

# *Medical Staff Progress Notes*

Volume 5, Number 10  
October, 1993



## *From the President*

The process of organizing and structuring the IPA/PHO for Lehigh Valley Hospital and its Medical Staff has been completed. The work to date has been presented to the General Medical Staff at its meeting on September 13. Our committees have worked diligently to achieve this goal, yet much work remains to be done. We continue to work with urgency to achieve a goal of introducing the PHO to the market next year. Current matters being addressed include the solicitation and capitalization for the IPA/PHO and the PPO product development. Included in product development are areas of network development, care management program development (a vitally important component for the success of our plan), a marketing plan, provider pricing, etc.

We will be preparing an information packet to be distributed to the Medical Staff which will include: an introductory letter, PHO overview, summary of legal documents, PHO bylaws, IPA bylaws, participation agreement, and a representative fee schedule. We hope to distribute this by mid-October in a binder form to each member of the Medical Staff.

We will then begin a series of PHO informational meetings the first two weeks of November. The dates and times for these meetings are listed below. We hope to see you at one of these meetings.

Best regards,

Joseph A. Candio, M.D.  
President, Medical Staff

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## **PHO Informational Meetings**

*Cedar Crest & I-78*  
Wednesday, November 3  
6 to 7:30 p.m.  
Monday, November 8  
6 to 7:30 p.m.  
Wednesday, November 10  
7 to 8:30 a.m.

*17th & Chew*  
Thursday, November 4  
7 to 8:30 a.m.

**All meetings will be held in the  
Auditorium.**

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## *A Letter from the CEO*

As you know, the impact of changes in medical practices and technology have begun to challenge the traditional definition and scope of hospital services and the manner in which these services are delivered. Inpatient bed needs are decreasing while treatment regimens shift to an outpatient setting. These changes mandate that we re-examine the role Lehigh Valley Hospital plays in supporting our patients' and physicians' needs.

The redesign of hospital services has begun through a functional planning process endorsed by the Trustees of Lehigh Valley Hospital. I would like to apprise you of this effort and to ask for your participation.

This effort will address three key areas:

- Program Sizing - What clinical services will we offer and on what scale?
- Functional Planning - How will we provide these services to our patients in the most efficient and cost-effective manner?
- Facilities Planning - Where will these services be provided?

The goal of our efforts is to complete the design of a comprehensive functional and master facilities plan which answers the questions above in a methodical way, through sequential planning. The result of these efforts will be a legacy of quality patient care extending over decades to come.

Program sizing will forecast inpatient clinical activities by service and acuity, and ambulatory activities by technology and site. Financial planning, service and bed utilization, market development and length-of-stay elements will also be considered to help us understand the changing hospital we are designing.

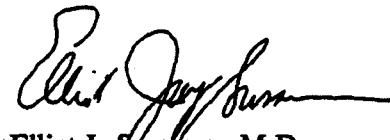
Functional planning will focus on defining and designing systems and processes which support the hospital's clinical activities over time as these areas change in size, modality and emphasis. Our information systems are one of the array of systems which we will address on this track. We will use the data resulting from Operations Improvement efforts and employ the OI process when needed to set standards for the revised systems.

Facility planning, the final step, will result from the program sizing and functional planning, and will be aligned with the hospital's financial resources and program priorities. The facility development program and master plan will be developed through an interactive process involving medical staff, nursing and administration. This will ensure your input on the details of clinical practice.

A great deal of work has been done to prepare for the first steps of this process and much more work must follow. I must again underscore the importance of your involvement in our functional and facilities planning. Now is the time to express your needs and concerns as we prepare to put in place this cornerstone of Lehigh Valley Hospital's future.

Please contact a member of the Medical Staff leadership with your questions and ideas. I look forward to the opportunity to discuss this effort with you in the coming months. Thank you.

Sincerely,



Elliot J. Sussman, M.D.  
President and Chief Executive Officer

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## ***PHAMIS Update - October 1993***

by Charles A. Gordon, M.D., I/S Physician Liaison

In the five months since PHAMIS go-live, much progress has been made in stabilizing our new network and installing PHAMIS, our patient care information system. I appreciate your patience during this time as we have struggled to build and stabilize our new system. Much more needs to be done, and I have been impressed by the dedication of all the people in Information Services (I/S) and the hospital who have been working in "overdrive" getting the "bugs" out.

Behind the scenes, I/S and PHAMIS, Inc., are committed to developing our Physician Module and co-developing a more functional database. I am pleased to announce that in the next 30 days, many changes will be apparent to our system which I hope will resolve some of the difficulties we have experienced.

- Log-in time will be reduced from approximately 40 seconds to 25 seconds.
- Microbiology access will be improved.
- Lab access will be refined.
- PHAMIS will become available to private offices. Many of you have already requested office hookup via our last survey, and you will be contacted in the next few weeks. If you would like service, please call 402-1404 or drop a note to Diann Brey in Information Services at 2024 Lehigh Street, Allentown, PA 18103. The office roll-out will accommodate 10

offices per month. (I/S will provide connections and software plus the special PHAMIS emulation board required.) You must, however, supply a 386 or 486 computer with modem and office staff, whom we will train. Initial office hookups will be divided into two categories: on campus (contiguous office building which will network via hardwire connection), and off campus (noncontiguous buildings which can connect via modem). We will try to do contiguous buildings one at a time to reduce the cost per office for hardwired connections which allow faster response time than modems. It is hoped that the majority of offices who wish to be connected will be on line by the end of March, 1994.

- E-Mail - On October 7, physician training began for the network wide electronic mail system, TAO (not the yellow mailbox). Many staff members have expressed interest in using E-Mail to communicate with each other, the Medical Staff leadership, and administration. Each of the divisions and sections has been offered a 45-minute training session during the Fall section meetings.

Finally, I would like to again thank the members of the Medical Staff for their patience and support as we roll out our new Patient Care Information System.



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## ***Ventilator Management Program to Begin***

Caring for patients requiring mechanical ventilation because of respiratory failure results in a significant burden for the hospital, financially and in terms of resource and personnel utilization. These patients tie up ICU beds, require high acuity care from nurses, respiratory therapists and physicians, and necessitate the use of expensive ventilators and associated equipment. These patients often require extensive laboratory and x-ray testing. In fiscal year 1992, the hospital incurred an estimated \$7.6 million loss for patients on ventilators insured by Medicare. Reducing the time that patients remain on mechanical ventilation, even by one day, can result in substantial savings for the hospital.

Recent advances in our knowledge concerning respiratory failure, recent technological advances in ventilator management, and a better understanding of the patient, ventilator interactions have given us the opportunity to better utilize hospital resources, reduce hospital financial losses, and most importantly, improve patient care.

With these concepts in mind, a Ventilator Management -- VENT MAN - Program has been proposed. It has been approved by the Executive Committee of the Department of Surgery, and a trial period during which the program's efficacy will be studied has been approved by the Executive Committee of the Department of Medicine. The proposal was also presented at full meetings of the Departments of Medicine and Surgery, as well as at certain divisional meetings within each department.

Modeled after a similar successful program at Thomas Jefferson University

Hospital, the Vent Man Team will consist of a pulmonologist, respiratory therapists, and the physicians and nurses primarily caring for each patient. The team will agree on a ventilator management or weaning strategy daily for each patient being followed. This strategy will then be carried out by respiratory therapy. The primary physicians may change the strategy at any time if the patient's condition changes. For stabilized patients, other disciplines such as physical therapy, occupational therapy, speech therapy, dietary, and Resource Utilization Management (RUM), may be called in to help, when appropriate. Patients will be eligible to be followed by the Vent Man Team after 48-72 hours on a ventilator, depending on certain criteria. During the initial study period, stickers will be placed on the charts of eligible patients, asking attending physicians to respond "yes" or "no" to having the Vent Man Team follow their patient. If the "yes" response is chosen, then a consultation with a physician with specialized training in ventilator management (physicians who have completed fellowships in pulmonary medicine, critical care, or trauma surgery) must be requested, if such a physician is not already participating in the patient's care. A variety of clinical, financial, and resource utilization data will be collected during the study period.

The Ventilator Management Team will also play a role in the education of health care providers as appropriate and will provide a forum for clinical research.

For more information regarding the Ventilator Management Program, contact Jay H. Kaufman, M.D., pulmonologist, at beeper 5130.

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## ***Chest Pain Service Announced***

On October 18, Lehigh Valley Hospital will publicly announce its Chest Pain Service at Cedar Crest & I-78.

Although service has always been available for patients with chest pain, the new Chest Pain Service has been designed to streamline the patient care process for chest pain patients.

Patients within the Chest Pain Service will be identified upon admission to the Emergency Department and immediately placed on the chest pain protocol which was developed in coordination with the Department of Emergency Medicine, and the Divisions of Cardiology, Family Practice, and General Internal Medicine. Following a physician evaluation by the Emergency

Department physician or the patient's primary physician, the patient will either be admitted, discharged or placed in an observation area. If a period of observation is warranted, patients will be cared for within a designated area and follow the revised existing observation policy.

The Chest Pain Service will be staffed with current personnel within areas of the Emergency Department and the designated observation area of the Hospital.

If you have any questions regarding the Chest Pain Service, please contact Terry Ann Capuano, Administrator, Patient Care Services, at 402-8250.

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## ***Merger of GICU-East and GICU-West***

As a result of an operational improvement initiative, GICU-East and GICU-West have merged to become GICU, effective October 10.

A more efficient and flexible delivery of patient care is expected with the merger, as well as a cost savings related to consolidation of supply inventories.

Louise Oswald has assumed nursing management responsibilities for the unit. Kevin E. Glancy, M.D., and Jay H. Kaufman, M.D., will remain as co-Medical Directors of the unit.

Patient beds will be labeled ICE 01-07 and ICW 08-16. The two main telephone numbers, 402-8710 for ICE, and 402-8715 for ICW, will remain unchanged. An intercom system has been installed between both sides to aid in communications for all staff. The current white board process for identifying patient names and location will not change.

If you have any questions, please contact Louise Oswald at 402-8703.

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## ***New Hospital Psychiatrist Specializes in Obstetrics Cases***

As many as 20% of women experience emotional, psychological, or psychiatric difficulties associated with pregnancy. The Mental Health Center at Lehigh Valley Hospital recently appointed **Paul F. Haley, M.D.**, who specializes in evaluating and treating women who suffer such problems.

Dr. Haley is a member of the Mental Health Center's Consultation and Liaison Team which treats patients who suffer from emotional complications of medical conditions. The hospital's Consultation and Liaison Service is the only one of its kind in the Lehigh Valley.

Dr. Haley's primary focus will be on expectant and new mothers who develop or have a history of emotional disorders. These may include anxiety, post-partum depression, clinical depression, or substance abuse. He will also help patients cope with issues of premenstrual syndrome (PMS), infertility, morning sickness, sexual abuse, and trauma.

Dr. Haley is located at 1243 S. Cedar Crest Boulevard, and may be reached at 402-9800.

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## ***Spend a Day with a Nurse***

A brief reminder that Spend a Day with a Nurse is fast approaching. This event will take place on Monday, October 25. If you wish to participate in this unique opportunity to see what nurses at Lehigh Valley Hospital do in a typical day, contact Kim Hitchings at 402-1704 as soon as possible. The Professional Nurse Council is offering this activity to nurses and to other departments and interested individuals as a way of sharing for a three-hour period what a professional nurse does. Call now to be a part of this exciting program.

### **Managed Care Programs**

For your information, following is a list of the managed care programs in which the hospital currently participates:

- Aetna
- Capital Blue Cross/Keystone Health Plan Community Care Program (Lehigh Valley Business Conference on Health Care)
- Mercy Health Plan
- Prudential PruCare (effective September 1, 1993)
- US Healthcare (pediatrics, obstetrics and inpatient psychiatry only)

If you have any questions regarding these programs, please contact Krista Miller at Lehigh Valley Health Services at 402-7440.

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## ***GI Lab Update***

Ambulatory 24-hour esophageal PH monitoring is now available in the GI Lab at Cedar Crest & I-78. This procedure has been helpful in evaluating patients with atypical chest

pain, unexplained cough, asthma, and heart burn which does not respond to medical treatment.

For more information or to schedule this procedure, contact the GI Lab at 402-8850.

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## ***Pulmonary Function Department Announces New Services and Expanded Hours***

The Pulmonary Function Department at Lehigh Valley Hospital, Cedar Crest & I-78, performs state-of-the-art pulmonary function testing, including baseline spirometry, lung volumes, diffusing capacity, ABG, etc. Polysomnography (sleep studies) have also been performed by the department for many years. The department recently added Methacholine Challenge Testing and Metabolic Measurement Studies.

The pulmonary laboratory participates in the quality control program recognized by the College of American Pathologists (CAP) and strictly adheres to guidelines set forth by the CLIA '88 regulations. The department is staffed by certified, registered, and other qualified technicians, under the directions of John P. Galgon, M.D., pulmonologist and board certified Sleep Disorders Specialist.

The department now offers expanded hours and services for outpatient testing. The department is open Monday through Friday from 8 a.m. to 4:30 p.m. The following is a list of available services. Appointments are not necessary for ABGs or Oximetry at Rest studies, but are required for other studies.

- Spirogram (a.k.a. PFT, Simple Screen, etc.)
- Spirogram Pre & Post Bronchodilator
- Diffusing Capacity (a.k.a. DLCO, DCO, etc.)
- Total Lung Volumes (a.k.a. Residual Volume, TLC, Helium Dilution, etc.)
- Disability Determination (S.S., Black Lung, Railroad, etc.)
- Arterial Blood Gas
- Oximetry at Rest
- Oximetry During Ambulation
- Metabolic Measurement Studies
- Methacholine Challenge Testing

Patients must report to the Outpatient Registration Department approximately 15 minutes prior to their scheduled appointment. Please instruct patients to avoid inhaled bronchodilator medications two hours prior to the appointment (oral bronchodilators are allowed).

For more information or to schedule an outpatient appointment, contact the Pulmonary Function Department at 402-8530.

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## *Physician Assistance Program*

Sometimes personal problems and the stress of everyday living can build up and affect our well-being. Most of the time, we are able to work through and resolve these problems on our own, but sometimes we need professional assistance. With this in mind, the Medical Staff of Lehigh Valley Hospital established the **Physician Assistance Program** earlier this year.

As you may already know, the Counseling Program of Pennsylvania Hospital is responsible for providing **CONFIDENTIAL** counseling services to active members of Lehigh Valley Hospital's Medical Staff as well as to their dependents (spouses and children).

The program offers physicians and their families counseling services for a wide range of personal problems -- anything that can turn stress into

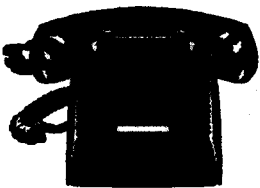
distress -- including marital or relationship difficulties, depression and anxiety, alcohol or drug abuse, family problems, or stress from work or personal concerns.

Again, the program is **CONFIDENTIAL**. Program staff may not reveal any information about any participants without proper authorization from the participant. In fact, you may use the program anonymously, without ever revealing your identity!

To use the program during normal working hours, telephone The Counseling Program's office at 433-8550 or 1-800-327-8878, identify yourself **ONLY** as a member of Lehigh Valley Hospital's Medical Staff (or a family member), and ask to speak to Oliver Neith, the Program Manager.

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## *Call Park Retrieval Process Improved*



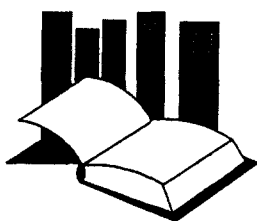
In an ongoing effort to improve customer services, HealthPage has developed a new process which will allow call parks to be retrieved automatically from outside the hospital, as well as from inside the hospital.

When retrieving a call park from inside the hospital, dial the four digit call park number (following 888) as indicated on the pager display. You will be automatically connected with the caller.

When retrieving a call park from outside the hospital, dial 402 plus the four digit call park number (following 888) as indicated on the pager display. Then listen for the second dial tone (approximately three seconds). When the dial tone stops, there will be a silent "connect time" of approximately two seconds after which the caller will be automatically connected.

If you have any questions regarding this new process, please contact Paul L. Klee, General Manager, HealthPage, at 821-2140.





## *News from the Library*

In anticipation of the installation of the Library's new computerized card catalog, and the increased training and data entry requirements at this time, new requests for remote access to MEDLINE have been temporarily put on hold.

Recent acquisitions at Cedar Crest & I-78 include:

- Greenfield. **Surgery: Scientific Principles and Practice.** Lippincott, 1993.
- Norton. **Surgical Decision Making.** 3rd ed. Saunders, 1993.
- McCarty. **Arthritis and Allied Conditions: Textbook of Rheumatology.** 12th ed. Lea & Febeiger, 1993.
- McDonagh. **Patient-Centered Hospital Care: Reform from Within.** Health Administration Press, 1993.
- Blackburn. **Maternal, Fetal and Neonatal Physiology.** Saunders, 1992.
- Ludwig. **Child Abuse.** 2nd ed. Churchill Livingstone, 1991.
- Tanagho. **Smith's General Urology.** 13th ed. Appleton-Lange, 1992.

New additions to 17th & Chew include:

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## *Biomedical Photography News*



The Biomedical Photography Department supports the Hospital and its Medical Staff through numerous services including visual aids, surgical photography, clinical photography, overhead transparencies, drawings/medical illustrations, and poster demonstrations.

In an effort to continue to provide both quality and efficient services to their customers, the department recently revised a number of guidelines for their services. For a complete set of these guidelines, please contact Darla Molnar, Director of Biomedical Photography, at 402-8511.

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## *Endocrine Testing Station Relocates*

Effective September 20, the Endocrine Testing Station at 17th & Chew has relocated to the ground floor.

Presently, 65 endocrine/metabolic/renal

protocols are available for inpatient and outpatient testing. If you have any questions or need information or order forms, please contact the Endocrine Testing Station at 402-2690.



## ***Clinical Nutrition News***

by Mary Tulip, R.D.

Iron deficiency anemia is very common in children between the ages of one and three. Term infants who are only breastfed rarely exhaust their iron stores until six months of age. Human milk is a sufficient source of iron for the first six months of an infant's life. At six months, foods with bioavailable iron and/or iron fortified foods should be introduced into the diet.

Recent reports indicate a decrease in iron deficiency anemia both in low-income and middle class pediatric population. Factors influencing this trend include prolonged use of iron fortified formulas, increased iron intake from food sources, and the WIC Supplementary Food Program. Even with the encouraging trends, however, some children are at high risk for iron deficiency, especially low income population.

The RDA for iron, 6-10mg/day can be obtained from the right combination of foods. Iron absorption from about 1/4 cup of fortified cereal provides only one-third of the requirement. To increase the absorption, an infant can ingest a vitamin C rich food or appropriate prepared meat, fish or poultry. Human milk contains ascorbic acid and a number of fruits are naturally rich in vitamin C which improves the absorption to 10-20%. A note should be made that infant

vegetables and dry flaked infant fruits and vegetables are low in ascorbic acid and iron absorption remain low.

There are some foods that are rich in vitamin C that come to mind. Oranges, strawberries and tomatoes are rich in vitamin C but are allergenic for many children. Therefore, the introductions of these foods should be after one year of age.

While an inadequate intake of iron can cause long-term consequences, an excessive intake can cause nutrient imbalance and toxicity. Therefore, the National Research Council clearly states that iron intake should not exceed 15mg/day. Excess iron may predispose an infant to vitamin E deficiency as well as decrease the absorption of mineral such as zinc, copper and manganese.

A dietitian plays an important role in assisting the physician when it comes to determining the intake of iron in a child's diet. A diet can be low or excessive in iron; both can be detrimental to a child's development. The goal is iron intake of 6-10mg/day while being careful not to exceed 15mg/day.

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## ***News from Research***

A call for abstracts has been issued by a number of organizations as follows:

- The American Society of Colon and Rectal Surgeons (ASCRS) for the ASCRS Annual Meeting to be held on May 8, 1994 in Orlando, Fla. Submission due date is November 1, 1993.
- The American Diabetes Association for the 54th Scientific Sessions to be held on June 11, 1994 in New Orleans, La. Submission due date is January 7, 1994.

- The International Society of Technology Assessment in Health Care for the 10th Annual Meeting to be held on June 19, 1994 in Baltimore, Md. Submission due date is November 15, 1993.

For instructions, forms, and further information, please contact Kathleen Moser in the Research Department at 402-8889.

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## ***News from the Lehigh Valley Hospital Trust Fund***

### **Long Distance with a Purpose – Guaranteed Savings for You!**

The Lehigh Valley Hospital Trust Fund thanks all who have signed up to participate in the LEGACY FUND. Through a special long-distance telephone service, friends and family of Lehigh Valley Hospital are enjoying substantial savings on their long-distance telephone bills, while benefitting Lehigh Valley Hospital as well.

Now, LEGACY FUND is offering a **guaranteed savings plan**. That's right! LEGACY FUND is guaranteeing residential customers a savings of at least 10% over their current long distance carrier. (Savings for business customers vary with use.) If you would like to see how much you would

save through the LEGACY FUND, please mail a copy of your current telephone bill to Gail Evans, Director of Operations at Lehigh Valley Hospital Trust Fund, 1243 S. Cedar Crest Boulevard, Allentown, PA 18103. A complimentary rate analysis will be mailed back to you comparing your current rates with that of LEGACY FUND.

### **Works of Art to Brighten Lehigh Valley Hospital**

The Arts Advisory Council of Lehigh Valley Hospital Trust Fund will be holding its seventh annual art exhibition and sale on November 5-8, 1993. Each year, the Council sponsors a four-day art exhibition and sale in

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one of the most unlikely of galleries -- the classrooms of Lehigh Valley Hospital, Cedar Crest & I-78.

The proceeds from the event are used to purchase art work for the hospital. Hospital corridors that were once bare and bleak are now alive with splashes of color and eye-catching designs -- not simply to decorate but to provide more of a home-like environment that promotes healing and well-being.

The exhibition is free and open to the public. Contact Gail Evans, Director of Operations, at the Trust Fund at 402-3031 for more information.

## **Leh's at Whitehall Mall to Sponsor "Community Days"**

For all of you shopping enthusiasts, Leh's at Whitehall Mall and Lehigh Valley Hospital Respiratory Services invite you to **Community Days** -- a celebration of savings, fun and civic spirit -- on Saturday, October 23, from 9 a.m. to 9 p.m. For a tax-deductible donation of \$5.00, you will receive a ticket that entitles you to: special savings coupons that you can use on your purchases; registration for a \$500 shopping spree, entry into a drawing for exciting prizes, including a trip for two to Orlando on USAir, day-long entertainment and refreshments. To find out how you can join the fun and support a great cause, call Laurie at 402-3031. All proceeds will be used to benefit the Respiratory Services Education/Recognition Fund.

## **Philanthropy Day Celebrations -- One of Lehigh Valley Hospital's Own to be Honored**

The Lehigh Valley Hospital Trust Fund is proud and pleased to announce that Richard Fleming, a member of the Hospital's Board of Trustees, has been selected to receive the Outstanding Philanthropist Award at the 1993 Philanthropy Day Awards Program of the Eastern Pennsylvania Chapter of the National Society of Fund Raising Executives.

National Philanthropy Day is observed across the country through special ceremonies and programs to salute philanthropy. Each year, special awards are given to recognize outstanding achievement by individual and corporate philanthropists, fund-raising volunteers, and professional fund-raising executives.

Mr. Fleming was selected to receive this honor because of his generosity to Lehigh Valley Hospital. Through his direct financial support, he has demonstrated outstanding civic and charitable responsibility and, by doing so, has encouraged others to take leadership roles in philanthropy and community involvement.

Mr. Fleming and others who have given of themselves to make the Lehigh Valley a better place will be honored at a luncheon on November 12, at the Holiday Inn in Fogelsville.

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## **Performance by The Platters to Benefit Lehigh Valley Transplant Program**

Keystone Entertainment is sponsoring a benefit performance for the Second Anniversary of the Lehigh Valley Transplant Program on Sunday, October 24, 1993, at the State Theater in Easton beginning at 7 p.m. The Platters, who topped the charts with 16 gold records, will take you back to the 50's with songs like *The Great Pretender* and *With This Ring*.

The Lehigh Valley Transplant Program will use the proceeds from the event to help defer the cost of medications and other necessary items required by transplant patients which may not be covered by insurance.

All members of the Hospital's family are eligible for a 10% discount on tickets. Please call Gail Evans, Lehigh Valley Hospital Trust Fund, at 402-3031 for ticket information.

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## ***Congratulations!***

**David Hay, Jr., D.P.M.**, podiatrist, was recently notified that he successfully passed both parts of the 1993 Foot Surgery certification examination and has become a Diplomate of the American Board of Podiatric Surgery with Certification in Foot Surgery.

**Indru T. Khubchandani, M.D.**, colon-rectal surgeon, was honored with an Honorary membership of the Venezuelan Society of Colon and Rectal Surgeons at the 13th Congress of Latin American Society of Colon and Rectal Surgeons at Margarita Island in Venezuela on September 22.

The meeting was attended by predominantly South American countries with invited speakers from London, England; Madrid, Spain; and the United States. Dr. Khubchandani delivered the Harry E. Bacon Oration titled, *After Colectomy, What?*

**Thomas J. Koch, M.D.**, otolaryngologist, and his wife, Jamie, recently welcomed a baby daughter to their family. Katrina Marie was born on August 11 and weighed 7 lbs., 1 ounce. She has three older brothers -- Benjamin, Gregory, and Jason.

**FYI** - The next meeting of the Sleep Apnea/Sleep Disorder Support Group will be held on Thursday, October 21, beginning at 7 p.m., in the Auditorium of Lehigh Valley Hospital, 17th & Chew. John P. Galgon, M.D., pulmonologist and co-director of the Sleep Disorder Center, will present *Weight Loss: A Treatment of Sleep Apnea -- A New Approach That Works*.

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

**Monica M. Dweck, M.D.**, ophthalmologist, co-authored a paper, **Hydroxyapatite and Expanded Polytetrafluorethylene (Gortex) Conduits for Lacrimal Drainage**, which will be presented at the 24th Annual Scientific Symposium of the American Society of Ophthalmic Plastic and Reconstructive Surgery in November 1993 to be held in Chicago.

**Houshang G. Hamadani, M.D.**, psychiatrist, presented a paper at the Annual Meeting of the Society for the Study of Psychiatry and Culture on October 3 in Rockport, Mass. The paper is titled, **The Relationship Between Legend, Myth, and the Formation of National Character**.

**Peter A. Keblish, M.D.**, chief of the Division of Orthopedic Surgery, was

the invited lecturer of Good Shepherd Rehabilitation Hospital on Friday, September 17. The audience included hospital staff from all departments. The specialty conference topics was **Joint Replacements: Hip/Knee**. In addition, Dr. Keblish presented Grand Rounds to the Hahnemann University Orthopedic Division on September 18. His topic was **Total Knee Replacement - Options from Incision to Implant**.

**Indru T. Khubchandani, M.D.**, colop-rectal surgeon, was an Examiner for the American Board of Colon and Rectal Surgeons in Chicago, Ill., on September 17. He also gave lectures on **Colostomy: How to Avoid It, Laparoscopic Surgery, and Pull-Through Operation for Cancer of the Rectum**.

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

### **Regional Symposium Series V**

**Current Trends in Cancer Care** will be held on Saturday, October 23, from 8 a.m. to noon, in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78.

Physicians, nurses, and other health professionals interested in the current trends of cancer care will benefit from this program.

At the completion of the program, participants should be able to describe:

- the conservative surgical approach and adjuvant therapies for treatment of primary breast cancer
- the combination therapy used in treatment of lung cancer
- the new developments in imaging related to cancer
- the nuclear medicine techniques utilized in diagnosing cancer

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**Non-Invasive Vascular Testing** will be held on Saturday, November 6, from 8 a.m. to 12:45 p.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78.

Physicians, nurses, vascular laboratory personnel, and other health professionals interested in non-invasive vascular testing will benefit from this program.

At the completion of the program, participants should be able to:

- describe the basic elements of the OPG test, areas of application, and sources of false/negative-positive tests
- explain the accuracy, sensitivity, and specificity of Duplex in detecting severe carotid stenosis
- describe the methodology and indications of transcranial insonation
- discuss the application of MRA in CNS disease
- describe methods of extremity arterial and venous doppler testing
- explain the non-invasive modalities available to evaluate lower extremity vascular disorders
- discuss the application of MRA in diagnosing peripheral vascular disease

**Update on Upper Extremity and Cervical Spine Problems: A Primary Care Approach** will be held on Saturday, December 4, from 7:30 a.m. to 1 p.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78.

Orthopedic surgeons, general practitioners, physicians' assistants, physical therapists, nurses, and other health professionals interested in an update on upper extremity and cervical spine problems will benefit from this program.

At the completion of the program, participants should be able to describe the symptoms, diagnosis and treatment of shoulder, elbow, hand, and cervical spine problems in the general population.

For more information regarding the above programs, please call Human Resource Development at 402-4609.

## **Medical Grand Rounds**

**Constipation** will be presented by Arnold Wald, M.D., Chief of Gastroenterology, Montefiore Hospital, Pittsburgh, Pa., on Tuesday, October 19.

**Renal Issues and Hypertension** will be presented by Francisco Llach, M.D., Professor of Medicine and Chief of Nephrology & Hypertension, UCLA VA Medical Center, West Los Angeles, Calif., on Tuesday, October 26.

Medical Grand Rounds are held at Noon in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78. For more information, contact the Department of Medicine at 402-8200.

## **Department of Pediatrics**

**Infections in Day Care Center Children – Prevention and Treatment** will be presented during Pediatric Grand Rounds by Heintz Eichenwald, M.D., Professor of Pediatrics, University of Texas Health Sciences Center, on Tuesday, October 26, at 8 a.m.

Continued on Page 16

**Pediatric Oncology -- Past, Present, and Future** will be presented by Anne Meadows, M.D., Director, Oncology and Cancer Research, Children's Hospital of Philadelphia, on Friday, November 5, at Noon.

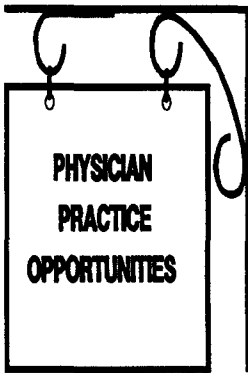
**Use and Abuse of Topical Steroids** will be presented by Walter Tunnesson, M.D., Associate Chairman, Medical Education, Children's Hospital of Philadelphia, on Friday, November 19, at Noon.

All conferences are held in the Auditorium of Lehigh Valley Hospital, 17th & Chew. For more information, contact Beverly Humphrey in the Department of Pediatrics at 402-2410.

## Psychiatry Grand Rounds

**Geriatric Psychiatry** will be presented by Garry Gottlieb, M.D., Chief of Geriatric Psychiatry, Hospital of the University of Pennsylvania, on Thursday, October 21, beginning at Noon, in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78.

As lunch will be provided, pre-registration is required. For more information or to register, please contact Lisa in the Department of Psychiatry at 402-2810.



• For Sale or Lease -- Springhouse Professional Center, 1575 Pond Road. Ideal for physician's office. Approximately 2,500 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. 3,600 total sq. ft. Ample parking. Will sub-divide.

• For Sale or Lease -- Medical/Professional three-story office building at 1730 Chew Street, Allentown. Excellent condition with recent renovations. Approximately 6,800 sq. ft. for single or multiple specialty practice. Includes long-term parking lease at Fairgrounds. Potential telephone and dictations systems.

• For Sale -- Office building at Northeast corner of 19th and Turner Streets in Allentown. Upper level - 2,400+ sq. ft., large waiting room, two large consultation rooms, five exam rooms, etc. Lower level - 2,300+ sq. ft. Parking lot for 18 cars.

• For Lease -- Office space in 401 N. 17th Street to sublet. Approximately 1,500 sq. ft. with three exam rooms.

• For Lease -- Medical office space to sublet in MOB 1 at Lehigh Valley Hospital, Cedar Crest & I-78.

• For Lease -- Medical office space located in Southeast Allentown near Mountainville Shopping Center.

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

• 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 -- Medical-professional office space located on Route 222 in Wescosville. Two 1,000 sq. ft. offices available or combine to form larger suite.

• For Lease -- Large, newly remodeled, completely furnished medical office space available for subleasing/time share at Cedar Crest Professional Park. Top of the line telephone system. Transcription and computer system with electronic billing available.

• For Lease -- Medical office space located in Peachtree Office Plaza in Whitehall. One suite with 1,500 sq. ft. (unfinished - allowance available), and one 1,000 sq. ft. finished suite.

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

• For Lease -- Professional office space available in an established psychology and psychotherapy practice at 45 North 13th Street, Allentown. Large, warm Victorian building in a relaxed atmosphere. Secretary and billing available and included in some leases. Furnished or unfurnished full offices and sublets available. Utilities included.

For more information or for assistance in finding appropriate office space to meet your needs, contact Joe Pilla, Physician Relations Rep, at 402-9856.



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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**

**Hal S. Bendit, DO**  
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Division of Neurosciences  
Provisional Courtesy

### **Additional Privileges**

**Karen A. Bretz, MD**  
Department of Anesthesiology  
Active  
Acupuncture Privileges

**Victor J. Celani, MD**  
Department of Surgery  
Division of Vascular Surgery  
Active  
Vascular Lab Reading Privileges

**James J. Goodreau, MD**  
Department of Surgery  
Division of Vascular Surgery  
Active  
Vascular Lab Reading Privileges

**James L. McCullough, MD**  
Department of Surgery  
Division of Vascular Surgery  
Active  
Vascular Lab Reading Privileges

**Kenneth M. McDonald, MD**  
Department of Surgery  
Division of Vascular Surgery  
Active  
Vascular Lab Reading Privileges

**John F. Welkie, MD**  
Department of Surgery  
Division of Vascular Surgery  
Active  
Vascular Lab Reading Privileges

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## **Address Changes**

**James G. Showalter, MD**  
1255 S. Cedar Crest Blvd.  
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Allentown, PA 18103  
(215) 821-2030

**Kenneth J. Zemanek, MD**  
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Suite 2800  
Allentown, PA 18103-6296  
(215) 402-9800

## **Address Correction**

**Arthur Hoffman, MD**  
3710 Broadway  
Suite 101  
Allentown, PA 18104

## **Change of Status**

**John M. Kauffman, Jr., DO**  
Department of Medicine  
Division of General Internal Medicine  
From Active to Courtesy

## **Reassessment of Cardiac Cath Privileges**

**Anthony M. Urbano, MD**  
Department of Medicine  
Division of Cardiology  
Active  
Voluntary Relinquishment of Cardiac Cath Privileges

## **Resignations**

**Ronald E. Domen, MD**  
Department of Pathology  
Division of Clinical & Anatomic Pathology  
(Miller Memorial Blood Center)

**Shari M. Roth, MD**  
Department of Surgery  
Division of Ophthalmology  
(Lehigh Valley Ophthalmic Associates)

## **Appointment of Vice Chairman, Department of Radiology/Diagnostic Medical Imaging**

**Robert Kricun, MD**

## **Allied Health Professionals**

### **Appointments**

**Ruth Anne Chaplis, RN**  
Professional  
RN - First Assistant  
(Lehigh Valley Hospital)

**Ellen L. Fairchild, PNP**  
Physician Extender  
Professional - PNP  
(Pediatric Ambulatory Clinic - Dr. Smith)

**Susan Holecz, RN**  
Physician Extender  
Professional - RN  
(Pediatric Ambulatory Clinic - Dr. Smith)

**Pamela K. Prisaznik, RN**  
Physician Extender  
Professional - RN  
(Pediatric Ambulatory Clinic - Dr. Smith)

### **Additional Privileges**

**Cynthia L. Erdman, RN**  
Physician Extender  
Professional - RN  
(Dr. Lieberman)  
Operating Room Privileges



## *P & T Highlights*

The following action were  
taken at the September 13, 1993  
Pharmacy and Therapeutics  
Committee Meeting  
James A. Giardina,  
Director of Pharmacy

### **FORMULARY ADDITION REQUEST**

**Felbamate (Felbatol, CW)** is the first new anticonvulsant to be introduced in the US in over 15 years. Felbamate's mechanism of action is unknown but it is thought to increase seizure threshold and prevent seizure spread. Felbamate has been approved for mono and adjunctive therapy in the treatment of partial seizures both with/without generalization in adults and as adjunctive therapy of partial and generalized seizures associated with Lennox-Gastaut Syndrome (LGS) in children. Felbamate is well absorbed following oral administration; both the tablet and suspension forms are bioequivalent. It has a half life of approximately 20 hours and is metabolized via the cytochrome P-450 system to weakly active metabolites. Approximately 40% is eliminated unchanged in the urine. One advantage of Felbamate appears to be that blood levels do not need to be monitored routinely. Felbamate is 24% protein bound and does interact with other antiepileptic agents, thus requiring therapeutic drug monitoring and dosage

adjustments in those patients on combination therapy. Table 1 summarizes these effects.

Dosage recommendations in adults and children over 14 are to begin at 1200mg/day in 3 or 4 divided doses. Felbamate dosage should be increased by 1200mg/day at weekly intervals to a maximum of 3600mg/day according to monotherapy studies. For children aged 2-14 with LGS, dosage should be started at 15mg/Kg/day divided into 3 or 4 doses. The dose is increased by 15mg/Kg/day at weekly intervals to 45mg/Kg/day. The most common side effects include anorexia, nausea, vomiting, insomnia and headache. In add-on trials, somnolence, fatigue, dizziness, and constipation were also seen. Felbamate has not been evaluated in patients with renal or hepatic impairment. It has not been studied in pregnancy and its effects on nursing infants are unknown. Felbamate is available as 400mg (\$0.50), 600mg (\$0.60) tablets and 600mg/5ml suspension (\$1.75). Felbamate was added to full formulary status.

**TABLE 1: EFFECT OF FELBAMATE ON OTHER ANTIEPILEPTIC AGENTS (AEA)**

Coadministered with	AEA Concentration	Week 1 Dosage Recommendations
Phenytoin	↑ by 20%	Careful monitoring of serum concentrations of the AED are necessary when felbamate is added, adjustments are made in dosing, or when felbamate is discontinued.
Valproate	↑ by 33%	
<u>Carbamazepine</u> epoxide (active) metabolite	↓ ↑	

## ASSORTED CHEMOTHERAPY AGENTS

Ten chemotherapy agents which are used in many different protocols for a variety of malignancies were added to the formulary. Space limitations preclude full write ups. The approved agents include:

Aldesleukin (Proleukin)  
BCG Live & Vaccine (Teracys/Tice)  
Cladribine (Leustatin)  
Fludarabine (Fludara)  
Goserelin (Zoladex)  
Idarubicin (Idamycin)

Melphalan (Alkeran IV)  
Pentostatin (Nipent)  
Sargramostim (Prokine/Leukine)  
Teniposide (Vumon)

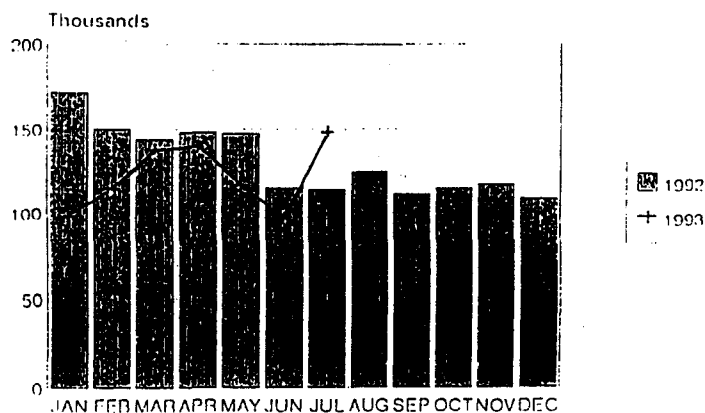
Specific information on each agent is available in the Cancer Chemotherapy Information Guide (Eighth Edition) published jointly by the Cancer Center and the Hospital Pharmacy. Due to the infrequent use and high inventory costs of these agents, most will not be stocked in the Pharmacy and will be obtained as needed.

## DRUG USE EVALUATION (DUE) CORNER

### Target Antibiotics - July/93

Total antibiotic costs and average cost per gram both increased in July. Average cost per gram increases indicate a greater use of more expensive antibiotics. See Figure 1 for comparative data.

COMPARISON ANTIBIOTIC COSTS 1992/1993



## *DUE (cont'd)*

**Ceftazidime** - high empiric use continues for most patients (68.5%) with Length of Therapy (LOT) increasing to 4.1 days (2.6 days in June). Piperacilin is the preferred agent for aerobic gram negative bacilli resistant to Cefazolin, in non-penicillin allergic patients. For suspected Pseudomonal infections, Piperacillin 5Gm Q8H is recommended.

**IV Ciprofloxacin** - 41% of the patients received empiric therapy with an Average LOT of 3.9 days (3.3 days in June). 5 patients with UTI's were treated with IV therapy for 4.8 days. Ciprofloxacin should be reserved for aerobic gram negative bacilli (i.e. Pseudomonas, Enterobacter, Serratia) resistant to standard therapy. With a working GI tract, the oral formulation is equally bioavailable at 1/6 the cost (\$8.00/day vs \$50.00/day for 750mg PO and 400mg IV BID, respectively).

## *DATE LINE: Lehigh Valley*

**Ketorolac** - use was restudied in June/July and reported to P & T. This study shows improvement when compared to the initial study. Table 2 reflects the key findings.

**TABLE 2:**

Key Findings on Ketorolac Use	June/July/93	November/92
Total number of patients reviewed	353 (61% surg, 27% OB/GYN, 11% med)	66%
Total number of patients receiving single dose	29 (8.2%)	N/A
Appropriate dosage and frequency	240/353 (67.9%)	52%
Total number of patients > 65 years old exceeding recommended dosage	76/353 (21.5%)	28.7%
Total number of patients scheduled to receive Ketorolac more frequently than recommended	17/324 (5.2%)	19.6%
The maximum dosage of 120mg/day may have been exceeded	42/324 (12.9%)	19.6%

The Committee recommended that Ketorolac be reviewed at Residency meetings and this information given to Department Chairmen.

## ***MEANWHILE "IN EUROPE"***

The Committee was also updated on European activity relative to Ketorolac. The drug has been voluntarily withdrawn from the German market. The EC Committee for Proprietary Medical Products (CPMP) recommended limitations on use of Ketorolac and a restatement of product information. This action was taken following a Dutch study performed for the CPMP. The manufacturer has been asked to also submit a full analysis of adverse events and a final report of a US Cohort study (Strom study). Interim recommendations from CPMP are:

**Starting dose:** 10mg

**Maximum dose:** 60mg(elderly)  
90mg (non-elderly)

**Maximum duration of therapy:** 2 days

Reference: The Lancet - Ketorolac Doses Reduced:  
Vol. 342, July 10, 1993.

It is unknown if any changes in US labelling are planned.

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## ***SURGICAL PROPHYLAXIS CONTINUED***

Criteria for surgical prophylaxis in Neurosurgery and Orthopedic Procedures were reviewed and approved. Cefazolin (preferred) or Vancomycin (PCN allergy) are the recommended agents with

single dose (neuro) and 24 hours (ortho) length of therapy. Doses should begin within 2 hours of surgical incision. Usage data will be collected and discussed at a future meeting.

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## ***ERRATA, ERRATA***

In the August, 1993 issue of P & T Highlights, several typographical errors appeared in the raw data presented on Surgical Prophylaxis in

Vascular cases. The correct data are 70 of 75 patients received prophylaxis and 62 of 70 (89%) received Cefazolin.

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## ***THERAPEUTIC SUBSTITUTION APPROVED***

The Committee approved the interchange of Quinine Sulfate capsules 300mg and Quinine Sulfate tablets 260mg. Quinine capsules 300mg

will be stocked and dispensed for Quinine orders for either strength.



## ***OUCH THAT BURNS OR***

*Medication which cause Phlebitis/Tissue Necrosis.*  
Pharmacy has developed a chart listing non-chemotherapy medications which have the potential of causing phlebitis or tissue necrosis.

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Included in the table are suggested treatments for extravasation of specific agents. This chart will be distributed to Nursing and published in the Hospital Formulary.

## ***THE DROUGHT CONTINUES***

*Bacitracin Inj* - The Committee was informed of a national shortage of raw material which will last at least into October. To conserve product, pharmacy has begun to compound Kanamycin/Bacitracin Irrigation in 500cc volumes.

*Parke Davis (PD)* - a number of products manufactured by PD may have supply interruptions due a consent decree agreement with FDA requiring certification of all the company's products.

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**LEHIGH VALLEY**  
**HOSPITAL**

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***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,  
Physician Relations, 1243 S.  
Cedar Crest Boulevard,  
Allentown, PA 18103, by the  
first of each month. If you  
have any questions about the  
newsletter, please call Ms.  
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