

Medical Staff Progress Notes

1996
Volume 8, Number 2



From the President

One of the
greatest

challenges of this office is to help keep open the lines of communication. This includes facilitating dialogue between medical staff and medical staff, medical staff and IPA/PHO leadership, and medical staff and administration. In the interest of providing a continuous information flow regarding our organized managed care efforts, I felt it would be useful to summarize some of these issues in question and answer form.

In addition, I continue to strongly encourage attendance at all IPA meetings, as well as IPA and PHO sponsored educational sessions, so that we may all become better informed about managed care issues. Immediate questions and concerns can, of course, always be submitted to the IPA leadership, including its Board. Many of you attended a recent Medical Staff Exchange Session in an effort to understand the structure and function of the IPA/PHO in more detail. Some of these questions and answers have been captured and disseminated to the IPA membership in our effort to improve communication. These questions are so important it is a worthwhile exercise to republish them here for the entire medical staff.

Q. Why should we support an IPA/PHO and not just a large physician organization composed of physicians from many hospitals?

A. The business community and the insurance payors want single signature contract signing with doctors and hospitals, not one or the other. Doctors need an excellent hospital for their patients. Hospitals need excellent doctors. Neither one can survive without the other.

Doctors' interests are protected by the fact they have majority vote on the PennCARE Board and Contracting Committee (see Organizational Chart on Page 5). Hospitals will not survive unless doctors are happy and working with them to provide better value of care and cut back on unnecessary diagnostic testing. Leveraging the payors is most likely to occur with a large network of doctors and hospitals working together.

Q: What did we physicians get for our \$1,000 entry fee?

A: Physicians got an organized PHO and Valley Preferred for their \$1,000. Valley Preferred's growth has exceeded expectations with 27,000 covered lives and \$23 million worth of business. Equally important, a formal Independent Physicians Association (IPA) was established that now has the power to appoint five members (out of 10 total members) to the Lehigh Valley PHO Board (see Organizational Chart on Page 5). Physician representation on all PennCARE committees, including the Managed Care Contracting Committee of PennCARE, will come from this IPA membership.

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Q: Can the Lehigh Valley IPA Board or its membership review payor fee schedules line by line before accepting them?

A: The PHO Contract Negotiation Committee can and is charged to do this for its membership. It is not legal for a board of physicians or the IPA membership to engage in creating or reviewing fee schedules due to anti-trust considerations. The Contract Negotiation Committee is appointed by the PHO Board and Committee members serve at the Board's discretion. Each IPA member, before deciding to participate, can review all aspects of the contract which is negotiated by this Committee and make an independent decision as to their individual participation.

For "so called" plans which use the Valley Preferred fee schedule, IPA members are required to participate by contract. For "so called" closed models which would include any risk deals through PennCARE, each IPA member can decide whether or not to participate after reviewing all aspects of the contract, which is negotiated by this Committee.

Q: What is the composition of the PHO Contract Negotiation Committee? How many physicians serve on the Committee? Do outside, independent consultants assist them?

A: The PHO Contract Negotiation Committee consists of two physicians (Drs. Castaldo and Candio), two hospital administrators (Tom Hansen and Vaughn Gower), and a neutral member representing the non-Lehigh Valley Hospital community (Dan Grauman, consultant). Mr. Grauman has a wealth of experience with physicians in managed care contracting and other activities, and was instrumental in helping us get our IPA and PHO off the ground. Mr. Ed Shea of Saul, Ewing, Remick & Saul in Philadelphia has provided legal counsel

to the Contract Negotiation Committee since its inception. The physician membership of the Contract Negotiation Committee has utilized the service of Ernst & Young, a large accounting and consulting firm, in helping to create and make necessary modifications of our preferred fee schedule. The IPA is planning to use an outside independent consultant to evaluate physician components of any managed care contract into which the PennCARE hospitals may enter.

Q: What is the charge of the PHO Contract Negotiation Committee? What role has it played with US Healthcare and other potential PennCARE payors?

A: The physicians on this Committee are charged with negotiating contracts utilizing the concepts set forth by members of the IPA Board. This group has voiced their recommendation that fee schedules approach more closely RBRVS system, and that "fair plus" reimbursements be approved for primary care physicians. This Committee has not been, nor is it designed to be, engaged in PennCARE discussions which will be done by a separate negotiating committee. We have been assured that this will be comprised of a majority of physicians.

The PHO Contract Negotiation Committee, to date, has been involved in two contract reviews. The first was the Valley Preferred fee schedule which was accepted by the membership of the IPA during its formation and is just now coming up for review and update. The second was the Partnership Health Plan for Medicaid patients which was not officially sponsored by our PHO. In both cases physicians had individual choice on whether or not to participate. The PHO Contract Negotiation Committee will be involved in the decision of how any surpluses (or deficits) from PennCARE percent of premium arrangements are allocated between the physicians on our medical staff and Lehigh Valley Hospital.

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Q: What is Physician representation on the PennCARE Managed Care Contracting Committee and what are the charges of this group?

A: The PennCARE Managed Care Contracting Committee is that body representing the medical staffs and hospital administrations of the eight members of PennCARE. This is a completely different entity than the Lehigh Valley PHO Contract Negotiation Committee. The PennCARE Managed Care Contracting Committee will recommend reimbursement levels for physicians and hospitals to the PennCARE Board. Due to physician concerns about adequate representation, the physician component on this Committee has increased from five to ten physicians while the hospital administration component has been maintained at three members. This Committee decides the division of the premium dollar. The physicians on the Committee will be able to retain whatever outside consultation services they require to fairly determine this allocation.

Q: How have recent negotiations with potential PennCARE payors, including US Healthcare, HSI, and Blue Cross been conducted? What involvement do our physicians have in this process?

A: The initial Steering Committee of PennCARE, composed of 14 physicians and 8 administrators, delegated this responsibility to a group of 6 members. We can feel comfortable about this because this is an instance when physicians and hospital interests are aligned. The early discussions are focused on very broad issues, including principles of physician driven medical management, local input to operations, length of contract, and negotiating the percentage of premium. The early discussions merely broach the topic of physician and hospital relationships with an insurance carrier. As such, it has only

dealt with percentage of premium dollar in the broadest of terms. At this juncture, physician membership will be strongly represented through the PennCARE Managed Care Contracting Committee. The interest of Lehigh Valley Hospital physicians, in particular, will then be represented by two physicians, Dr. Jack Lenhart and Dr. Tom Meade, who have been appointed to the PennCARE Managed Care Contracting Committee.

Q: What about "gag rules" and "hold harmless" clauses in these negotiations? Shouldn't the membership insist these be kept out?

A: Physicians must always be free to be advocates for their patients. There should be no "gag rule" which prevents a physician from speaking honestly to his patient and recommending what he or she feels is best, even if that recommendation is outside the domain of the patients insurance coverage.

"Hold harmless" clauses encompass a broad variety of situations. The vast majority of contracts (insurance and otherwise) have "hold harmless" provisions to clarify respective party's responsibilities.

No "hold harmless" clause will protect a physician against malpractice (even if dictated by an insurance company's policy). Conversely, insurance companies are not protected by "hold harmless" clauses when the policies sanction suboptimal care. Legal case law supports the assertion that in general physicians who follow established written guidelines have better legal outcomes in malpractice cases. Hence, no insurance carrier can be held harmless no matter what the language of the contract. The Steering Committee of the IPA is seeking contractual language that no physician may be terminated from PennCARE without the mutual consent of both PennCARE Board and the insurance payor.

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Q: What about shares in PennCARE? How many shares may a physician buy of the potential 8 million? What are the ramifications of this in terms of dividends and controlling corporate vote?

A: Individual physicians may purchase as many preferred shares as they each desire; physicians as a group may purchase up to 50% of the total preferred shares available. For purposes of planning, it is estimated physicians will purchase approximately \$1.5 million in shares. Depending on the amount of shares purchased, physicians will be able to elect additional members to the PennCARE Board. The shares will produce dividends at market rates. The real dividend, however, will be in access to covered lives, the return of revenue to IPA members and the retention of business at our practices and our hospitals. Policies of PennCARE are set by the PennCARE Board which is now composed of 14 physicians out of a total of 22 members.

Q: How do we know that the hospital won't unfairly control, or use up, all of the surplus profits of PennCARE?

A: The PennCARE Managed Care Contracting Committee and the Lehigh Valley PHO Contract Negotiation Committee will decide percentages of profit returned to groups in our PHO. Physicians interests are well represented at these levels, both in numbers of physicians on these committees, as well as consultants and advisors to physicians on these committees. The percentage returned to our hospital will not depend on its profits or losses for the year. However, it is vital that physicians engage in a collaborative effort for operations improvement if we wish our hospital to continue in its efforts for redesigning and upgrading patient care facilities as outlined in the functional plan.

Q: Why are we talking to US Healthcare? Why not Blue Cross or the Pennsylvania Physicians Health Plan or other payors known for good relationships with physicians?

A: It is imperative that PennCARE have many payor partners so that no one entity controls the group unfairly. US Healthcare currently has 100,000 covered lives available to access our system if we accept them into PennCARE. Some 65% of specialists and 38% of primary care doctors already have contracts with US Healthcare but cannot admit patients to our hospital, so they take these patients elsewhere. PennCARE is currently negotiating with Blue Cross and others. PennCARE also hopes to approach the Business Council and self-insured companies (Air Products, Mack Trucks, Bethlehem Steel, PP&L, etc.) with their product this summer for employees to start in January 1997. Ultimately, each physician member of the IPA has the opportunity to decide for himself/herself whether or not to participate in a PennCARE arrangement with any payor.

Lastly, PennCARE is made up of eight hospitals and their medical staffs; several of them have extensive business with US Healthcare now. It is imperative that all physician and hospital interests be considered as we move forward with managed care contracting.

Because of the importance of communication in the area of the PennCARE and the IPA/PHO, we have dedicated the January and February Medical Staff Administrative Exchange Sessions and two special meetings of the IPA Board to this subject. The January 29, 1996 annual meeting of the IPA Board hopefully will address some of these important issues as well.

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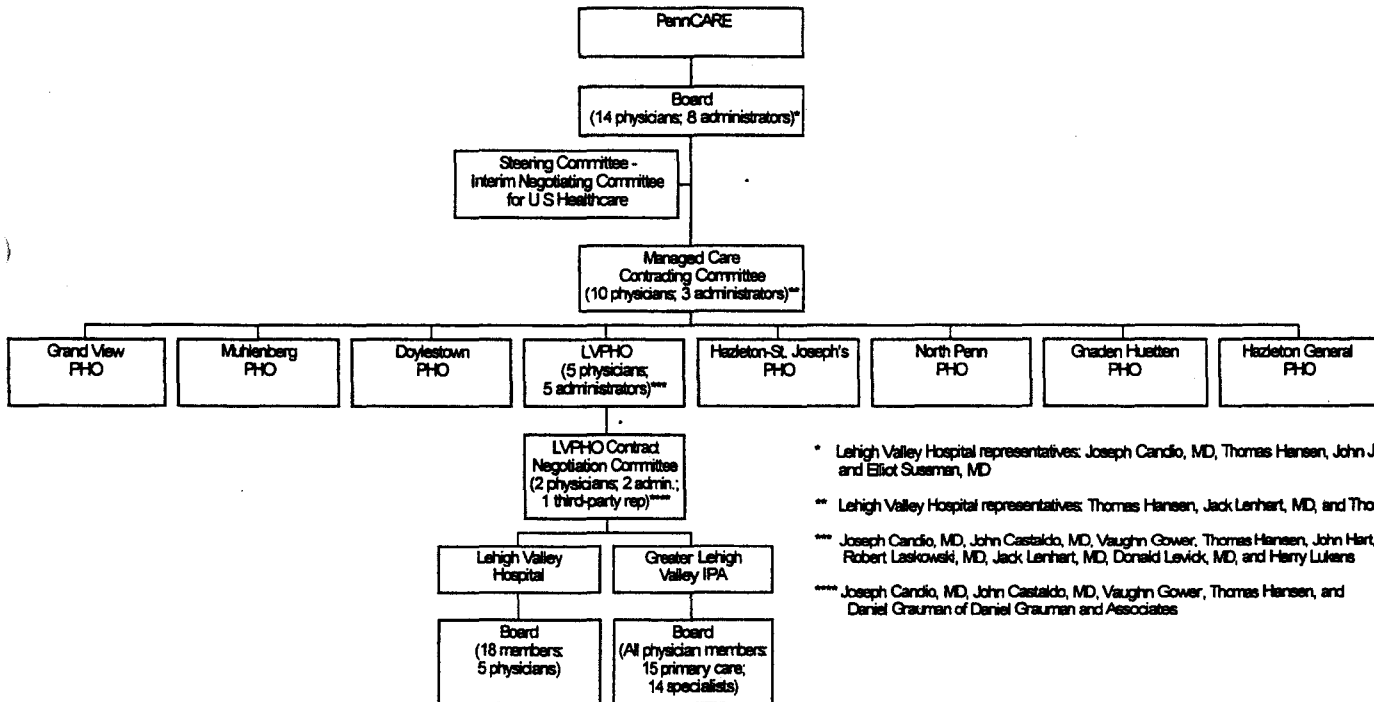
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Finally, let me extend a personal thanks, on behalf of the medical staff, to all the hospital nurses and employees who helped us provide medical care to the sick during the Blizzard of 1996. It is said that the true character of an institution can be measured best during times of crisis.

Clearly we have measured up to greatness during this stressful time, and we have much to be thankful for in this great and giving hospital and medical staff.

John E. Castaldo, MD
President, Medical Staff

PennCARE Organizational Chart



* Lehigh Valley Hospital representatives: Joseph Candio, MD, Thomas Hansen, John Jaffe, MD, and Elliot Susman, MD

** Lehigh Valley Hospital representatives: Thomas Hansen, Jack Lenhart, MD, and Thomas Meade, MD

*** Joseph Candio, MD, John Castaldo, MD, Vaughn Gower, Thomas Hansen, John Hart, John Jaffe, MD, Robert Laskowski, MD, Jack Lenhart, MD, Donald Levick, MD, and Harry Lukens

**** Joseph Candio, MD, John Castaldo, MD, Vaughn Gower, Thomas Hansen, and Daniel Grauman of Daniel Grauman and Associates

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January, 1996

Principles of Physician/Hospital Relations

The Principles of Physician/Hospital Relations arose from Troika in its weekly meeting with Elliot Sussman, Lou Liebhaber, and Bob Laskowski. Much thought and many drafts have resulted in a proposal which has been unanimously endorsed by the Medical Executive Committee and the Medical

Staff at the quarterly meeting. A copy of these Principles is attached to the newsletter for your review as we embark on the new year. Please reflect on these and forward your suggestions and comments to John Castaldo, MD, through e-mail or via the 402-DOCS hotline.

For Your Information

As you probably already know, Medical Staff Services has two office locations -- one on the second floor of the General Services Building at Cedar Crest & I-78, and one on the third floor of 1243 S. Cedar Crest Boulevard. Both offices are equipped with fax machines.

If you need to fax information to John Hart, Beth Martin, or Bess Ehnott (General Services Building), the fax number is (610) 402-8938.

Information to be faxed to the 1243 office, which includes Rita Mest, Eileen Hildenbrandt, Joe Felix, Maria Kammetler, Terri Kraft, Janet Seifert, and Pat Skrovanek, should be sent to (610) 402-9858.

For physicians' convenience, a new fax machine was recently installed in the new Doctors' Lounge. The fax number is (610) 402-4215.

Influenza Alert

*from Luther V. Rhodes III, MD, Chief,
Division of Infectious Diseases*

This is to alert the Medical and Nursing Staff of a significant and ongoing outbreak of clinically severe influenza in our area. Over 12 cases in recent days have been confirmed by culture or antigen detection at Lehigh Valley Hospital and Sacred Heart Hospital. Most of you have, no doubt, seen cases in patients or family members. Type A Influenza predominates, but Type B has been found. Some suggestions for treatment are:

1. Rimantadine (Flumadine) at 100mg twice a day is helpful for prevention or therapy for Type A. Modify dosage to once a day for renal insufficiency and/or >65 years. Cost is \$22.00/14 tabs. The side effects are less than with Amantadine (Symmetrel).

2. Cases can be confirmed by viral culture or made clinically (high fever, severe myalgias, multiple cases, short (three day) incubation). Viral culture kits are available through the Outpatient Department, Emergency Departments, or by calling 402-8190.

3. It is NOT too late to vaccinate, but vaccinees should be continued on the Rimantadine for 14 days allowing for the vaccine to take effect.

4. Culture positive cases HAVE occurred in this area despite vaccination, so it is possible there is a new strain in the area.

5. Cases admitted to the hospital with influenza high on the differential list of diagnoses should be placed on Respiratory isolation IMMEDIATELY UPON ADMISSION.

6. If YOU have not been vaccinated, remember -- physicians, nurses, and all health care workers -- protect YOURSELVES, your FAMILIES, and YOUR PATIENTS by being vaccinated.

**IPA General Membership
Meeting
Tuesday, March 26, 1996
6 p.m.
Auditorium
Cedar Crest & I-78**

Please take a few minutes to complete and return the Citizenship Questionnaire on Page 22.

Operations Improvement

Operations improvement (OI) shifts into high gear this year to improve Lehigh Valley Hospital and Health Network's (LVHNN) cost competitiveness in obtaining managed care contracts. According to Lou Liebhaber, COO, while the first three years of OI have brought LVHNN some \$35 million in savings and enhanced work processes, we're still behind the competition.

According to Mr. Liebhaber, "While we have been reducing our costs since 1993, the other local hospitals have, too. So we're still more expensive and, while we're known as a quality provider, we must work harder to be more competitive from a cost perspective."

Most OI projects in the past have been in support and administrative areas.

At least 30 percent of OI's \$21.5 million goal this fiscal year must come from clinical areas. To encourage expanded participation, a new incentive program to reward OI efforts is being developed and will be launched in the spring. However, employees and physicians don't have to wait until then to start looking for opportunities.

"I'd like all 5,000 employees and physicians at LVHNN to make commitment to OI a New Year's resolution," Mr. Liebhaber added. "Many people have contributed to the OI effort, so there are good examples to follow and lessons to learn. Everyone's participation is critical to our future success in OI and all other institutional priorities -- member satisfaction, PennCARE, and the functional plan."

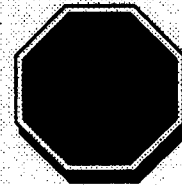
Site & Facilities Update

Phase I of the Emergency Department project has been completed and inspected. This phase included the building of nine beds in the space previously occupied by Emergency Department and Trauma Administration.

These beds will accommodate patients previously seen in the holding area and medical bay 1 and 2. The new area has cardiac monitors, a dictation area, x-ray view boxes, and an equipment and supply area.

Phase II of the construction began on January 15 and is expected to be completed by March 22. The areas affected are the holding area, staff lounge, medication room, and the former Medical Staff Lounge. These areas will be inaccessible. Entrance and egress maps will be posted by the Facilities and Construction Department.

Your patience and cooperation during the construction period is appreciated.



New Traffic Pattern Deserves Attention

Please be aware that a new stop sign has been added on the Cedar Crest & I-78 campus.

The new stop sign is at the rear of the campus at the intersection of the new access road and the road that runs between the main hospital and the engineering building. The stop applies only to traffic exiting the hospital on the road that runs between the two buildings. Traffic on the new access road does not have a stop sign.

A Note from the Care Management Committee

Effective immediately, the Do Not Resuscitate Policy has been replaced with the Withholding/Withdrawing of Treatment Policy. The policy may be found in the Administrative Policy Manual #6100.70. If you wish to have your own copy, contact Gale Brunst in the Critical Care Office at 402-8450. If you have any questions regarding the policy, please page Joseph E. Vincent, MD, Chairman of the Ethics Committee.

Several months ago, the Care Management Committee of the Lehigh Valley Physician Hospital Organization, Inc. (LVPHO) solicited suggestions from physician members of the medical staff to assist us in treating our patients more efficiently, at lower cost, and with improved quality.

We were fortunate to receive over 60 suggestions. Many of these suggestions required a great deal of thought and effort. We were very encouraged not only by the number of suggestions, but also by their quality and the apparent thought which was devoted in formulating them. A number of these suggestions are already being addressed by the Care Management Committee, by the clinical departments, and by the hospital administration. Hopefully, the results of these efforts will be obvious in the near future.

Dr. Michael Pasquale's suggestion for a "Fever Work-up Protocol" was felt to represent the one deserving reward by receiving a trip to Bermuda. This suggestion obviously required a great deal of thought and effort and included a financial assessment of the savings which might be realized if the suggestion were adopted on a hospital-wide basis. The committee felt that the process which was involved in the development of this protocol was one which should be encouraged and rewarded. It was noted that Dr. Pasquale had considerable support and assistance in developing this suggestion. As a result, we have asked him to choose the person who was most instrumental in developing this concept to win the trip to Bermuda.

The committee wants to thank all of the IPA members who took time to develop and submit suggestions. All the suggestions have been forwarded to the Performance Improvement Committee of the Senior Management Council of the hospital. A mechanism has already been

established by Lou Liebhaber to develop working groups to deal with these suggestions.

There will be another "Bermuda Contest" in 1996. I encourage you all to continue to consider suggestions which will allow us to deliver better care to our patients at lower cost. We welcome your suggestions at any time, not just as a "contest" effort.

David M. Caccese, MD
Chairman
Care Management Committee
LVPHO/GLVIPA

WANTED

Volunteers who would be interested in joining an informal **study group on Molecular Genetics**. While the format and time would be negotiable, after a committed group is identified, the following is envisioned: 1) an early breakfast meeting every two weeks on a Tuesday or Thursday, 2) introductory sessions by a molecular biologist from Lehigh or one of the other local colleges using a brief text or a guide. This would be followed by each member giving a session on the molecular genetics in their field that they find fascinating and/or clinically applicable.

If interested, please call my secretary, Susan, at 402-1125 and leave your name. A questionnaire will be devised to come up with the details that will satisfy the majority.

Thank you.

Dean F. Dimick, MD

Change in Automated Attendant Options for the Lab

To more expeditiously handle your calls, the Laboratory will be changing the options for its automated attendant phone system, effective January 29.

Now, when you call the Laboratory at 402-8170, you will receive the following options to direct your call appropriately:

Option 1 - for services or results on hospital patients (will prompt for Cedar Crest & I-78 or 17th & Chew)

Option 2 - for hours and locations of the Outpatient Laboratory (will prompt for Cedar Crest & I-78 or 17th & Chew)

Option 3 - for all other services or inquiries

If you have any questions concerning this change, please contact Tom Krakoski at 402-5658 or Jan Gushen at 402-4436.

DRG Options

In response to the demands of managed care, competition, and escalating healthcare costs, Lehigh Valley Hospital has begun the implementation of a program specifically designed to improve documentation in the patient record.

DRG OPTIONS is a concurrent review program that will facilitate capture of the most accurate patient information, resulting in a case mix index (CMI) more descriptive of Lehigh Valley Hospital's true patient population.

The focus of the program will address three main objectives: aligning severity of illness with the cost of services, optimal physician profiling, and enhanced revenues through more appropriate DRG assignment. Each objective will contribute to the hospital's overall performance and can be used as a measurement when negotiating managed care contracts.

DRG OPTIONS is a collaborative effort that requires the support of hospital Administration, Physicians, Nursing and Medical Records personnel, as well as ancillary and support services.

Implementation of the program began January 23. Presentations of the **DRG OPTIONS** program will be conducted by

consultants and will include audiences throughout the hospital. Arthur Andersen and HIOB consultants will be calling physicians from various disciplines to schedule a convenient time during the initial week of implementation to present the **DRG OPTIONS** program. Training for the **DRG OPTIONS** program will begin the week of February 5, and will include personnel from Medical Records and three newly identified clinicians. Applying user friendly prompters during the concurrent review process, the Medical Records and clinician team will work diligently with the physicians to assure the capture of clinical information that will result in the most appropriate DRG assignment.

Lehigh Valley Hospital has planned the **DRG OPTIONS** program to begin with Medicare DRG based admissions. Future plans are to extend the program to all payors.

If you have any questions regarding this program, please contact Zelda Greene in Medical Records at 402-8330.

The telephone extension for the Vascular Lab is incorrectly listed in the telephone directory. The correct number is 8825, and the correct fax number is 8696.

Peripherally Inserted Central Catheter

The peripherally inserted central catheter (PICC) is an (20-24 inch) intravenous access device made of a soft flexible material (silicone or a polymer). It is inserted into a vein and advanced into the venous system. The catheter may terminate in the superior vena cava or at a pre-selected point along the peripheral venous system.

PICC lines vary in gauge size (25 gauge - 16 gauge) and length (38cm to 60cm). To reach the superior vena cava in the average adult, a catheter length of 20-22 inches is required. The gauge required will be determined by the type of therapy administered.

Uses for PICC

1. Lack of peripheral venous access. Good vascular access should not be a contradiction for the use of a PICC line. The patient can be spared the pain and stress of repeated venipunctures by placing a more reliable device in the beginning of their therapy that will not require a scheduled change.
2. Infusion of hyperosmolar solutions. The greater hemodilution allows the administration of these solutions with reduced risk of venous irritation.
3. Infusion of vesicant/irritant solutions.
4. Long-term IV therapy in the home, hospital, or clinic settings. The PICC line has been used in some alternative care settings for periods of over two years.

5. Administration of blood or blood products. The 4.0 Fr. catheter should be the choice for reliable blood administration.

6. Infusion of intermittent drug, chemo, or anti-hemolytic therapies.

7. Patient preference.

8. Nurse/physician preference. Early intervention with regard to reliable vascular access will benefit both patient and clinician.

Declotting

The PICC line can be cleared using Urokinase and the intravenous technique of the I.V. Management Services which allows for the safe and effective administration of Urokinase and eliminates the risk of catheter rupture. The usual dose of Urokinase for PICC clearance is 5000 units/ml. Generally, one dose clears the catheter, however, repeating the dosage x1 sometimes is needed. The MD order would read, "Urokinase, 5000u via PICC per protocol. May repeat x1 if needed." Clearing the PICC with Urokinase is a safe and cost-effective method of maintaining a patent catheter, thus eliminating any undo pain and additional venipunctures for the patient. The usual cost of Urokinase is \$39.00/vial.

The PICC line has proven itself to reduce the amount of nursing time needed to maintain vascular access.

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Since there are no scheduled changes for the PICC line, repeated changes are not necessary. In addition, the PICC line has demonstrated a lower complication rate than other types of vascular access devices, thus the cost of treating complications is reduced. As of October 1995, the PICC nurses have successfully inserted 605 catheters at Lehigh Valley Hospital.

How to Contact the PICC Team

The PICC nurses can be reached via beeper 4304 between the hours of 8 a.m. and 8 p.m., Monday through Friday, and from 10 a.m. to 4 p.m., Saturdays, Sundays, and holidays. They are also available by consultation through PHAMIS.

Milameline/Alzheimer's Disease

Enrollment for the experimental drug trial for the treatment of Alzheimer's Disease has been progressing well with an enthusiastic response from the community and local physicians. Neurosciences Research will continue to enroll patients through March, 1996.

If you have a patient who would be interested or if you have any questions about the protocol, please contact Joan Longenecker in Neurosciences Research at 402-9830 or Lorraine Spikol, MD, physician investigator, at 434-0107.

Health Spectrum Pharmacy Offers PICC Services

Health Spectrum Pharmacy Services has developed capabilities of inserting PICC lines without the need for hospitalization. In selected patients, the PICC can be placed right in the pharmacy in a special I.V. room. Health Spectrum has four certified nurses on staff, and can respond very quickly to a request for PICC insertion. Placement is then confirmed via x-ray directly afterward. In instances where a patient is receiving the first dose of a medication, it too can be administered on-site under the supervision of a nurse, and therapy can then be continued at home.

According to Christopher Rock, Pharmacist and Administrator, Specialty Services Group, Lehigh Valley Health Services, "The entire process takes less than two hours, including drug administration. Physicians and patients have been pleased with the timely response, and costs are dramatically reduced, as insurance companies are beginning to learn. Of course, Medicare still strictly limits the medications it will reimburse, thus limiting the patients who qualify, however, the increasing influence of managed care will stimulate greater demand for this service."

Health Spectrum also has the capability to administer blood products such as packed cells and platelets in this facility as well.

To arrange for your patient to receive these or any home care therapies, call Health Spectrum Pharmacy at 402-8444.

Innovative Partnership Funds Medical Education

An innovative partnership between a local couple and Lehigh Valley Hospital could become a model for medical education funding for the future. Partners in this program are Dr. and Mrs. C.D. Schaeffer and the Department of Obstetrics and Gynecology. The result is the Frances C. Schaeffer Memorial Lecture Series.

Frances C. Schaeffer, MD, the area's first board-certified obstetrician/ gynecologist, served as the hospital's first female chief of OB/GYN for 18 years from 1952 to 1970, and was the hospital's first female chief of staff. In memory of Frances, her brother, C.D. Schaeffer, MD, and his wife, Sallie, made a generous contribution to establish the lecture series which will bring prominent speakers in the field of obstetrics and gynecology to the Lehigh Valley.

The inaugural lecture, held on December 15, featured John O. Delancey, MD, from the University of Michigan, an authority in pelvic anatomy, and Robert M. Rogers,

MD, from the University of Pennsylvania School of Medicine, a leader in laparoscopic anatomy. Vincent R. Lucente, MD, chief, Division of Gynecology, and Section of Pelvic Reconstructive Surgery, organized the program and served as the moderator.

In addition to serving as the chief of OB/GYN, Frances Schaeffer established Lehigh Valley Hospital's OB/GYN residency program and was considered a pioneer in the field of medical education. Dr. and Mrs. C.D. Schaeffer are continuing this tradition. It is through the support of the Schaeffer's and others like them that high quality medical education will continue, ultimately improving the health status of our community.

New Nametags for PCC Staff

In order to more easily distinguish who the Rns are on the PCC units, beginning soon, Rns will wear **YELLOW** nametags with black lettering. All other PCC staff will wear **WHITE** nametags with black lettering.

Need Information? Have a Questions? Call 402-DOCS

Are you a little vague about what's been going on with the functional plan? Would you like to know a little more about PennCARE? Do you want to hear the latest about the PHO and IPA? Would you like to have quick access to news about construction and renovations?

If you answered "YES" to any of these questions, then we have a solution for you -- call **402-DOCS!**

402-DOCS, a telephone information hotline, made its debut for members of the Medical Staff on January 1. This

new hotline provides timely information about numerous topics which may be of interest to physicians.

Some of these topics include the functional plan, PennCARE, the Greater Lehigh Valley IPA and Lehigh Valley PHO, facilities construction and renovations, and upcoming events. In addition, questions or comments may be recorded on the hotline which will be responded to by a member of the Medical Staff leadership.

So, if you want to hear the latest about what's happening, just dial **402-DOCS** (3627).

Congratulations!

Lori A. Barnett, DPM, podiatrist, was recently awarded Board Certification by the American Board of Podiatric Orthopedics and Primary Podiatric Medicine in the subsection of Primary Podiatric Medicine.

Judith N. Barrett, MD, family practitioner, was recently recertified as a Diplomate of the American Board of Family Practice.

Scott M. Brenner, MD, pediatrician, was recently informed by the American Board of Pediatrics that he passed the General Pediatrics Certifying Examination.

Larry R. Glazerman, MD, obstetrician/gynecologist, was

recently notified by the Accreditation Council for Gynecologic Endoscopy that he successfully fulfilled the requirements for certification in advanced operative laparoscopy and hysteroscopy.

Randy Jaeger, MD, orthopedic surgeon, has been approved for Associate membership in the Arthroscopy Association of North America.

Isidore Mihalakis, MD, chief, Division of Forensic Pathology, was nominated by Governor Thomas J. Ridge for appointment as a member of the Coroners' Education Board, and was notified that the Senate confirmed his appointment on December 5.

Papers, Publications and Presentations

John E. Castaldo, MD, neurologist and Medical Staff President, and **Lawrence P. Levitt, MD**, neurologist, co-authored an article, "Physician's Patient Journal: A Continuing Education Tool," which was published in the December 1995 issue of *Resident & Staff Physician*. The article describes their method of dealing with the explosion of medical knowledge and literature via a system based on daily patient encounters.

Elizabeth M. DelPezzo, PhD, psychologist, will present "Reengineering Your Work Force" on July 18, at the 21st National Wellness Conference to be held in Stevens Point, Wis. Dr. DelPezzo's presentation will be part of a worksite wellness program for corporate executives and organizational development specialists.

Randy Jaeger, MD, orthopedic surgeon, was invited to participate in the 1996 Annual Meeting of the Arthroscopy Association of North America in April. Dr. Jaeger will present "Elbow Arthroscopy: A Review of Outcomes."

Peter A. Keblish, MD, chief, Division of Orthopedic Surgery, was an invited guest speaker at the Annual Brazilian Orthopedic Hip and Knee Society in Rio de Janeiro, Brazil. Dr. Keblish presented five different papers on partial and total knee replacement arthroplasty. He also moderated several sessions regarding various aspects of total knee arthroplasty and directed workshops on technical aspects of surgery.

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Dr. Keblish also spoke at the 11th Annual Current Concepts Joint Replacement Symposium, sponsored by Mt. Sinai and Case Western Reserve University, in Orlando, Fla. This is one of the largest specialized total joint meetings of its kind in the world. Dr. Keblish presented a video, "Impaction Autograft Technique in Total Hip Replacement Arthroplasty," in the total hip section. He also presented a scientific paper, "Cortico-cancellous Strut Autografting - 'Stonehenge Technique' in Primary Total Knee Arthroplasty," in the total knee section. Dr. Keblish has been a regular invited guest speaker at this meeting for the past several years. Papers from the meeting are published in *Orthopaedics Today*.

Alan B. Leahey, MD, associate chief, Division of Ophthalmology, authored a paper, "Accidental Installation of Cyanoacrylate Adhesive in the Eye," which was published in Volume 8 - November/December 1995 issue of the *Journal of The American Board of Family Practice*. The article describes the various ways to treat glue accidents that involve the eye. It was written for family practitioners and emergency room physicians so that it would give them a flow chart to follow to initially examine and treat these patients and know when a referral to an ophthalmologist is necessary.

Upcoming Seminars, Conferences and Meetings

Medical Staff/Administrative Exchange Session

The next Medical Staff/Administrative Exchange Session will be held on Thursday, February 15, beginning at 5:30 p.m., in **Classroom 1 (Cedar Crest & I-78)**.

These sessions are a perfect opportunity for physicians and members of senior management to exchange information.

Topics to be discussed will be announced prior to each session.

For more information, contact John E. Castaldo, MD, Medical Staff President, through Physician Relations at 402-9853.

Regional Symposium Series

Hospitals and Healing Arts will be held on Saturday, February 10, from 7:45 a.m. to 4 p.m., in the Auditorium at Cedar Crest & I-78.

Physicians, nurses, social workers, and other health professionals interested in Hospital and Healing Arts will benefit from this program.

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

- assess the effects of ambiance on the patient's welfare and recovery
- contrast the use of art and music in the therapy of selected patients
- compare and contrast the difference between ambiance and therapy.

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Sixth Annual Critical Care Symposium will be held on Friday, February 23, from 7:30 a.m. to 12:15 p.m., in the Auditorium at Cedar Crest & I-78.

Physicians, nurses, and other health professionals interested in critical care medicine will benefit from this program.

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

- explain the methodology and pitfalls of applying physiologic scoring to outcome prediction in SICU patients
- describe the indications and contraindications for other adjunctive modes of ventilation in ARDS
- discuss the new and emerging pathogens in the ICU
- discuss sedation issues in the ICU.

Fourth Annual Psychiatric Symposium: Violence and the Health Care Professional will be held on Friday, March 1, from 8:30 a.m. to 3:45 p.m., in the Auditorium at Cedar Crest & I-78.

Psychiatrists, family practice physicians, neurologists, psychologists, nurses, rehabilitation therapists, social workers, counselors in private practice, risk managers, and other mental health and rehabilitation professionals interested in psychiatric medicine will benefit from this program.

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

- describe patients with problems of violence due to psychiatric disorders

- discuss the behavioral therapeutic approaches and medication management of the aggressive outpatient
- explain and discuss to the clinician to increase the understanding and confidence in working with potentially violent patients
- describe the principles of management of the violent patient, with particular attention to the duty to protect and its variations.

For more information about these programs, contact the Center for Educational Development and Support at 402-1210.

Department of Pediatrics

Pain Management in Children will be presented by Bruce Nicholson, MD, anesthesiologist, on February 9, at noon.

Pediatric Sinusitis and its Management from the Otolaryngologist Standpoint will be presented by Andrew Shapiro, MD, Division of Otolaryngology - Head and Neck Surgery, Hershey Medical Center, on February 23, at noon.

The above programs will be held in the Auditorium at 17th & Chew. For more information, contact Cindy in the Department of Pediatrics at 402-2410.

Primary Care Seminars

Urinary Incontinence in the Elderly will be presented by Francis A. Salerno, MD, chief, Division of Geriatrics, on February 14.

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Antibiotic Update will be presented by Mark C. Knouse, MD, infectious disease specialist, on Wednesday, February 28.

The Primary Care Seminars will be held from 7 to 8 a.m., in the Auditorium at Cedar Crest & I-78.

For more information, contact Karen Nodoline in the Department of Family Practice at 402-4950.

Department of Psychiatry

Update on Treatment Resistant Depression will be presented by

Stefan P. Kruszewski, MD, Clinical Assistant Professor of Psychiatry, University of Pittsburgh School of Medicine, and Medical Director, Institute for Behavioral Health, Pottsville Hospital and Warne Clinic, on Thursday, February 15, beginning at noon, in the Auditorium at 17th & Chew.

As lunch will be provided, pre-registration is requested. For more information or to register, contact Lisa Frick in the Department of Psychiatry at 402-9722.

Health Promotion and Disease Prevention News

Free Community Lectures

Balance Your Stress With Massage - Stress abounds! The Center for Health Promotion and Disease Prevention of Lehigh Valley Hospital is dedicated to assisting your patients in finding ways to handle this common problem. Massage, an age-old practice, may be one of the alternatives that can benefit them. This seminar will provide the basics as well as some simple massage techniques your patients can use at home, alone or with a partner.

This program will be held on Wednesday, February 7, from 7 to 8:30 p.m., in the Auditorium at Cedar Crest & I-78.

All Stressed Up - Too much stress in your life? You can create the first line of defense by attending this popular seminar. Common stressors are

discussed, and you will learn about the tools you can use to begin to stress-proof your life in today's fast paced environment. Get ready for some hands on exercises and be prepared to relax!

This program will be held on Monday, February 19, from 7 to 8:30 p.m., in the Auditorium at Cedar Crest & I-78.

In addition to these free public lectures, the Center for Health Promotion and Disease Prevention also offers numerous programs which may benefit your patients. Classes are offered in the following categories: Nutrition and Weight Control, Nicotine Dependence Services, Stress Management, and Fitness Programs.

For more information on these services or the above free public lectures, contact the Center for Health Promotion and Disease Prevention at 402-5960.

Who's New

The Who's New section of *Medical Staff Progress Notes* contains an update of new appointments, address changes, status changes, etc. Please remember that each department or unit is responsible for updating its directory and rolodexes with this information.

Medical Staff

Appointments

Ann K. Astolfi, DMD
Scott A. Gradwell, DMD
1050 S. Cedar Crest Blvd.
Suite 201
Allentown, PA 18103-5454
(610) 770-1050
Department of Dentistry
Division of Periodontics
Provisional Active

Kurt W. Braun, DO
Sam Bub, MD
619 Dalton Street
P.O. Box 899
Emmaus, PA 18049-0899
(610) 967-3646
FAX: (610) 965-6595
Department of Family Practice
Provisional Active

Margaret Hoffman-Terry, MD
Ambulatory HIV Clinic
Lehigh Valley Hospital
17th & Chew
P.O. Box 7017
Allentown, PA 18105-7017
(610) 402-2400
Department of Medicine
Division of Infectious Diseases
Provisional Active

Sarah M. Iriana, MD
(Hospital - Inpatient Pediatric Unit)
1530 E. Derry Road
Hershey, PA 17033-1129
(717) 533-6402
Department of Pediatrics
Division of General Pediatrics
Provisional Limited Duty

Kyle R. Kaulback, MD
Emergency Care Associates
Lehigh Valley Hospital
Cedar Crest & I-78
P.O. Box 689
Allentown, PA 18105-1556
(610) 402-8111
FAX: (610) 402-1698
Department of Emergency Medicine
Division of Emergency Medicine
Provisional Active

Dennis M. Moss, DO
(solo)
9655 Longswamp Road
Mertztown, PA 19539-8800
(610) 682-4944
FAX: (610) 682-6125
Department of Family Practice
Provisional Referring

Deborah A. Shalders, MD
Lehigh Valley Family Health Center
Lehigh Valley Hospital
17th & Chew
P.O. Box 7017
Allentown, PA 18105-7017
(610) 402-4922
FAX: (610) 402-4952

Address and Telephone Number Change

Francis A. Salerno, MD
Department of Medicine
Lehigh Valley Hospital
Cedar Crest & I-78
P.O. Box 689
Allentown, PA 18105-1556
(610) 402-1643
FAX: (610) 402-1675
Patient-related concerns: (610) 402-1150

Michael L. Zager, MD
South Allentown Family Practice
2431 West Emaus Avenue
Allentown, PA 18103-7234
(610) 791-2941
FAX: (610) 791-9629

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(Continued from Page 17)

Telephone Number Change

Robert J. Coni, DO
(610) 882-0284

Change of Status

Pragnesh A. Desai, DO
Department of Surgery
Division of Urology
From Provisional Courtesy to Courtesy

Erin M. Fly, DO
Department of Medicine
Division of General Internal Medicine
From Active to Courtesy

Jerome M. Grossinger, DDS
Department of Dentistry
Division of Endodontics
From Consulting to Referring

Russell H. Jenkins, MD
Department of Medicine
Division of General Internal Medicine
From Active to Courtesy

Marc W. Levin, MD
Department of Medicine
Division of Dermatology
From Courtesy to Provisional Active

Robert M. Russo, DO
Department of Family Practice
From Courtesy to Referring

Jon H. Schwartz, MD
Department of Medicine
Division of General Internal Medicine
From Active to Courtesy

George S. Smith, MD
Department of Obstetrics and Gynecology
Division of Primary Obstetrics and
Gynecology
From Courtesy to Referring

John G. Steciw, DMD
Department of Dentistry
Division of Orthodontics
From Consulting to Referring

Robert W. Vaughn, MD
Department of Family Practice
From Active to Courtesy

Paul W. Weibel, Jr., MD
Department of Medicine
Division of General Internal Medicine
From Active to Courtesy

***Medical Staff Leadership
Appointments***

Mark D. Cipolle, MD
Associate Chief, Section of Trauma

Dennis J. Giangiulio, MD
Co-Director of 6C

Bryan W. Kluck, DO
Medical Director of Acute Care Unit and
Acting Director of 4C

Michael D. Pasquale, MD
Chief, Division of Trauma/Surgical
Critical Care and
Associate Chief, Section of Surgical
Critical Care and
Medical Director of the Shock/Trauma
Unit and Surgical Intensive Care Unit

Geary L. Yeisley, MD
Medical Director of the Transitional Open
Heart Unit

Resignations

Paul F. Haley, MD
Department of Psychiatry
Active

Bruce M. Kaufmann, MD
Department of Obstetrics and Gynecology
Division of Primary Obstetrics and
Gynecology
Courtesy

Douglas C. Nathanson, MD
Department of Medicine
Division of Neurology
Consulting

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Anna C. O'Riordan, MD
Department of Pediatrics
Division of Cardiology
Consulting

William R. Pistone, DO
Department of Medicine
Division of Neurology
Consulting

Jonathan P. Quevedo, MD
Department of Medicine
Division of Physical
Medicine/Rehabilitation
Courtesy

Abraham Ross, MD
Department of Anesthesiology
Active

Daniel M. Schwartzman, MD
Department of Obstetrics and Gynecology
Division of Primary Obstetrics and
Gynecology
Courtesy

Michael G. Sidarous, MD
Department of Medicine
Division of General Internal Medicine
Provisional Active

H. Donald Wills, MD
Department of Medicine
Division of Neurology
Consulting

Mary T. Zygmunt, DO
Department of Obstetrics and Gynecology
Division of Primary Obstetrics and
Gynecology
Active

Allied Health Professionals

Appointments

Andrea Capobianco, RN
Physician Extender
Professional - RN
(John J. Cassel, MD)

Phillip L. Hansell, PA-C
Physician Extender
Physician Assistant
(Yasin Khan, MD)

Keith A. Holdren, PA-C
Physician Extender
Physician Assistant
(Panebianco-Yip - Farrokh S. Sadr, MD)

Kristen J. Kozma, RN
Physician Extender
Professional - RN
(Yasin Khan, MD)

Kelly C. Pompa, RN
Physician Extender
Professional - RN
(Lehigh Valley Cardiology - Ian Chan,
MD)

Cassandra J. Snyder, RN
Physician Extender
Professional - RN
(Hospital Employee)

Jeffrey R. Trexler, PA-C
Physician Extender
Physician Assistant
(Southside Family Practice - LVPG - Neal
J. Berkowitz, MD)

Robert L. Williams, PA-C
Physician Extender
Physician Assistant
(Orthopaedic Associates of Allentown)

Linda M. Woodin, RN
Physician Extender
Professional - RN
(Allentown Anesthesia Associates -
Alphonse A. Maffeo, MD)

Change of Supervising Physician

David R. Renner, PA-C
Physician Extender
Physician Assistant
(From Valley Sports & Arthritis Surgeons
- Dr. Sussman to Lehigh Valley
Orthopedics - Dr. Anson)

LEHIGH VALLEY HOSPITAL

PRINCIPLES OF PHYSICIAN/HOSPITAL RELATIONS

As physicians and Lehigh Valley Hospital enter a new age in medicine, we recognize that only in a spirit of collaboration will we be able to provide quality, effective patient care. Lehigh Valley Hospital has evolved into a community-based institution which enjoys regional and national prominence, due in large part, to the efforts and traditions of its medical staff. Lehigh Valley Hospital recognizes the rich tradition of private practice in our community. Continuing to recognize the strong contribution of private practice medicine to Lehigh Valley Hospital, we will move forward. In this spirit, Lehigh Valley Hospital and its medical staff acknowledge the following:

1. LVHN will support a diversity of practice models with multiple choices for physicians.
2. Clinical programs of a multidisciplinary nature (e.g. cardiac care, geriatric care, cancer care) will be highly attractive to patients; we must organize our diverse clinical resources to provide these programs efficiently to our patients.
3. Physicians more involved with LVHN will have more access to LVHN resources.
4. LVHN will seek the advise of its medical staff regarding ways to enhance physician practice and is committed to strengthen existing practices.
5. Faculty appointments are available for all members of LVH medical staff involved in teaching programs.
6. The IPA/PHO and PennCARE embody the principles of cooperation among physicians and hospitals. Unified approaches to managed care contracting afford the opportunity for both better coordination of patient care and better economic outcomes for the partners. Accordingly, the PHO and PennCARE will be the principal managed care contracting entities for the hospital and medical staff.
7. LVPG will not acquire additional practices in surgical or medical subspecialty areas unless:
 - the majority of members of a division seek LVPG association, or
 - community or hospital need not met (e.g. transplantation, genetics).
8. LVPG will not initiate discussions regarding the purchase of primary care practices. When approached by physicians in primary care who are interested in selling their practices, LVPG will evaluate these situations.
9. Physicians & LVH need to focus more on external "competition" and less on internal "competition".
10. Negotiations around issues between LVH and members of its medical staff will be based on constructive, honest exchange focusing on the greater good of our community and the alignment of our mutual interests to achieve this greater good.

APPROVALS

Medical Executive Committee: September 5, 1995

Board of Trustees: September 6, 1995

Memorandum

DATE: February 1, 1996

TO: Medical Staff of Lehigh Valley Hospital

FROM: Alexander D. Rae-Grant, MD
Chairperson, Committee on Citizenship

RE: **CITIZENSHIP QUESTIONNAIRE**

As a medical staff function and outgrowth of the last Medical Staff Retreat, a subcommittee was formed to discuss citizenship issues.

Please give less than five minutes of your time to complete the Citizenship Questionnaire (on the reverse side of this memo) for your Medical Staff so that the Committee can represent your ideas in our report.

Please return the questionnaire by Friday, February 16, to me at the following location:

Alexander D. Rae-Grant, MD
Lehigh Neurology
1210 S. Cedar Crest Blvd.
Suite 1800
Allentown, PA 18103-6208

Thank you for your assistance.

Citizenship Questionnaire

1. Please circle the best definition of "citizenship" at a hospital in your opinion:
 - a. Only working at one hospital
 - b. Providing best medical care/teaching/research
 - c. Attending committee meetings
 - d. Advertising for the hospital

2. Do you feel a physician can serve loyally on more than one hospital staff?

Yes No

3. Should activities, in addition to direct patient care, be rewarded in some fashion (ex., setting up new programs, chairing key committees, serving on national boards, etc.)?

Yes No

4. Should private practice physicians and members of Lehigh Valley Physician Group be treated differently in terms of citizenship at the hospital?

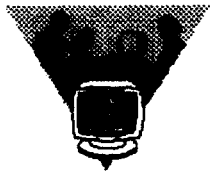
Yes No

5. Circle one or more "rewards" that you feel would be useful as incentives to get physicians to do more to improve patient care and teaching at Lehigh Valley Hospital:
 - a. Payment of membership in professional society
 - b. Payment to attend conference
 - c. Assignment of residents/students to your service
 - d. Academic standing
 - e. On-line medical database access

6. Please name any other reward which you feel would be useful.

7. Name one thing that would make you more satisfied with working at Lehigh Valley Hospital.

8. Are there any medical services which you feel should be regionalized; that is, which should be shared among a number of hospitals rather than occurring at each hospital? If so, please list them here.



Health Sciences Library Computer Learning Resources

February, 1996

HEALTH Database Upgraded

The National Library of Medicine (NLM) is consolidating its HEALTH (Health Planning & Administration) and HSTAR (Health Services / Technology Assessment) databases. The resulting database, HealthStar, will be available in early 1996. HEALTH's last update will be December, 1995.

HealthStar will contain nearly three times the number of records as the current HEALTH database. In addition to journal article citations and abstracts, HealthStar will contain citations to meeting abstracts, technical reports, monographs, and other materials not now covered in HEALTH.

OVID Answers...

Recently, we have had a number of inquiries regarding the ability to download OVID search results directly to a computer. Although this capability is not presently available system wide, it can be done if:

- * You are set up to print while using the OVID_Term icon.
- AND -
- * You are comfortable defining a printer in the MS Windows control panel.

Keeping the above two items in mind, open the *Printer* configuration in the MS Windows *Control Panel* and *Add* a printer (the same printer as you should already have defined). Highlight the printer you have just added, click the *Connect* button, and choose *File* from the list that appears.

Now, if you want to save your search results to your computer, select the printer you have just added as the *default printer* in MS Windows and proceed as usual using the OVID_Term icon. When printing your search results, you will be prompted for a file name. Be sure to include the path where you want the file stored.

If the demand for help is great, we could set up a short workshop in the auditorium. Feel free to contact Chris Sarley, ext. 1641, by phone or E-mail for more information.

Internet- a little more WWW

Keep in mind that internet addresses change constantly. What works today may not work tomorrow!

American Medical Association

<http://www/ama-assn.org/>

Offerings include: Tables of contents and abstracts from the JAMA dating back to the July 5, 1995 issue, and a future link for medical students

Roxane Pain Institute

<http://www.roxane.com/>

Pain management seminars, and practice guidelines from the Agency for Health Care Policy and Research.

Primary Care Teaching Topics

<http://uhs.bsc.uchicago.edu/uhs/topics/uhs-teaching.html>

Includes a master list of 16 teaching subjects. Topics include health promotion and prevention, cardiovascular disease, and more

HEALTH SCIENCES LIBRARY COMPUTER LEARNING RESOURCES TRAINING WORKSHOPS

February 1996

... WWW Continued

Internet "how to" guides

http://www.yahoo.com/computers/internet/beginner_s_guides/

This is a great "spot" which provides 8 pages of links of internet guides and educational materials. A good way to learn internet by using internet!

Reminder: Read the Internet Services Bulletin Board in E-mail for tips and new resources as they become available! If you find a good site you can send an E-mail to the BB and share your wealth! To do this use the name "internet_services" in the to: section of quickmail.

TRAINING WORKSHOPS

All workshops are hands-on. Call the Library at 402-8410 to register.

MEDLINE(OVID)

February 26, 10:00 - noon, CC Computer Training Room, 4th Floor, Cancer Center

This workshop will cover:

- OVID and OVID_TERM icons
- Basic Searching including Subject search, Textword search, Limiting, combining, view(browse).
- Printing and Saving a Search
- Retrieving a Saved Search

INTRODUCTION TO OVID, MICROMEDEX, OPAC, INTERNET

February 12, 10:00 - noon, CC Computer Training Room, 4th Floor, Cancer Center

This workshop will cover the basic functions of each of the applications and how their usage can best be integrated into our daily job functions. Included will be an overview of the OVID databases, Micromedex Drug Interactions, how to use the automated card catalog (OPAC), and an introduction to the biomedical information available on internet.

INTERNET

February 14, noon-2:00pm, CC Computer Training Room, 4th Fl, Cancer Center

Basic Internet functions will be covered including using the hospital connection to access relevant information.

Advanced MEDLINE (OVID)

February 29, noon-2:00 pm, CC Computer Training room, 4th Fl, Cancer Center (Previously completing the MEDLINE workshop or prior usage is required)

Go a little "beyond the basics". Discover how to individualize your search settings, use "tools" to perform the most effective search, how to use EXPLODE to search a subject heading, and search strategy shortcuts.

(You should already have the application icons available to you when you sign on the hospital network. This will allow for "hands-on" participation in the workshops)

Is there a topic you would like to see addressed? Please contact Sherry Giardiniere or Christopher Sarley in the CC Library with any suggestions.

LEHIGH VALLEY

HOSPITAL

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Allentown, PA 18105-1556

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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. Seifert, 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 Mrs. Seifert at 402-9853.

*Lehigh Valley Hospital is an
equal opportunity employer.
M/F/H/V*