



Progress Notes

MEDICAL STAFF

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1-1 FROM THE PRESIDENT

The Physician Wellness Program is alive and well. The second meeting was well attended and received. The current group will be closed as of the last meeting in order to insure continuity of the sessions. It is anticipated that this group will last for approximately 15 sessions, after which, if the concept proves successful, the cycle will be repeated.

It is important to recognize that this program has nothing to do with the management of impaired physicians for whom there is a separate program in existence. Any physician who requires assistance or counseling in matters of substance abuse or other types of impairment can access that program through their respective Department Chairmen. The process is open to spouses as well and is completely confidential.

The Mission/Vision Statement, along with primary Medical Staff Goals, has now been completely finalized, and our current plans are for presentation to the Medical Executive Committee for approval in August, and then to the General Medical Staff meeting in September.

The Clinical Plan is in final draft form and is going through a series of presentations, including one at a special meeting of the Medical Executive Committee held on July 8, at which it was unanimously approved. It will be forwarded to the Board of Directors for their approval.

Have a nice summer!

John S. Jaffe, M.D.
President, Medical Staff

MRSA Outbreak

In response to the recent and repeated increase in the number of nosocomially acquired MRSA (Methicillin resistant Staph aureus) infections, the Infection Control Committee is asking for your help. All members of the Medical Staff can assist in the resolution of this problem by completing meticulous hand washing after each patient contact. Similarly, alcohol cleansing of stethoscopes between patients will also help.

Your cooperation and attention to this matter is very much appreciated and necessary.

KePRO KORNER

Avoiding Unnecessary Peer Review

by Kenneth M. Nelson, M.D., MPH, Medical Advisor, Office of Inspector General, US Department of Health and Human Services, Rockville, MD

(Continued from Volume 3, Number 6 of Medical Staff Progress Notes)

How Physicians Create Problems

By failing to document what is clear, physicians create problems for themselves. This failure creates the appearance of poor care when good care has been given. Some examples follow.

A patient decides to leave the hospital against the advice of the physician. The patient is discharged by the physician. Neither a progress note indicated that the discharge was against advice nor a form signed by the patient acknowledging leaving against advice is present. The appearance of inappropriate discharge is provided by the medical record.

A patient has had a long downhill course and is readmitted in poor condition. The family and the physician decide that resuscitation and major interventions are no longer appropriate. The patient expires without resuscitation or major intervention. Without notation in the medical record of the decision of the family and the physician, it appears that appropriate care was not given.

Presence of Abnormal Tests

Abnormal laboratory or x-ray findings are readily visible to reviewers because these are often easier to read than a physician's handwriting. Failure to acknowledge such abnormalities in progress notes and to act appropriately can be a concern to reviewers. The assumption that the physician did not know of the result or did not act on the knowledge is created by such a medical record.

This could be avoided by some indication that abnormal values have been noted and will be addressed in whatever manner the physician considers appropriate.

Nurses' notes can show progressive worsening, or episode of critical illness not reflected in the physician's progress notes (such as temperature spikes, episodes of hypotension, deteriorating level of consciousness). When this happens, the physician's credibility will be challenged. Physicians should be aware of what nurses have recorded.

Infrequent progress notes, and notes lacking relevant information, may raise concerns to reviewers, and make such care subject to further review. Lack of progress notes may be the basis for reviewers to question how frequently the patient is being seen. When notes lack relevant information, reviewers may question whether the physician is carrying out appropriate observations. Lack of examination and the substitution of subjective information gives the appearance of lack of knowledge of what the physician should be evaluating.

(To be continued in Volume 3, Number 8 of Medical Staff Progress Notes)

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Part-Time Employee Health Physician Opportunity

Attention family practitioners, general internists, or emergency physicians who are looking for a terrific and exciting job opportunity. Currently available is a 20-hour a week position in TAH--LVHC employee health office. The position will involve all aspects of medical care, including public health, substance abuse, infectious disease, etc.

Interested physicians should contact Carol Voorhees at HealthSearch, 821-3090.

Potential Hazardous Items Placed on Patient Food Trays

Through the Employee Safety Committee, a number of items which were placed on patient food trays have been identified as potentially hazardous to the health and safety of dietary personnel.

This problem is occurring on a daily basis with dietary reporting a number of near miss exposures. Unfortunately one puncture with a sharp by a dietary employee has already occurred.

Reported items placed on food trays have included needles and syringes, blades, suture needles, an oral extractor, soiled dressings, and a vial of dark fluid.

In an effort to reduce and hopefully eliminate this problem, members of the Medical Staff are asked to dispose of sharps and other equipment and supplies in the appropriate receptacles and/or return reusable items to the procedure tray with the sharps items protected to prevent employee punctures. Please ask for assistance from the nursing staff if you are unsure where to dispose of or return these items.

Thank you for your attention to this important health and safety concern.

Children's Rheumatology Program Expands Services

The Children's Rheumatology Program at The Allentown Hospital site, now sponsored jointly by the Arthritis and Rheumatism Society of Lehigh Valley and The Allentown Hospital--Lehigh Valley Hospital Center, has recently expanded its services.

Donald P. Goldsmith, M.D., Associate Professor of Pediatrics and Head of the Division of Rheumatology, Clinical Immunology, and Allergy at the University of Medicine and Dentistry of New Jersey/Robert Wood Johnson Medical School at Camden, serves as director of services of the Children's Rheumatology Program. He will now be in Allentown on the first and third Tuesdays of each month and will be able to see new non-urgent patient assessments on

either of these two days. To schedule appointments, please call Rosalie Maehrer, Nurse Specialist, Pediatric Ambulatory Care, at 778-2225.

If you wish to reach Dr. Goldsmith for urgent consultations, please call him at the Robert Wood Johnson Medical Campus at Camden, (609) 342-2271, and he will make arrangements to see any child during the interim with follow-up care provided in Allentown.

Interpreters Needed

In order to meet the needs of those patients who do not speak English, the hospital maintains a list of employees and physicians who will serve as interpreters to assist with gathering information, obtaining consults, and giving instructions. Any physicians who are proficient in a foreign language and are interested in serving as an interpreter should contact Nancy Stevens, Patient Representative, at 776-8222.

Also available to assist these patients is the AT&T Language Line. This is an "800" number with the capability of assessing interpreters who speak 140 languages. If you are interested in using this service, contact the Emergency Department at 778-2226 (TAH) or 776-8111 (LVHC) or the Patient Representative at 778-2486 (TAH) or 776-8222 (LVHC).



**LABORATORY
UPDATE**

Template Bleeding Time

The Template Bleeding Time is a coagulation test that is of limited value for the prediction of surgical bleeding. The Coagulation Laboratory performs on the average about five Template Bleeding Times per 24 hours, seven days per week. Each Template Bleeding Time requires 25 to 30 minutes of a laboratory technologist's time. This averages to about two hours per day of time that is required for a laboratory test which is of no significant predictive clinical value for bleeding.

Therefore, the Coagulation Laboratory proposes not to perform a screening type Template Bleeding Time, but rather to restrict Template Bleeding Time testing to specific indications which are as follows:

- * as an additional test of platelet function, for the patient who has possibly ingested a drug that will interfere with platelet function;
- * for the evaluation of hereditary bleeding disorders; and

- * for the evaluation of prior and present excessive bleeding situations.

In summary, the Template Bleeding Time is not a predictive test for a surgical patient as to whether or not that patient will experience bleeding. Unless there are documented reasons to the contrary, the screening Template Bleeding Time will not be available as a Coagulation Test effective July 15, 1991.

If you have any questions regarding this issue, please contact Daniel A. Kaczor, Supervisor, Coagulation, at 776-8185.



The Health Sciences Library at the LVHC site purchased a CD ROM product that includes the PDR, The Merck Manual, and the Drug Interactions and Side Effects Index. The advantage of using the computer to access these books in the flexibility of alternating between these resources easily.

Approximately 30 physicians have signed up for after-hour access to MEDLINE. Call Sherry Giardiniere at 776-8406 for details if you are interested in obtaining access.

The Health Sciences Library recently announced its newest

book acquisitions for both sites. At LVHC, new books include:

McMurtry. **Management of Blunt Trauma.** Williams & Wilkins, 1990.

Williams. **Clinical Atlas of the Kidney: An Integrated Text and Colour Atlas.** Gower Medical Publishing, 1991.

Plotkin. **Report of the Committee on Infectious Diseases.** 22nd ed. American Academy of Pediatrics, 1991.

Recent book acquisitions at TAH site include:

Everstine. **Sexual Trauma in Children and Adolescents.** Brunner/Mazel, 1989.

Schumacher. **Primer on the Rheumatic Diseases.** 9th ed. Arthritis Foundation, 1988.

Quilligan. **Current Therapy in Obstetrics and Gynecology 3.** W.B. Saunders, 1990.

Harriet Lane Service. **The Harriet Lane Handbook: A Manual for Pediatric House Officers.** 12th ed. Mosby Year Book, 1991.

**QUOTE OF THE
MONTH**

*"Quality is remembered
long after price is
forgotten."*

NEWS FROM THE
MEDICAL RECORDS
DEPARTMENT

Digital Dictation System

The Medical Record Department is in the process of installing the Lanier VoiceWriter digital dictation system for use by members of TAH--LVHC Medical Staff. Expanded features include improved accessibility, verbal prompts to assist user, continuous record, audible access to non-transcribed dictations, automatic priority handling, easy retrieval of information, and decreased transcription turnaround time.

The VoiceWriter converts the originator's voice into digital pulses for storage on a hard disk, which is then routed to the transcriptionists for translation into hard copy medical reports. To prevent loss of recorded data, each voice file is backed digitally 100% in simultaneously recorded storage.

Specific details such as system conversion date, dictation system down time, physician training sessions, etc., will be communicated as soon as dates are finalized. Look for more information on the VoiceWriter digital dictation system in future issues of *Medical Staff Progress Notes*.

Generic Screening

In preparation for JCAHO, a recent readiness assessment indicated low compliance for documentation of the following areas within 24 hours:

- * history and physical examination reports
- * signed medical orders
- * reports of operations; radiologic and other procedures also apply

Generic screening performed by the Medical Record Department for the months of April and May also indicated some non-compliance in these areas. Compliance in these areas will avoid a medical record deficiency.

Generic screening for June will be performed on ambulatory records, which have also been cited in the past.

CONGRATULATIONS!



Victor J. Celani, M.D., vascular surgeon, and his wife, Emilie, recently welcomed a baby son on May 3. Victor Paul Archangelo Celani weighed 8 lbs. 11 oz.

Rita M. Mest, Medical Staff Coordinator, recently successfully completed the certification exam sponsored by the National Association of Medical Staff Services. This examination tests

the candidate's knowledge in the areas of Joint Commission Accreditation knowledge, medical staff organization, medical staff law, administration and management, and medical terminology.

Mrs. Mest, who is active in the state and local chapters of this organization, joins over 2,000 other individuals certified nationwide.

Alexander M. Rosenau, D.O., Department of Emergency Medicine, was recently awarded certification by the American Board of Emergency Medicine. Dr. Rosenau is now a Diplomate of both the American Board of Emergency Medicine and the American Osteopathic Board of Emergency Medicine. Additionally, he continues to serve as Medical Director for the City of Allentown Emergency Medical Services.

Publications, Papers and Presentations

Peter J. Barbour, M.D., John E. Castaldo, M.D., Lawrence P. Levitt, M.D., and Alexander D. Rae-Grant, M.D., neurologists, published an article titled "A Private Practice Model for Teaching and Research Activities" in the *Journal of Neurological Sciences*, Volume 103, 1991.

PHYSICIAN PRACTICE OPPORTUNITIES

* Monday and Wednesday morning slots are currently available for the Brown Bag suite at Kutztown Professional Center.

* Kutztown Professional Center is planning a 5,500 square feet addition for Fall, 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.

* For Sale - Medical-Professional Office Building on Cedar Crest Boulevard, just minutes from both The Allentown Hospital and Lehigh Valley Hospital Center sites. Plenty of parking. Ideal for physician.

* Office space available to share. Private entrance. Ideal for psychiatrist, psychologist, surgeon, etc. New addition, available Fall, 1991, at 825 N. Cedar Crest Boulevard, Allentown.

* 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.

* Temporary office space available on first floor of Fairgrounds Medical Center, 400 N. 17th Street, Allentown. 380 square feet for one- or two-year lease. Private entrance.

For more information, contact Joe Pilla, POPS Representative, at 778-2780.

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 Staff

Appointments

Thomas G. Brandecker, MD
1210 S. Cedar Crest Blvd.
Suite 1900
Allentown, PA 18103
(215) 433-1143
Department of Medicine
Division of Internal Medicine
Section of General Internal
Medicine
Provisional Active

Yasin N. Khan, MD
(TAH--LVHC Pain Management Program)
1251 S. Cedar Crest Blvd.
Suite 102B
Allentown, PA 18103
(215) 776-8216
Department of Anesthesiology
Provisional Active

Norman C. Kramer, MD
(TAH--LVHC Transplant Program/Off-site
Medical Director - HLA Lab)
Dept. of Pathology/LVHC Site
1200 S. Cedar Crest Blvd.
Allentown, PA 18105
Department of Pathology
Provisional Consulting

Sharon C. Mesmer, MD
(Joining Children's HealthCare)
Children's HealthCare Center
1517 Pond Road
Allentown, PA 18104
(215) 395-4444
Department of Pediatrics
Provisional Active

Murray D. Robinson, MD
(Joining Allen Neurosurgical Association)
1210 S. Cedar Crest Blvd.
Suite 1000
Allentown, PA 18103
(215) 433-3143
Department of Surgery
Division of Neurosurgery
Provisional Active

Melvin H. Schwartz, MD
(Joining Cardiology Associates of Lehigh
Valley)
3340 Hamilton Blvd.
Allentown, PA 18103
(215) 433-6442
Department of Medicine
Division of Internal Medicine
Section of Cardiology
Provisional Active

Brian Stello, MD
(Joining Trexlertown Community Health
Center)
6802 Hamilton Blvd.
Trexlerstown, PA 18087
(215) 395-1924
Department of Medicine
Division of Family Practice
Provisional Active

Return from Leave of Absence

Kenneth M. McDonald, MD
Department of Surgery
Division of Vascular/Trauma
Active

(Continued on Page 7)

Our Quality Policy: Our commitment is to quality in everything we do. This can only be achieved if we provide services that conform to clearly understood requirements. We are dedicated to continuous improvements in our work processes. Our approach is based on "Prevention" and the concept of "Do it right the first time."

(Continued from Page 6)

Charles W. Reninger, MD
Department of Obstetrics and
Gynecology
Active

New Practice Formation

OBGYN Associates of the Lehigh
Valley
Earl S. Jefferis, Jr., MD
Ernest Y. Normington II, MD
Gregory J. Radio, MD
Zirka M. Halibey, MD
Lisa Baker-Vaughn, MD
Mark D. Rader, MD
401 N. 17th Street
Suite 301
Allentown, PA 18104
(215) 432-5766

PLEASE NOTE:

Donald B. Kopenhaver, MD, and
Bruce M. Rodenberger, MD, will
continue as Allen OB/GYN
Associates Inc.
with their practice limited to
gynecological services only

Solo Practice

Timothy J. Kutz, MD
162A Trexler Avenue
Kutztown, PA 19530
(215) 683-8480

New Address

Wayne A. Moyer, DPM
827 Wyoming Street
Allentown, PA 18103

Robert M. Taxin, DO
7619 Tilghman Street
P.O. Box 487
Fogelsville, PA 18051

New Phone Number

Craig R. Reckard, MD
Transplant Director
(215) 776-8506

Address and Phone Correction

David A. Edmonds, DPM
68 S. Church Street
Macungie, PA 18062
(215) 965-2496

Change of Status

Domenic M. Falco, DO
Department of Medicine
Division of Family Practice
From Courtesy to Referring

Gerard A. McDonough, MD
(J.C. Rex Thoracic Surgical Group)
Department of Surgery
Division of Cardio-Thoracic
Surgery/Vascular
From Active to Courtesy

Additional Privileges

Robert D. Riether, MD
Department of Surgery
Division of Colon and Rectal
Surgery
CO₂ and YAG Laser Privileges

Kenneth J. Zemanek, M.D.
Department of Psychiatry
Electro-Convulsive Therapy
Privileges

Resignations

Henrick Badkerhanian, MD
(Houshang G. Hamadani, MD, PC)
Department of Psychiatry

Michael Koslow, MD
(John J. Cassel, MD, PC)
Department of Medicine
Division of Internal Medicine
Section of Cardiology

Andrew K. Solomon, MD
(Lehigh Rheumatology Associates)
Department of Medicine
Division of Internal Medicine
Section of Rheumatology

Robert S. Spadafora, DO
(Allentown Emergency Care Specialists)
Department of Emergency
Medicine

George Visnich, Jr., DMD
(Allen Oral Surgery Associates)
Department of Surgery
Division of Oral Surgery

Allied Health Professionals

Appointments

Peggy J. Finnegan, CRNA
Physician Extender
Professional Category - CRNA
TAH Anesthesiology (Deeb)

Diane C. Gazoo, RN
Physician Extender
Professional Category - RN
Cardiology Associates of Lehigh
Valley (Goldner)

Sharon A. Nacheisty, CRNA
Physician Extender
Professional Category - CRNA
TAH Anesthesiology (Deeb)

Medical Staff Progress Notes is published monthly to inform TAH-LVHC Medical Staff and employees of important issues concerning the Medical Staff. Articles should be submitted to Janet M. Laudenslager, Coordinator, Physician Office Practice Services, TAH site, by the first of each month. Articles may also be faxed to her at 778-2867. If you have any questions regarding the newsletter, please call Ms. Laudenslager at 778-2780.



P & T HIGHLIGHTS

The Allentown Hospital - Lehigh Valley Hospital Center
PHARMACY DEPARTMENT

James Giardina, R.Ph., M.S. - Editor

The following actions were taken at the June 10, 1991 Pharmacy and Therapeutics Committee meeting:

ADVERSE REACTION REPORTING

The Committee approved the implementation of a reporting form specific to Adverse Drug Reactions. It is anticipated that this form will facilitate increased, more detailed reports to allow for improved follow-up. The ADR program is governed by JCAHO and quality assurance requirements and is further necessitated by the release of new agents with which only limited trials have been done.

Severe ADR's

Two severe reactions were reported during January - March. They were:

- Erythema multiforme - Trimethoprim/Sulfamethoxazole
- Thrombocytopenia - Captopril

DILUTION FOR INTERMITTENT IV MEDS

In the next several months, the Pharmacy will implement a Comprehensive IV Admixture program at both campuses. The Committee approved the proposed dilution and vehicle table. As part of the admixture program, many of the meds which are given by soluset/minibag will be given by a syringe pump. More details will be forthcoming as the start date draws nearer.

FORMULARY ADDITIONS

Estazolam (Prosom, Abbott) - The request to add this intermediate acting benzodiazepine was tabled given the lack of comparative data, the current number of formulary agents and its relative cost.

Amobarbital Injection (Amytal, Lilly) - a short acting barbiturate was approved to the formulary to control acute episodes of agitated behavior. The drug is given IM or IV in doses up to 500mg (IM) or 1 Gm. (IV). When given IV, the rate should not exceed 100mg/min. Side effects include respiratory depression, apnea and hypotension, especially if given to rapidly.

DRUG EVALUATION: TPA

The Committee reviewed eight cases of TPA usage for Acute MI. The majority of usage was within the recommended guidelines. The results will be forwarded to the Cardiology Division for review and action, if necessary.

FORMULARY REVIEW

The formulary was reviewed and approved by the Committee. Once updated with the recent additions/deletions, the 1991 formulary will be distributed in both loose-leaf and pocket versions.

Please contact Jim Giardina (Ext. 8880) if you have any questions or comments on the committee's action.

THE ALLENTOWN HOSPITAL--
LEHIGH VALLEY HOSPITAL CENTER

SUSPECTED ADVERSE DRUG REACTION
DOCUMENTATION FORM

Patient Name: _____

9

Room # _____

Age: _____

Sex: _____

Attending M.D.: _____

Please print above data or use patient
I.D. plate

ADVERSE DRUG REACTION--DEFINITION: Any noxious unintended, undesirable, or unexpected response to a drug that occurs at doses used in humans for prophylaxis, diagnosis or therapy, excluding therapeutic failure.

This form is for the documentation of suspected adverse drug reactions. Reporting of drug reactions is a requirement of the Joint Commission on Accreditation of Hospitals, and the information is confidential-- only to be used by the Pharmacy and Therapeutics Committee for the improvement of patient care.

SECTION I (to be completed by the reporter)

Date: ___/___/___

Reporter: [] M.D.
[] R.N.
[] Pharmacist
[] Other _____

Physician Notified: [] Yes
[] No

PATIENT INFORMATION:

Admitting Diagnosis: _____

Weight: ___ lbs. ___ kg.

REACTION DESCRIPTION:

Onset: ___/___/___

Resolution: ___/___/___

Reaction Classification:

- | | |
|-------------------------|---------------------|
| [] Dermatologic | [] Genitourinary |
| [] Allergic | [] Cardiovascular |
| [] Metabolic/Endocrine | [] Hematologic |
| [] Gastrointestinal | [] Respiratory |
| [] CNS | [] Musculoskeletal |
| [] Psychological | [] Sensory |

Reaction Description:

Result of Reaction:

- [] Drug Dose Decreased/Discontinued
[] Supportive Treatment w/ another drug
[] Death
[] Other _____

MEDICATION DESCRIPTION:

Suspected drug: _____

Dose: _____ Route: _____

Frequency: _____ Dates of administration: ___/___/___ to ___/___/___

Concomitant Medications: _____

NOTE

Submission of a report does not constitute a legal claim or an acceptance of causality.

THIS FORM IS NOT A PART OF THE
PATIENT'S PERMANENT RECORD.

AFTER COMPLETION, PLEASE RETURN TO THE PHARMACY "OUT" BOX.
FOR FURTHER INFORMATION REGARDING THIS PROGRAM, CONTACT THE CLINICAL PHARMACY SERVICE
TAH: X-2797 LVHC: X-8884

SECTION II (to be completed by R.Ph./M.D.)

TYPE OF REACTION: A (augmented pharmacologic action) B (idiosyncratic)

SEVERITY: Mild Moderate Severe

Mild: A reaction that does NOT require treatment or prolongation of hospital stay.

Moderate: A reaction that requires treatment and observation for less than 24 hours and/or prolongation of hospitalization by at least 1 day

Severe: A reaction that is life threatening or contributes to death or permanent disability; requires intensive medical care or more than 24 hours of therapy.

ADR PROBABILITY RATING: *

To assess the probability of association between the drug and adverse event, please complete the following nomogram:

	Yes	No	Don't know	Score
1. Are there previous conclusive reports of the reaction?	+1	0	0	
2. Did the adverse event appear a reasonable time after the suspected drug was administered?	+2	-1	0	
3. Did the adverse reaction improve when the drug was discontinued or a specific antagonist was administered?	+1	0	0	
4. Did the adverse reaction reappear when the drug was readministered?	+2	-1	0	
5. Are there alternative causes (other than the drug) that could on their own have caused the reaction?	-1	+2	0	
6. Did the reaction reappear when a placebo was given?	-1	+1	0	
7. Was the drug detected in the blood (or other body fluids) in concentrations known to be toxic?	+1	0	0	
8. Was the reaction more severe when the dose was increased, or less severe when the dose was decreased?	+1	0	0	
9. Did the patient have a similar reaction to the same or similar drugs in any previous exposure?	+1	0	0	
10. Was the adverse event confirmed by any objective evidence?	+1	0	0	
			Total	

KEY:

- 9 Highly Probable 1-4 Possible
- 5-8 Probable 0 Doubtful

R.Ph./M.D. completing form: _____

Date: _____