentation of discharge planning or appropriate follow-up care with consideration of physical, emotional and mental status needs at time of discharge.

2. Medical Stability of the Patient

- a. BP within 24 hours of discharge (systolic less than 85 or greater than 180; diastolic less than 50 or greater than 100)
- b. Temperature within 24 hours of discharge greater than 101 degrees Fahrenheit (38.3 Centigrade) oral, (greater than 102 degrees Fahrenheit (38.9 Centigrade) rectal)
- c. Pulse less than 50 (or 45 if the patient is on a beta blocker), or greater than 120 within 24 hours of discharge
- d. Abnormal diagnostic findings which are not addressed and resolved or where the record does not explain why they are not resolved
- e. IV fluids or drugs after 12 midnight on day of discharge
- f. Purulent or bloody drainage of wound or open area within 24 hours prior to discharge

3. Deaths

- a. During or following any surgery performed during the current admission
- b. Following return to intensive care unit, coronary care or other special care unit within 24 hours of being transferred out
- c. Other unexpected death

4.* Nosocomial Infection

(Hospital acquired infection)

5. Unscheduled return to surgery

Within same admission for same condition as previous surgery or to correct operative problem

*PRO reviewer is to record the failure of the screen, but need not refer potential severity Level I quality problems to physician reviewer until a pattern emerges.