

# *Medical Staff Progress Notes*

Volume 4, Number 7  
July, 1992



## *From the President*

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We continue to hear a great deal about health care reform in this election year. One of the major elements driving momentum for change is the problem with care for the uninsured and underinsured. Recently, a "Partnership for Community Health" has been formed locally with support from the Pool Trust.

This project is designed to bring Lehigh Valley hospitals and physicians together in a coalition to deal with these problems at a local level. An effort has been made to get physician participation and involvement on board early since it is obvious that this type of project cannot succeed without our participation and cooperation.

A number of very interesting and promising proposals of offering care for our local uninsured population have been advanced and are under serious consideration. Several of these have focused on making more efficient use of existing Medicaid funds to the Lehigh Valley. We will endeavor to keep you abreast of the progress in this potentially important endeavor as proposals begin to take more shape.

A recent Estes Park Institute conference for medical staff and hospital leadership proved very stimulating in discussing a national view of current problems in health care and how they may be addressed at the local hospital/medical staff level. The general theme of this conference was the need for hospitals and physicians to be proactive, rather than reactive, in dealing with the rapid pace of change seen in health care today. Many of the ideas advanced were both exciting and challenging. Much discussion centered on the idea of providing solutions for the perceived health care "crisis" from within the system where the expertise really should be greatest rather than having them imposed from Harrisburg, Washington, or the board room of some for-profit HMO.

Of particular interest was a considerable amount of information about medical staff-based IPA's or PPO's, quite similar to the kind of thing we are looking into for the Medical Staff here. It was gratifying to hear some "experts" tout the advantages of such an entity, in terms of keeping control of our patients and practices, as well as a proactive response to the inevitable incursions of managed care.

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The Committee on HIV Policy met again recently. The focus of this committee has shifted somewhat as a result of changing recommendations from the CDC among other factors. Currently, we are working on setting up a mechanism for **voluntary** testing of the Medical Staff which is both easily accessible and completely confidential. Presently, such a testing policy is not readily available, for

example, to physicians who have had a potential exposure. The final form of the policy will be reported shortly to the Medical Executive Committee and to the General Medical Staff at the next meeting.



John Jaffe, M.D.  
President, Medical Staff

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## ***Lehigh Valley Hospital Selected Site for Breast Cancer Prevention Trial***

The Comprehensive Community Cancer Center of Lehigh Valley Hospital has been selected as one of 119 clinical research centers in the United States and Canada to participate in an innovative breast cancer prevention study. Sponsored by the National Cancer Institute, the Breast Cancer Prevention Trial (BCPT) will evaluate the effectiveness of tamoxifen in preventing the development of breast cancer in women at high risk for the disease. The effect of tamoxifen in reducing the incidence of heart attacks and in reducing the incidence of bone fractures due to osteoporosis will also be studied.

Nationwide, 16,000 women will participate in this trial. Women 35 to 59 years of age, whose risk for developing breast cancer is at least as

great as that of a woman who is 60 years of age, will be eligible. All women 60 years of age or older are eligible to participate by virtue of their age alone; however, both groups of women must meet other eligibility requirements relating to previous health problems and life expectancy.

The study is being conducted by the National Surgical Adjuvant Breast and Bowel Project. David Prager, M.D., Chief, Division of Hematology/Medical Oncology, is the principal investigator, and Mark A. Gittleman, M.D., Chief, Section of Surgical Oncology, is the co-principal investigator for the study.

If you have any questions concerning the study, please contact Dr. Prager at 433-6691, or Dr. Gittleman at 439-4055.

## ***Neurosurgeon Named Alumnus of the Year***

**Robert M. Jaeger, M.D.**, neurosurgeon, was presented with the Alumnus of the Year Award at the 17th Annual Housestaff Appreciation Dinner held on Friday, June 19, at Brookside Country Club. The Alumnus of the Year Award is presented annually to the alumnus and/or member of the hospital's teaching faculty for his or her leadership role in medical education.

Dr. Jaeger came to the Lehigh Valley area in 1955 to practice medicine. As one of the area's first neurosurgeons, he was instrumental in developing surgical programs in his subspecialty at many local hospitals.

A founding member of the Philadelphia Neurosurgical Society and the Pennsylvania Neurosurgical Society, Dr. Jaeger is also an active member of the Lehigh Valley Medical Society and the Pennsylvania Medical Society. In the late 1960s, he helped advance the planning of a regional medical center which is today known as Lehigh Valley Hospital, Cedar Crest & I-78.

Dr. Jaeger served as chief of the Division of Neurosurgery at the former Lehigh Valley Hospital Center from 1974 to 1986, and at what was formerly known as The Allentown Hospital from 1955 to 1986. Additionally, he has been active in medical education for resident physicians and nurses at Lehigh Valley Hospital and Sacred Heart Hospital.

Also honored at the event as Teachers of the Year were **Peter T. Davis, D.D.S.**, dentistry; **William B. Dupree, M.D.**, academic obstetrics and gynecology; **Thomas A. Hutchinson, M.D.**, clinical obstetrics and gynecology; **Yehia Y. Mishriki, M.D.**, medicine; and **Peter F. Rovito, M.D.**, surgery. Recipients were chosen by residents of each program for their outstanding contributions to the educational programs.

The Paul R. Bosanac, M.D. Research Award, provided by the Dorothy Rider Pool Health Care Trust to encourage and recognize residents in scientific investigation, was awarded to **Margaret Hoffman-Terry, M.D.**, internal medicine resident, for her paper titled "The Impact of HIV on Medical and Surgical Residents."

**Geoffrey M. Lynn, M.D.**, chief surgical resident, received the E. John Stahler, M.D. Award for excellence in clinical surgery.

***A Special Meeting of the General Medical Staff will be held on Wednesday, August 19, beginning at 6 p.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78.***

***A. George Gillsillan, M.D., President of the Medical Staff at Reading Hospital, will speak on Managed Care. All members of the Medical Staff are encouraged to attend.***

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## ***Altered Access to Psychiatry and 6T***

During May, the Department of Psychiatry completed a card access program to enhance patient and staff safety and provide additional opportunities for therapeutic programming for our patients. As a result, access to 6 South Psychiatry became limited and access routes to 6T medical/surgical were altered. Physicians seeking to enter the psychiatric units should enter from 6T or take the red elevator. Those wishing to enter 6T should use the yellow elevator or request ID card encoding from Security to access the Tower stairwell and the entrance to 6T. Provision have been made with 6T, ICU, Transport, and Security to ensure the safe and prompt emergency transport of patients requiring transfer to other units.

Implementation of this access system has greatly enhanced patient care on the psychiatry units. Over the past

several years, our patient population has become more acute, resulting in increased elopements and increased episodes of contraband which endangered the safety of patients and staff. Limiting access to psychiatry to one elevator allows for more secure monitoring of patients and others entering the units. The locking of the Tower doors and elevator also allows the opportunity to provide beneficial therapeutic programs on the Tower for not only the 6S population, but also the 6 North and adolescent patients as well.

The Department of Psychiatry appreciates your cooperation in this project and sincerely regrets any difficulties the breakdown in communications may have caused. If you have any suggestions or comments regarding this issue, please contact Michael W. Kaufmann, M.D., Chairman, Department of Psychiatry, at 402-2810.

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## ***Director Appointed for New Cancer Center***

David Prager, M.D., was recently appointed to the position of Medical Director of the John and Dorothy Morgan Cancer Center. In this capacity, he is responsible for the clinical care provided within the Cancer Center.

Dr. Prager will also serve as Chairman of the Management Committee for the Oncology SSU (including the Cancer Center), known as the Leadership Team.

The Leadership Team is responsible for program development, budget preparation, and other operational issues associated with the Cancer Center and Oncology SSU.

Dr. Prager's appointment was effective on July 1, 1992. He will continue to serve as Chief of the Division of Hematology/Oncology within the Department of Medicine. His direct reporting relationship will continue to be to John P. Fitzgibbons, M.D., Chairman, Department of Medicine.

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## ***Single Hospital License and Provider Numbers Now in Effect***

Effective July 1, 1992, Lehigh Valley Hospital was licensed as a single 833-bed hospital. The single license number is **0099-39**, which was previously used at Lehigh Valley Hospital, Cedar Crest & I-78.

In addition, the hospital will now utilize the following single provider numbers which became effective on July 1:

**Medicare - 39-0133** (previously used for 17th & Chew only)

**Burn Unit - 39T133**

**Medical Assistance Inpatient - 0906934** (previously used for Cedar Crest & I-78 only)

**Medical Assistance Outpatient and Ambulatory Services - 1069161** (previously used for Cedar Crest & I-78 only)

New provider numbers for Psychiatry and Home Care will be communicated to you when they are assigned by the Department of Public Welfare, Division of Medical Assistance.

If you have any questions, please contact Tony Molchany at 402-9459 or Sandra Colon at 402-9461 in Patient Accounting.

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## ***Attention Supervising Physicians and Physician Assistants***

You are reminded of the following Rules and Regulations (49 PA Code Ch. 16) of the Pennsylvania State Medical Board:

1) A supervising physician may only supervise two physician assistants. (The Board issues a supervising physician registration certificate which recognizes that the applicant physician has met the requirements stated in the Rules and Regulations.) The supervising physician must provide the names of two physicians who are willing to assume the supervising responsibilities in his absence.

2) The physician assistant is required to notify the Board of changes in employment within 30 days.

3) The supervising physician is required to notify the Board of changes in his or her employment of physician assistant within 30 days. He/she shall provide the Board with the name of the new physician assistant or deletions that should be noted on the Board's records.

4) Failure to notify the Board of changes in employment may provide a basis for disciplinary action against the supervising physician's license or the physician assistant certificate.

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## ***President-Elect Nominations Being Taken***

At the September 14 General Medical Staff meeting, an election will be held to select a President-elect to serve a two-year term from January 1, 1993 to December 31, 1994.

Individuals are encouraged to submit the names of interested Medical Staff members who would be willing to serve a two-year term as President-elect followed by a two-year term as President to Joseph A. Candio, M.D., President-elect and Chairman of the Nominating Committee, or John W. Hart, Vice President, at 402-8968.

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## ***Antibiotic Order Sheet Update***

Recently, all patient charts were modified to add a separate divider and flag for Parenteral Antibiotic Orders (PAOS) in response to concerns over missed orders on the Blue Doctors Order Sheets. For this change to be effective, physicians are reminded to do the following:

- write all parenteral antibiotic orders on the PAOS

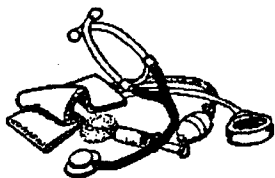
- complete the required sections
- date, time, and sign the orders
- pull up the parenteral antibiotic order flag to assure that unit clerks and nurses are aware of the order

If you have any questions or comments regarding this matter, please contact either James A. Giardina, Director, Pharmacy, or Barbara Petros, Clinical Pharmacist, at 402-8880.

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## ***Used Equipment Collection Underway***

Yehia Y. Mishriki, M.D., Chief, Ambulatory Services, is collecting stethoscopes of any age to be donated to medical services in Tanzania, Africa. The Rev. Peter LeJacq, M.D., M.M., a long-time friend of Dr. Mishriki, is one of only 10 physicians serving that nation of more than six million people, and he is involved in a project to train physician assistants there.



Also desperately needed are sphygmomanometers to measure blood pressure in the arteries, and portable battery-powered otoscopes to help with middle ear infections prevalent in an AIDS-ravaged population.

Donated equipment may be dropped off at the Department of Medicine. Because of the turmoil in the area, collected supplies cannot be entrusted to usual forms of shipment for fear of interception; therefore, Father LeJacq will visit the United States some time next year to personally carry them back to Africa.

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## ***Hospital Universal Precautions Policy***

In light of the implementation of OSHA's Bloodborne Pathogen Standard, it is imperative that physicians be aware of the contents of the Universal Precautions Policy.

OSHA views the use of Universal Precautions as one of the most important ways to prevent contact with Bloodborne Pathogens.

Several changes were made in the Hospital's Universal Precautions Policy to coincide with OSHA's regulations.

The complete policy is attached to this issue of the newsletter for your information; however, please pay particular attention to Pages 3 and 4, Section "G - Other Measures." This section deals with eating and drinking at nursing stations, where food may be stored on nursing units, and what to do if clothing becomes contaminated with blood or body fluids while on duty.

If you have any questions regarding the policy, please contact Andrea E. Geshan, R.N., M.S.W., C.I.C., Director, Infection Control and AIDS Activities Office, at 402-2413.

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## ***International Ratio to be Added to Coumadin/ Heparin Flow Sheet***

As an added measure to improve patient care, the International Ratio (INR), a lab value which is reported with Prothrombin Times, will now be recorded on the Coumadin and Heparin Flow Sheet. This information is significant to physicians when anti-coagulating patients.

A request has been made to revise the Coumadin and Heparin Flow Sheet to include a category for the INR information; however, until the flow sheet is revised, nursing units will document the information on the flow sheet in a temporary space.

## ***Action to be Taken for Illegible Handwriting***

Illegible handwriting, as submitted by Quality Assurance, Legal Services, and Nursing will be monitored for three months. Identification of offenders will be provided to the Medical Executive Committee for action as called for under the Medical Staff Bylaws.

### ***Price Reduced for "Red Bag"***

*Due to the success of the Red Bag program, the price was reduced to \$18.50 per box earlier this year. If you have any questions about this program, please contact Joe Pilla, POPS Representative, at 402-9647.*



## **MEDLINE Remote Access**

The host computers are now available 24 hours daily, seven days a week. Please try to limit your on-line time during the daytime hours to 15 minutes or less.

Two training sessions have been scheduled in August for new remote users as follows:

Session 1 - Friday, August 7  
Noon to 1:30 p.m.  
Classroom 1  
Cedar Crest & I-78

Session 2 - Monday, August 17  
Noon to 1:30 p.m.  
Classroom 2  
Cedar Crest & I-78

Pre-registration is required by calling Sherry Giardiniere at 402-8406 between 9 a.m. and 2 p.m.

## **Literature Searches**

Literature searches are still being done by the library staff for physicians. In order to save time, the individual requesting the search is being encouraged to personally place the call to the library in order to provide the specific information needed.

## **Recent Acquisitions**

Recent library acquisitions at 17th & Chew include:

Handsfield. **Color Atlas and Synopsis of Sexually Transmitted Diseases.** McGraw-Hill, 1992.

Pizzo. **Pediatric AIDS.** Williams & Wilkins, 1990.

Schrier. **Renal and Electrolyte Disorders.** 4th ed. Little, Brown, 1992.

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## ***Need Summer Help?***

If vacation schedules and the resulting backlog of work has your office in need of some temporary assistance, the Physician Office Practice Services (POPS) Office may be able to provide you with some relief.

Several individuals interested in part-time and full-time summer help have their applications on file in the POPS Office. The applicants include receptionist, filing, and typing clerk candidates.

For more information or to set up an appointment to review the applications, please contact Maria Pillsbury, POPS Representative, at 402-2242.

## ***Nuclear Medicine News***

For your reading pleasure, attached to this issue of *Medical Staff Progress Notes* is a copy of *The Nuclear News*, a publication of the hospital's Division of Nuclear Medicine.



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## ***Pool Trust Approves Funding***

At the May 29 meeting of the Dorothy Rider Pool Health Care Trust, the Trustees approved funding in the amount of \$1,500 to support "Ethical Dilemmas - Responding to Uncertainty," an ecumenical conference for clergy which has been scheduled for October, 1992.

*Medical Staff Progress Notes* is published monthly to inform the Lehigh Valley Hospital Medical Staff and employees of important issues concerning the Medical Staff. Articles should be submitted to Janet M. Laudenslager, Coordinator, Physician Office Practice Services, 17th & Chew, by the first of each month. If you have any questions regarding the newsletter, please call Ms. Laudenslager at 402-2780.

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## ***Congratulations!***

**Houshang G. Hamadani, M.D.**, psychiatrist, was awarded a plaque for "outstanding loyalty and dedication to his profession and organization" by the Lehigh Valley Psychiatric Society at its annual banquet.

**Theodore G. Phillips, M.D.**, cardiothoracic surgeon, was recently notified that he successfully completed the certification examination and is now a Diplomate of the American Board of Thoracic Surgery.

**Lorraine J. Spikol, M.D.**, neurologist, was recently notified that she successfully passed the certification examinations in the medical specialty of Neurology and is now a Diplomate of the American Board of Psychiatry and Neurology.

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## ***Publications, Papers and Presentations***

**Lloyd E. Barron II, M.D.**, hematologist, **Clinton H. Leinweber, D.O.**, radiation oncologist, and **Joseph Pascal, M.D.**, urologist, served as visiting physicians at a Tumor Board held last month at Gnadon Huetten Memorial Hospital, Lehigh. The topic of the Tumor Board was prostate cancer.

**Sam Bub, M.D.**, family practitioner, and **John A. Kibelstis, M.D.**, pulmonologist, presented **How to Help Your Patients Stop Smoking** in June as part of the Primary Care Seminar series.

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**Walter J. Dex, M.D.**, Vice Chairman, Department of Radiology/Diagnostic Medical Imaging, conducted a presentation titled **Mammography: The First Step** at a recent Make Today Count Education Program, a cancer education and support program of the Comprehensive Community Cancer Center.

**Mark A. Gittleman, M.D.**, Chief, Section of Surgical Oncology, presented a seminar titled **Breast Cancer** for primary care practitioners in May at Lehigh Valley Hospital.

**Peter A. Keblish, M.D.**, Chief, Division of Orthopedic Surgeon, presented two posters at the Ninth Combined Meeting of the Orthopaedic Associations of the English-Speaking World which was held recently in Toronto, Ontario, Canada. His display topics were **Rationale & Selection of Prosthetic Types in Mobile Bearing Total Knee Arthroplasty** and **The Lateral Approach in Valgus TKA: A Prospective Study of Low Contact Stress Knees with 2-7 Year Follow-up**.

**Yasin N. Khan, M.D.**, pain management specialist, was a recent guest speaker at Pocono Medical Center in East Stroudsburg, where he presented **Pain Management Refined: New Approaches**.

**Brian W. Little, M.D.**, neuropathologist, recently presented a case report of **Intestinal Ganglioneuromatosis** to the Annual Diagnostic Slide Session of the American Association of Neuropathologists which was held in St. Louis, Mo.

**Thomas D. Meade, M.D.**, orthopedic surgeon, had his article, **Allograft Preparation Techniques for Arthroscopic Ligament Reconstruction**, published in the June issue of *Contemporary Orthopaedics*.

**Robert M. Post, M.D.**, hematologist, attended the fifth annual We Can Weekend on May 30 and 31 -- a retreat for families facing cancer. Dr. Post was instrumental in launching the first We Can Weekend and has attended each one since. He presented several workshops including **Consultation Time** and **Ways Families Talk**. The weekend was attended by over 100 individuals representing over 30 families.

**Victor R. Risch, M.D.**, Chairman, Department of Radiation Oncology, was a featured speaker at a recent conference titled **Sustaining Grace: Pastoral Practice With Those Who Contend With Cancer** held at the Days Inn Conference Center. Over 100 pastoral care providers attended the presentation titled **Cancer Update: The Medical Perspective -- Major Sites, Treatment, Prognosis**. **Joseph E. Vincent, M.D.**, Medical Director, Critical Care, also presented a workshop at the conference titled **Helping People Make Confident Decisions**.

**Lorraine J. Spikol, M.D.**, neurologist, co-authored an article, **Linkage Studies in Charcot-Marie-Tooth Disease Type 2: Evidence that CMT Types 1 and 2 are Distinct Genetic Entities**, which was published in the March, 1992 edition of *Neurology*.

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**Robert J. Thompson, M.D.**, dermatologist, served as chair to organize the fifth annual skin cancer screening program which was held in mid-May. The program, which included sites at Lehigh Valley Hospital, Easton Hospital, St. Luke's Hospital, and Riverside Professional Center, screened over 450 people.

The event is coordinated by the Comprehensive Community Cancer

Center and the Lehigh Valley unit of the American Cancer Society as part of a national effort sponsored by the American Academy of Dermatology.

**Marc W. Levin, M.D.**, dermatologist, and **Arthur C. Sosis, M.D.**, Chief, Division of Dermatology, assisted Dr. Thompson in providing the free screenings at Lehigh Valley Hospital.

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### *Upcoming Seminars, Conferences, and Meetings*

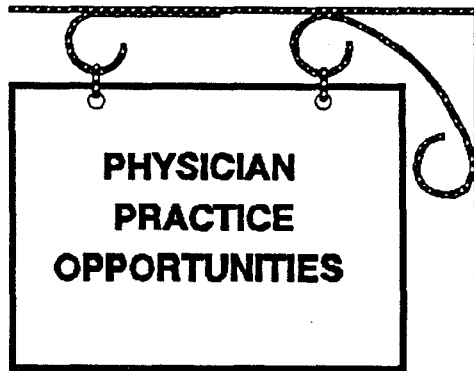
#### **Department of Psychiatry**

**Informed Consent in Psychiatry** will be presented by Susan D. Wiley, M.D., vice chair, Department of Psychiatry, and Stephen Lammers, Ph.D., ethics consultant at Lehigh Valley Hospital and professor of Religion at Lafayette College, on Thursday, August 20, in the School of Nursing Auditorium, 17th & Chew.

The presentation, which will begin at noon, will address the need for informed consent by patients and

doctors; the elements of informed consent; how informed consent in psychiatry differs from other areas; and practical implications of informed consent in psychiatry. A question and answer session will follow.

As lunch will be provided, pre-registration is requested. For more information or to register, please call Lisa in the Department of Psychiatry at 402-2810 by August 10.



**\* For Sale or Lease -- Medical-Professional Office Building on Cedar Crest Boulevard, just minutes from Cedar Crest & I-78 and 17th & Chew. Plenty of parking. Ideal for physician.**

**\* For Sale or Lease -- Springhouse Professional Center, 1575 Pond Road. Ideal for physician's office. Two suites available -- one with 2,540 sq. ft.; one with 2,514 sq. ft. Will finish space to specifications.**

**\* For Sale or Lease -- Medical-professional office building on South Cedar Crest Boulevard, just minutes from Cedar Crest & I-78 and 17th & Chew. 3,560 total sq. ft. Ample parking, security/fire alarms installed. Ideal for physician group.**

**\* For Sale -- Professional Office Building on West Broad Street, near the Allentown/Bethlehem border. 4,500 sq. ft. with plenty of parking on corner lot.**

**\* For Lease -- Slots are currently available for the Brown Bag suite at Kutztown Professional Center.**

**\* For Lease -- Share large medical office near Cedar Crest & I-78. Fully furnished and staffed. Multiple line phone system. Computerized billing available.**

**\* For Lease -- 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.**

**\* For Lease -- Share medical office space at Riverside Professional Center in Laurys Station. Ideal for solo or small group practice.**

**For more information or for assistance in finding appropriate office space to meet your needs, contact Joe Pilla, POPS Representative, at 402-9647.**

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## **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**

**Wayne E. Dubov, MD**  
Good Shepherd Rehab Hospital  
6th & St. John Streets  
Allentown, PA 18103  
(215) 776-3120  
Department of Medicine  
Division of Physical  
Medicine/Rehabilitation  
Provisional Active

**Paul S. Elliott, DMD**  
(Thomas P. Englert, DMD)  
Peachtree Office Plaza  
1815 Schadt Avenue  
Whitehall, PA 18052  
(215) 434-4887  
Department of Surgery  
Division of Oral Surgery  
Provisional Active

**K. Alexander Haraldsted, MD**  
(Pulmonary & Critical Medicine Group, PC)  
451 Chew Street  
Allentown, PA 18102  
(215) 821-2826  
Department of Medicine  
Division of Pulmonary  
Provisional Courtesy

**Gina M. Karess, MD**  
(Department of Medicine)  
Lehigh Valley Hospital  
17th & Chew  
Allentown, PA 18105-7017  
(215) 402-2404  
Department of Medicine  
Division of General Internal Medicine  
Provisional Active

**Alan D. Listhaus, MD**  
(Lehigh Valley Ophthalmic Assoc, PC)  
Fairgrounds Medical Center  
400 N. 17th Street, #101  
Allentown, PA 18104  
(215) 433-0450  
Department of Surgery  
Division of Ophthalmology  
Provisional Active

**James A. Newcomb, MD**  
(ASH Radiology Associates)  
Cedar Crest & I-78  
P.O. Box 689  
Allentown, PA 18105-1556  
(215) 402-8088  
Department of Radiology/Diagnostic  
Medical Imaging  
Division of Diagnostic Radiology  
Provisional Active

**James G. Showalter, MD**  
(Department of Psychiatry)  
Fairgrounds Medical Center  
400 N. 17th Street, #207  
Allentown, PA 18104  
(215) 402-2810  
Department of Psychiatry  
Provisional Active

**Peggy E. Showalter, MD**  
(Department of Psychiatry)  
Fairgrounds Medical Center  
400 N. 17th Street, #207  
Allentown, PA 18104  
(215) 402-2810  
Department of Psychiatry  
Provisional Active

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**Raymond L. Singer, MD**

(Panebianco-Yip Heart Surgeons)  
1230 S. Cedar Crest Blvd.  
Suite 202  
Allentown, PA 18103  
(215) 770-1350  
Department of Surgery  
Division of Cardio-Thoracic Surgery  
Provisional Active

**Additional Privileges**

**Michael F. Busch, MD**

Department of Surgery  
Division of Orthopedic Surgery  
Endoscopic Carpal Tunnel Release  
Privileges

**Charles R. Levine, MD**

Department of Surgery  
Division of Orthopedic Surgery  
Endoscopic Carpal Tunnel Release  
Privileges

**Daniel M. Silverberg, MD**

Department of Surgery  
Division of Urology  
Extracorporeal Shock Wave Lithotripsy  
Privileges

**Robert D. Strauss, MD**

Department of Surgery  
Division of Otolaryngology  
Functional Endoscopic Sinus Surgery  
Privileges

**Change of Status**

**Sam Bub, MD**

Department of Medicine  
Division of Family Practice  
From Provisional Active to Provisional  
Courtesy

**Jane Dorval, MD**

Department of Medicine  
Division of Physical  
Medicine/Rehabilitation  
From Provisional Courtesy to  
Provisional Active

**Colin J. Petz, MD**

Department of Medicine  
Division of General Internal Medicine  
From Provisional Courtesy to  
Provisional Active

**Marvin M. Sandler, DPM**

Department of Surgery  
Division of Orthopedic Surgery  
Section of Podiatry  
From Consulting to Emeritus  
Consulting

**David J. Shingles, DO**

Department of Medicine  
Division of Family Practice  
From Referring to Provisional Active

**John M. Wapner, MD**

Department of Surgery  
Division of Ophthalmology  
From Courtesy to Emeritus Courtesy

**Voluntary Reduction of  
Privileges**

**Bruce I. Rose, MD**

Department of Obstetrics &  
Gynecology  
Relinquish Obstetrical Privileges

**Resignation**

**Robert E. Torti, MD**

(Lehigh Valley Ophthalmic Assoc, PC)  
Department of Surgery  
Division of Ophthalmology

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**New Address and Telephone  
Number**

**Daniel M. Silverberg, MD**  
1255 S. Cedar Crest Blvd.  
Suite 1400  
Allentown, PA 18103  
(215) 432-1423

**Robert W. Vaughn, MD**  
1148 S. Cedar Crest Blvd.  
Allentown, PA 18103  
(215) 435-5241

**Allied Health  
Professionals**

**Appointment**

**Michael C. Loomis, CRNA**  
(Allentown Anesthesia Associates)  
Physician Extender  
Professional - CRNA

**Change of Supervising  
Physician**

**Charles W. Riedel, PA-C**  
Physician Extender  
Physician Assistant - PA-C  
From J.C. Rex Thoracic Surgical  
Group to Panebianco-Yip Heart  
Surgeons

**Resignations**

**Andrew Kovach, CRNA**  
(Allentown Anesthesia Associates)  
Physician Extender  
Professional - CRNA

**Kimberlee B. Wagner**  
(Cardiology Care Specialists)  
Physician Extender  
Medical Assistant





# P&T Highlights

July, 1992

The following  
actions were taken  
at the June 13, 1992  
P & T Committee  
meeting.

## Annual Formulary Review

The formulary was reviewed and approved by the Committee. Once updated with the latest additions and deletions, the 1992 Edition will be

distributed in a loose leaf version. The Formulary is available on all patient care units and pharmacy locations.

## Formulary Addition Requests

**Trimethoprim/Polymixin B Ophthalmic Solution (Polytrim, Allergan)** - is a combination anti-infective product indicated in the treatment of superficial ocular infections due to susceptible organisms. See Table 1 for a cost comparison of selected Anti-infective Ophthalmic Solutions (AOS).

Polytrim was approved for a six month therapeutic evaluation during which time data will be

gathered on usage and need.

**Table 1: Cost Comparison for Anti-infective Ophthalmic Solutions**

Product	Unit Cost
Tobramycin 5ml	\$5.00
Gentamicin 5ml	\$0.72
Neomycin/Polymixin/Gramicidin	\$1.10
Trimethoprim/Polymixin	\$10.59

## Pediatric Asthma Order Sheet

### Dosage Guidelines for Acute Exacerbation of Asthma in Children

The Committee approved a standardized preprinted order sheet prompting the Prescriber to consider several treatment and monitoring modalities. The back of the sheet contains guidelines for testing acute exacerbation which were recommended by the Dept. of Pediatrics

and derived from guidelines provided by the National Heart, Lung and Blood Institute. The guidelines include a standardized aminophylline infusion of 1mg/ml (equivalent to Theophylline 0.8mg/ml).

## Drug Usage Evaluation (DUE) Corner

The Committee reviewed and accepted several DUE reports. Summaries of findings follow:

**Ondansetron (Zofran, Glaxo)** - A review of 30 patients was performed and most criteria were met. Relative to outcome, 60% of patients reported no nausea/vomiting (N/V); 21% reported nausea only and 19% reported both; of the patients who complained of nausea or N/V, 53% received one dose. It was recommended that Ondansetron be reserved for patients on

moderately high to highly emetogenic chemotherapy protocols or patients intolerant of, or unresponsive to, other antiemetic regimens.

**H2 Receptor Antagonists/Omeprazole/Sucralfate Combinations** - 60 patients in a one month period were prescribed a combination of at least 2 of these agents, which on the surface may make sense given their differing mecha-

Continued

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**Drug Usage  
Evaluation  
(DUE) Corner,  
continued**

nisms of action. Combination antiulcer therapy however, has not been proven beneficial and the focus of this review was to reduce unnecessary therapeutic duplications. Successful intervention was determined by a modification of therapy within 48 hours of Prescriber notification - 17 interventions were judged to be successful.

***Filgrastim (Neupogen, G-CSF, Amgen)*** - A preliminary review of 9 patients showed compliance with most criteria. Questionable dosage existed in 2/9 patients. Due to the small sample size, filgrastim usage will be re-evaluated in 3 months.

***Standardization of Magnesium Sulfate (MgSO<sub>4</sub>) Boluses***

Pharmacy requested that orders for MgSO<sub>4</sub> 8 or

16mEq be added to the standard diluent list to allow for centralized pharmacy preparation and reduced waste (when doses are not used). The Committee approved the following diluent and volumes:

<i>Dose</i>	<i>Diluent</i>	<i>Volume</i>
8mEq	D5W	50ml
18mEq	D5W	100ml

Unless orders are written to state that another diluent or volume is medically necessary, Pharmacy will fill all orders with these dilutions. Physicians are encouraged to not order diluents or volumes for intermittent IV products to reduce confusion and waste and minimize clarifying phone calls.

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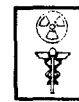
## ***New Clinical Staff Join Pharmacy Dept.***

Two new members of the Clinical Pharmacy Service were introduced. They are Maria Concilio and Barbara Petros. Both Maria and Barbara received their Doctor of Pharmacy Degrees (Pharm.D.) from Philadelphia College

of Pharmacy and Science. They join Richard Townsend and Mary Bradley and are available to assist the Medical Staff with education, drug information, therapeutic options and patient monitoring.



# The Nuclear News



Volume 1, Number 2 June, 1992

## Monoclonal Antibody Imaging Now Available

The Division of Nuclear Medicine has instituted a protocol for monoclonal antibody imaging with Hybritech Anti-CEA ZCE-025 labelled with Indium-111, under which any patient with either primary, metastatic or suspected metastatic colon/rectal carcinoma may be studied. The IRB has approved this study, which is in the form of an IND "treatment exemption", under which a non-approved agent which has cleared Phase III trials may be made available for patient care while regulatory review by the FDA continues. By participating in this protocol, the Division can make these studies available while the imaging agent is still under FDA review. Our experience with Indium-111 labelled ZCE-025 to date has been very favorable, particularly in terms of being able to discover and define areas of metastatic involvement that were either invisible or poorly characterized by other imaging techniques. Under this sort of protocol, patients' insurance may be billed for the procedure by the hospital, in order to recover the (significant) costs involved, and insurance may also be billed for interpretation. It has not been our custom or that of the hospital to bill the patient directly, however, for such procedures using an agent that is not fully FDA-approved.

In addition to this protocol, the Division has also instituted a Phase IV study of the ZCE-025 antibody in imaging of primary colon carcinomas, a protocol also recently approved by the LVH IRB. We need 5 patients for this particular study, which is to

establish the effective dose of the antibody required for visualization of primary tumors. Special arrangements have been made with Hybritech so that primary surgical therapy of these patients will not be delayed. We ask that if you have a patient with a recently diagnosed primary colon or rectal carcinoma who may be eligible for this study that you contact Dr. Paul Sirotta at 402-8383. There will be no charge to the patient for any imaging procedure performed for this particular protocol.

## SNM Meeting News

Dr. Sirotta recently attended the Society of Nuclear Medicine national meeting in Los Angeles, CA. In addition to a great deal of clinical material related to monoclonal antibody imaging, new reports of successful tumor imaging using radiolabelled small peptide fragments were presented at the meeting. One of these new agents, Pentatreotide, a Somatostatin analog, has been used in preliminary studies to image metastatic carcinoid and small cell lung tumors. About 50 such peptide imaging agents are being investigated at present.

As is usual at this meeting, the technical exhibits resembled a trade show for high-performance imaging workstation manufacturers. Multi-detector gamma camera imaging systems were very much in evidence, from just about every manufacturer represented there. These have become very popular for SPECT imaging, since the added efficiency of the multiple detectors reduces the required imaging time per study.

Dr. Sirotta has prepared a report for the PA College of Nuclear Medicine, which will be printed in their newsletter, regarding the events at this meeting.

### Academic Affairs

The joint LVH/Cedar Crest College Nuclear Medicine Technologists Training Program graduated 5 seniors at the end of May, 1992. Five students, two of whom are in the new Post-Baccalaureate Certificate Program, are now affiliated for their internship year. The new Certificate program has attracted a great deal of interest in the Lehigh Valley, and we are hopeful that future enrollment in the program will increase accordingly.

Dr. Jones delivered two Nuclear Medicine teaching sessions to Radiology residents at the University of Maryland Medical Center in Baltimore, earlier this year. He recently received appointment as Clinical Assistant Professor at U. of MD in the Nuclear Medicine Section of the Department of Radiology there.

Dr. Rienzo recently also lectured in Baltimore, to the Baltimore Society of Nuclear Medicine Technology, on Gastrointestinal Nuclear Medicine. This lecture was sponsored by Mallinckrodt Inc., and was very well received by the audience.

### Coming Attractions

The Division is working on a number of projects at present to enhance clinical services at both LVH sites. Of course, planning for integration of the PHAMIS hospital information system is well under way. Delays in transcription at 17th and Chew are being addressed at present, and

hopefully will be greatly improved or eliminated after the PHAMIS system 'goes live' this fall.

Dr. Rienzo is currently looking into substituting Iodine-123 labelled MIBG for the currently used I-131 labelled tracer, which is used on an IND basis to image patients suspected of harboring a pheochromocytoma. The I-123 variant produces much better images, and is appreciably less expensive, and would be produced for our use by the University of Pennsylvania.

Dr. Jones is currently working with Dr. James Sandberg of the Division of Cardiology, Department of Medicine at LVH on a protocol for performing Dobutamine Thallium stress testing. This would be useful for patients who cannot exercise and who cannot be studied using Adenosine or Persantine due to interfering medications or asthma.

Speaking of Adenosine, work continues (albeit slowly lately due to the press of other activities) on the Adenosine Thallium research study begun last summer. The reinterpretation of the Thallium images should be completed by the middle of July, at which time the initial correlation can be performed. The 'negative arm' of the study will also be pursued this summer, in order to determine if possible the negative predictive value of this procedure, which to date has not been reported in the literature.

Last but not least, the Division has upgraded its Desktop Publishing software to WordPerfect V5.1 for Windows. The new software is much easier to use. Hopefully this will lead to more frequent publication in the future.

*THE NUCLEAR NEWS is a publication of the Division of Nuclear Medicine, Dept. of Diagnostic Medical Imaging at LVH.*

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Universal Precautions are based on the philosophy that the blood and certain body fluids of all patients are considered potentially infectious for HIV (Human immunodeficiency virus), HBV (hepatitis B virus) and other bloodborne pathogens. Universal Precautions are intended to prevent parenteral, mucous membrane and nonintact skin exposures of health care workers to bloodborne pathogens. All health care workers are required to follow the measures outlined below when they anticipate having contact with blood or designated body fluids.

## I. General Principles

### A. Body Fluids To Which Universal Precautions Apply

1. Blood (the single most important source of bloodborne pathogens)
2. Semen
3. Vaginal/cervical secretions
4. Cerebrospinal fluid
5. Synovial fluid
6. Pleural fluid
7. Peritoneal fluid
8. Pericardial fluid
9. Amniotic fluid
10. Any body fluid that contains visible blood.

### B. Protective Attire

1. Protective attire includes gloves, gowns, face masks, protective eyewear and face shields.
2. A combination of these barriers may be required when contact with blood/certain body fluids is anticipated.
  - a. The type of protective attire needed will be determined by the nature of the task and its potential to generate aerosols or result in a face splash.
  - b. The health care worker must assess the situation and determine the type of protective attire, if any, is required.

### C. Glove Use

1. Gloves should be worn when performing these tasks:
  - a. Handling items soiled with blood/designated body fluids.
  - b. Touching/cleaning soiled surfaces.

- c. Performing invasive vascular access procedures including Phlebotomy procedures.
  - d. Handling of blood and body fluid specimens and all fluid-filled containers.
  - e. Starting IV's, drawing blood and manipulating stopcocks or lines.
  - f. Emptying the drainage from a urinary catheter or other drainage system(s).
    - 1. To prevent cross-contamination from one catheter drainage spout to another, health care workers should discard used gloves, wash hands, and put on new gloves before emptying a second patient's drainage bag.
  - g. Digital examination of mucous membranes.
  - h. Suctioning of mouth or respiratory tract.
- 2. It is not necessary to wear gloves when patient contact is not anticipated.
  - 3. Gloves must be changed between each patient contact and as soon as possible, if torn.
  - 4. Thorough washing of hands should occur:
    - a. Between patient contacts.
    - b. If contamination with blood or other body fluids occurs.
    - c. Following glove removal or removal of other protective equipment.
    - d. Prior to eating.
    - e. After using toilet facilities.
    - f. After covering the nose and mouth when coughing or sneezing.
    - g. After trash and/or infectious waste disposal.
    - h. Any times hands are visibly soiled.
  - 5. Gloves are not routinely needed for bathing patients who have intact skin. However, gloves should be worn when patients have open skin lesions or when cleaning rectal or genital areas.
  - 6. Both hands should be gloved during all suctioning procedures.
  - 7. Gloves need not be worn when feeding patients and wiping saliva from skin. Neonatal or pediatric patients who have difficulty in feeding may require the use of gloves as determined by nursing assessment.
  - 8. Surgical and examination gloves should not be washed or disinfected for reuse.

D. Masks and Protective Eyewear Use

1. Face shields alone or a combination of protective eyewear and face mask should be worn in the following situations to prevent exposure of mucous membranes of the mouth, nose and eyes:
  - a. During procedures likely to generate droplets of blood or other body fluids.
  - b. During surgery in the operative or delivery suites.
  - c. During direct, sustained contact with a patient who is coughing extensively or a patient who is intubated and being suctioned.
  - d. During endoscopy procedures.
2. After use, protective eyewear/face shields should be cleaned by washing with soap and water, rinsed and dried.

E. Gowns

1. Moisture resistant gowns or plastic aprons should be worn:
  - a. During procedures likely to generate splashes of blood or other body fluids.
  - b. When cleaning spills from incontinent patients or when changing soiled linen--if clothing may become soiled.

F. Needles and Syringes

1. Needles and syringes are discarded, intact, into puncture resistant containers which are located close to the source of use.
2. When recapping of syringes must be performed, a device is used to avoid direct contact with the exposed needle or a scoop technique is employed.
3. Reusable sharp items that are contaminated with blood/body fluid are stored/processed in ways that do not require employees to reach by hand into these containers. Employees use utility gloves and other instruments to remove/process such sharps.

G. Other Measures

1. Employees must wash hands and any other skin with soap and water or flush mucous membranes with water immediately or as soon as feasible following contact of these areas with blood or other potentially infectious materials.

2. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is reasonable likelihood of occupational exposure.
3. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.
4. Should personal clothing become contaminated with blood or body fluids, a hospital incident form must be completed. The employee must carefully remove soiled clothing so as not to contaminate his/her skin - as soon as possible after the incident. The employee must be evaluated by Employee Health as soon as possible so that arrangements can be made to care for soiled clothing and exchange it for clean clothing.

## II. Universal Precautions for Invasive Procedures

### A. Definition

1. An invasive procedure is defined as surgical entry into tissues, cavities, organs, or repair of major traumatic injuries in the following setting or situations:
  - a. Operating or delivery room, emergency department, or outpatient setting (including both physicians' and dentists' offices).
  - b. Cardiac catheterization and angiographic procedures.
  - c. Vaginal or cesarean delivery or other invasive obstetric procedures during which bleeding may occur.
  - d. Manipulation, cutting, or removal of any oral or perioral tissues, including tooth structure, during which bleeding occurs or the potential for bleeding exists.

### B. Additional Measures

In addition to the previously listed barrier precautions, health care workers performing or assisting in invasive procedures should follow these additional guidelines:

1. Extraordinary care should be taken to prevent hand injuries caused by needles, scalpels, and other sharp instruments or devices utilized during invasive procedures; when cleaning used instruments; during disposal of used needles; and when handling sharp instruments after a procedure.
2. If a glove is torn or a needle-stick or other injury occurs, the glove should be changed as soon as possible (hands should be washed) and the needle or instrument removed from the sterile field.



3. Double gloves and face masks should be worn for all invasive procedures.
4. Protective eyewear or face shields should be worn for procedures that commonly result in the generation of droplets, splashing of blood or other body fluids, or the generation of bone chips.
5. Gowns or aprons for use during the performance of invasive procedures should be made of materials providing an effective barrier against splashing.
6. Gloves, gowns, and protective eyewear should be worn during the performance or assistance in vaginal or cesarean deliveries, when handling the placenta or the infant, and until blood and amniotic fluid have been removed from the infant's skin.
7. Gloves should be worn during post-delivery care of an infant's umbilical cord.

#### REFERENCES

Centers for Disease Control. Recommendations for Prevention of HIV Transmission In Health Care Settings. MMWR 1987; 36 (suppl. no. 25).

Centers for Disease Control. Update: Universal Precautions for Prevention of Transmission of HIV, HBV and Other Bloodborne Pathogens in Health Care Settings. 1988; 37: 377-388.

Centers for Disease Control. Guidelines for Prevention of Transmission of HIV and HBV to Health Care and Public Safety Workers. 1989; 38 (suppl. no. 5-6).

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