LEHIGH VALLEY HOSPITAL

# Medical Staff Progress Notes

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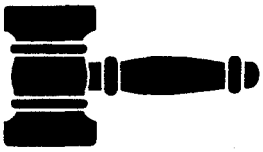
## In This Issue . . .





## From the President

Some three years ago, the then members of Troika -- John Jaffe, Joe Candio, and myself, together with Irwin Greenberg, met with a man who we felt was visionary and could help us provide some insight into the direction our hospital should take over the next five years. We were so impressed with him that we invited him to come back and speak at a combined meeting of the Board of Trustees and Med Exec during our spring retreat. That man was Robert Match, MD, the then CEO of Long Island Jewish Hospital, whose expertise in hospital-physician relationships led him to be picked as the negotiator to bring the Boston Brigham and Women's Hospital and Massachusetts General Hospital together in a landmark merger. Unfortunately, Bob Match met an untimely death in a car accident just over a year ago. In reviewing my notes from what I learned from him, I thought it would be worthwhile to share some of these pearls now three years old but many proving to be, indeed, quite prophetic.

1. Loyalty by physicians, a hospital staff and patients is much more than simply the utilization of services at the hospital. It's a willingness to participate, build and develop important programs for the good of the community. Without it, no hospital is likely to succeed.

2. Hospital strategic plans must be comprehensive and timely. They are often out of date before implemented because of the length of time that it takes to develop them. Planning must be ongoing real time, clinically relevant and fiscally responsible. Physicians, nurses and administrators need to work together to accomplish this incredibly difficult task.

3. Physicians are notoriously slow at recognizing the changing times and becoming part of it. They delay as long as possible until change has impacted their lives. This is not a sustainable posture because of the revolution that is taking place in health care. Hospitals, such as our own, need to get off the starting block with regard to developing integrated delivery systems, physician-hospital organizations, and managed care services.

4. Hospital medical staffs are often like "Brigadoon," insulated from change for decades, but this insulation will not hold up for long. No city will remain insulated from the change.

5. LIJ Hospital was characterized as an institution comprised of strong private physician group practices as

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well as a full-time staff. Both were described as very conservative and likened to our hospital. Five years ago, there was no interest in a PHO. At the time of our meeting with Dr. Match, everyone was "scrambling" to be part of the PHO and managed care as to avoid being "locked out of the market."

6. Doctors are not easy to deal with and the reason is because they are concerned with patient care and not the problem of delivering services. The essential nature of a hospital, however, is both.

7. Hospitals are incredibly complex systems. They are more like small cities than they are small corporations, and it is this difference which seems to escape both the business and medical community. Hospitals have an array of services including water, sanitation, housekeeping, medical services, building projects, communications, and food services which interrelate with each other in unforeseen ways. This ecosystem is delicately balanced with many inter-dependent subsystems. Small problems fixed in one quadrant invariably result in creating new problems in another and the iterations appear to be infinite. The overall system, however, can be improved with continued attention to detail and an endless supply of energy.

8. Dr. Match pointed out that when he first took office as CEO, his predecessor informed him that if he ever got into "real trouble" he could push his secret button under his desk. It took him almost a year to figure out that the button was not connected to anything. In many ways, hospitals operate the same way. When there is a crisis, there are many panic buttons, but they are uniformly not connected to physician or nursing behavior.

9. Physicians are running the cost side of the hospital balance sheet and have for many years. It is unlike any of business or commercial enterprise. The only way to impact physician behavior is through leadership, communication and integration; this needs to be done decidedly ahead of the capitation movement.

10. Physicians are generally suspicious of anything the hospital does. They assume that anything the hospital does is likely to hurt them in some way. They often cannot be dissuaded from this position and it presents a big but common problem to progress. Alignment of physician and hospital interests is essential to the success of the organization as a whole.

11. Hospital DRGs were the first step in major changes, changes directed at physician payment are in process and will result in a major impact on physician salaries in the next few years to come.

12. Hospital Board "micro management" has a corrosive effect on a hospital as an institution. Physicians soon learn that they can get what they want through "the end run" by lunching with Board members or writing letters of concern to them. This undermines and emasculates the CEO position and must be curtailed by physician leadership if the hospital is to succeed in the long run.

13. Sixty percent of the population will be in managed care in five years, including large numbers of Medic

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patients. Within the next two to three years, 20-30% of the population will be enrolled in managed care systems (a predication Bob Match correctly made in 1993).

14. Only mutual trust of physicians, employees and hospitals will fashion a marketable product. This mutual trust will not arise instantly but will take time and effort on the part of leadership from the business side of the house, as well as the physician side of the house working together. Integration implies physician and hospitals interests have been driven together for mutual gain. "Survival" is not likely without this step.

15. On the issues of health care reform, Bob Match predicted that "alliances were dead" and that universal coverage, although a great idea, would not occur in this decade. Businesses in New York and other major cities were uniformly opposed to it because of its cost. HMOs appear to be taking over as the lead organization of medical care reform and because of this the academic community will be in great jeopardy. How will teaching hospitals survive with their excess cost of training, education and research? HMOs have not answered this question to date.

16. Most managed care is price not quality driven, and, hence, fashioning a product which is both will be economically difficult. Nevertheless, this is likely what will happen in the end as large numbers of patients begin to insist on both quality and the economics of health care reach a similar common denominator. Overall, those with the highest quality and lowest cost win.

17. The environment for patient care is as important as the caregiver. It will attract and sustain patients in the system and should be carefully reviewed by physician leadership at this time. Systems of patient centered care as opposed to physician and administration centered care need to be carefully thought out.

18. Hospital networks need to be both vertical and horizonal. New York hospitals are buying up large numbers of small hospitals. This may not be a good idea for patients on the whole. The University of Pennsylvania is buying up large members of primary care practices to integrate their network which will make them stronger but likely unpopular in many regions surrounding Philadelphia.

19. Boston Brigham and Mass General Hospital are merging and will begin a trend of many mergers for many hospitals in major cities throughout the country. Only 15 years old, Brigham is a well-run, major force with brilliant physicians, all of whom are full time. The MGH is a loose organization of independent chairs and volunteer physicians dating back 150 years. This will be the beginning of what physicians will soon realize as economic imperatives.

20. Communication among physicians and administration is essential to getting the system to work. Identifying key physician leadership, including those who are not Chairs, and meeting with them regularly and openly is essential to this process.

21. There currently appear to be too many specialists in an HMO driven system, although physicians refuse to

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accept this. Marketplace, supply and demand will hone this ratio automatically and will not likely be in the control of physicians.

22. It is important to develop a system of citizenship and rewards. Physicians devoting time to programmatic development should get to serve on committees that make key decisions. Board committees, for instance, involved in planning must invest time in understanding both physician and community needs.

23. How will all of this impact patient care? Dr. Match felt that, in general, access across the board and quality standards for care would be improved with the reasonable numbers of referrals to specialties still occurring when necessary. Reimbursement will be capitated to control costs and reverse incentives to perform unnecessary services which would be a difficult task for both patients and physicians to master. Relationships in hospitals would be both full-time and private practice, and physicians would have to abandon traditional town-grown issues which continue to be a problem nationwide. The future will be a joint contract with full-time and private practice physicians working closely, shoulder to shoulder, despite very different systems of each earning their salary. In time, Dr. Match predicted the political problem of referring to each other would simply dissolve.

It is unfortunate that Bob did not live long enough to see many of his predictions come true. I believe that many of his insights have also been those shared by the leadership here at Lehigh Valley Hospital. Board micro management of our organization is a thing of the distant past. Performance improvement has taken a real time proactive role in quality issues here at the hospital under Bob Laskowski's leadership. Med Exec has evolved to become a highly deliberative body its views have been well represented by all three members of Troika in concert as full-time members of the Board of Trustees.

We have improved our in-house communications through e-mail and Phamis reporting of physician testing, and the monthly Medical Staff/ Administration Exchange Sessions which will resume again on September 19. We have improved the patient environment on med/surg floors and are working aggressively at improving the patient environment in the emergency room which will be completed by December of this year. We have built a very proactive PH and continue to create a system of aligned interests between physicians and administration in the developing of an integrated delivery system for our region.

We have much more to accomplish, but I remain optimistic that the incredible talent and energy currently on board at Lehigh Valley Hospital is up to the task.

John E. Castaldo, MD
President, Medical Staff

There will be a meeting of the General Medical Staff on Monday, September 9, beginning at 5:30 p.m., in the Auditorium at Cedar Crest & I-78. All members of the Medical Staff are encouraged to attend.

# *Muhlenberg, Lehigh Valley Hospital and Health Network Offer Expanded Women's Health Services*

Bethlehem area women now have a convenient new health resource at Muhlenberg Hospital Center, thanks to a cooperative arrangement with PennCARE partner LVHHN.

Opened this summer, the new service grew from Muhlenberg's existing expertise in breast health services. LVHHN collaborated with Muhlenberg to add physicians with a primary care OB/GYN focus. Patients can receive routine obstetrics and gynecology services, including yearly exams, screenings, and women's health education at Muhlenberg.

An exciting feature of the Muhlenberg program is that services were designed to meet the needs of women with busy schedules. The location is convenient and turnaround of test results is very prompt.

Women are responding favorably to the new service, according the Michael Sheinberg, MD, who is one of the physicians caring for patients at Women's Health at Muhlenberg Hospital Center. "Patients love the convenience," he said. "And it's more fulfilling for us as physicians to be able to go to our patients rather than requiring them to come to us. We can build relationships as members of the same community."

Women's Health at Muhlenberg Hospital Center provides childbirth care, breast care, gynecologic care, wellness/preventive care, and women's health education. The service is located in the Muhlenberg Medical Office Building, 2597 Schoenersville Road, Bethlehem.

Women's Health at Muhlenberg Hospital Center includes:

* New primary obstetrics and gynecology services provided by LVHHN-affiliated physicians -- OBGYN Associates of the Lehigh Valley and College Heights OB-GYN -- at the Muhlenberg Hospital Center campus.

* Availability of mammography and breast ultrasound testing at convenient hours.

* Fast turnaround of test results due to a centralized location and streamlined procedures.

## On the Move . . .

In mid-August, Rita M. Mest, Medical Staff Coordinator, and Terry E. Mauser, Credentialing Technician, relocated their office from 1243 S. Cedar Crest Blvd. to the new Medical Staff Services area on the first floor of the hospital adjacent to the Medical Staff Lounge at Cedar Crest & I-78.

The main telephone number for Medical Staff Services remains 402-8900; however, Rita's new number is 402-8975, and Terry's new number is 402-8957. The new fax number for Rita and Terry is 402-8926.

# *PennCARE Gains Momentum*

Recent developments have set the stage for PennCARE's continued growth as a major integrated delivery system in eastern Pennsylvania.

In late July, Easton Hospital's physician/hospital organization (PHO) and board of trustees voted overwhelmingly to authorize the hospital's management to negotiate with PennCARE for membership as a provider partner. The actions came after a series of presentations by PennCARE board members and representatives from LVPHO, at the invitation of Easton's board and medical staff. Formal action will be taken by the PennCARE board at an upcoming meeting, according to Elliot J. Sussman, MD, Chairman of the Board and President of PennCARE.

Dr. Sussman said a number of other hospitals and their medical staffs have also expressed an interest in PennCARE, and several visits or presentations have occurred or are scheduled by PennCARE members.

On August 1, the PennCARE partnership activated a 10-year agreement with U.S. Healthcare, the region's largest health maintenance organization. The agreement could be a national model, Dr. Sussman said. The American Hospital Association's Center for Organizational Leadership called the network overall, and the U.S. Healthcare agreement, "distinctive and unique in the country."

"Our arrangement with U.S. Healthcare is based on quality and outcomes," Dr. Sussman said, "and ensures that local physicians and hospitals work together to make decisions on medical care and resources that benefit and improve the health of local communities."

"Our agreement with PennCARE provides all parties involved with the opportunity to work as a team to increase quality of care," said Robyn S. Walsh, Senior Vice President of Medical Delivery, U.S. Healthcare. "By working together to more efficiently accomplish the goal of improving healthcare to our members, we will eliminate duplication of services and increase the resources directed to care."

PennCARE's discussions with several other managed care organizations and major national and regional insurers for similar agreements are in various stages of negotiation. PennCARE partners are already providers for Valley Preferred, the third largest insurer in the Lehigh Valley.

Health professionals from throughout the PennCARE network are also participating in several educational sessions sponsored by the network. They have included a session on negotiation, a conference in New York City on physician and medical practice issues, computer learning labs on managing the transition to managed care and a clinical process improvement network.

Dr. Sussman said the national search for a PennCARE medical director continues, chaired by Gavin Barr, MD, from Muhlenberg Hospital Center. Dr. Sussman said he expected an individual to be chosen soon.

## *Director of the Center for Educational Development and Support Named*

Martyn O. Hotvedt, PhD, was recently named the new Director of the Center for Educational Development and Support. In his new role, Dr. Hotvedt will be responsible for the overall management of the Center and for leading the efforts to implement the hospital's Strategic Plan for Education. Dr. Hotvedt assumed his new position on August 15.

Prior to coming to Lehigh Valley Hospital, Dr. Hotvedt held the position of Assistant Dean for Continuing Medical Education at the University of South Carolina School of Medicine in Columbia, S.C. Dr. Hotvedt has broad teaching and research experience and is a nationally known authority in the area of continuing education.

## *COPD Pathway*

The DRG 88 Performance Improvement team recently announced that the clinical pathway for COPD has been implemented.

Components for implementation include the one-page Clinical Pathway which is placed in the physician order section of the medical record, the COPD Caremap which is placed in the Graphic section of the medical record and which is used for documentation of patient care, and the "COPD Patient Clinical Pathway From Hospital to Home" which is given to the patient/family.

The pathway has been designed to provide guidance for the care of adult patients with any of the following diagnoses: exacerbation of COPD, emphysema, chronic bronchitis or asthma.

Key management indicators include: 1) attainment of oxygen saturation above 90% within two hours of admission; 2) initiation of steroid tapering by day three of hospitalization; 3) ambulation without oxygen or with oxygen at pre-hospital level by day four of hospitalization; and 4) satisfactory return demonstration of MDI use prior to discharge.

Information related to theophylline dosing, dyspnea assessment, and criteria for respiratory evaluators/pulmonary clinical nurse specialist consultations are printed on the back of each clinical pathway for easy reference. Please feel free to use these resources as needed.

For questions or additional information, please contact Karen Landis, Pulmonary Clinical Nurse Specialist, at 402-1734 or beeper 1467.

**Attention Physicians and Office Managers**

Medical Staff dues letters will be distributed shortly. Timely remittance of dues is both requested and appreciated.

# *Patient Education Update*

A Patient Discharge Instruction Form is now available for use by physicians and nursing staff. The NSG-204 is a form developed to encourage multidisciplinary involvement and documentation of discharge instructions given to our patients. The form is similar in format to the former Nursing Discharge Instruction Form (NSG-20-1), however, it has sections that you, as the physician, can complete for your patients, such as Medications, Activities/Restrictions, Diet, Diagnoses (this is beneficial for those patients going back to their family physicians), and Special Instructions for the patient to report. In addition to this information, there is a section where the patient can be directed to call for a follow-up appointment, Safe/Effective use of equipment, Wound and Dressing Care, and patient signature.

There is a policy in place to guide staff through completing the form, which can be accessed in the Nursing Policy/Procedure Manual on the units. However, highlights for you to be aware of regarding completion of the form include:

- The NSG-204 will be completed for all patients being discharged. Exception to this are those patients whose physician(s) utilize a comprehensive practice-specific discharge form. In those cases, a copy of this form must be placed on the chart so the discharging RN can make reference to this form in the chart and not have to re-document the instructions on the NSG-204 form.

- All information documented on the Discharge Form must be written legibly and in terms easily understood by the patient/significant other (i.e., NO abbreviations, medical terms).

- The NSG-20-2 is an additional form available with extra space for documentation on medications or special instructions, if needed.

- The RN responsible for the patient at the time of discharge will review the instructions with the learner to ensure understanding of the information and provide them with a copy.

- The person receiving the instructions, as well as the discharging professional (RN or physician), must sign and date the form.

- Built into this policy also are guidelines for who is to receive copies of the discharge form: medical records, patient, discharging physician, and referral agency or family doctor.

These forms should be located at the end of the Progress Note section of your patient's chart. If you encounter difficulty finding one, please ask a member of the staff or Administrative Partner for that floor.

If you have any questions regarding this issue, please contact Deb McGeehin, Patient Education Specialist, via e-mail or at 402-8401.

The Quarterly General Membership Meeting of the Greater Lehigh Valley Independent Physician Association will be held on Monday, September 30, from 6 to 8 p.m., in the hospital's Auditorium at Cedar Crest & I-78.

# *PHAMIS LastWord 3.11 Upgrade Information*

The Lehigh Valley Hospital Information Services (I/S) Department is in the process of upgrading the PHAMIS LastWord patient care system. The upgrade is necessary to maintain the level of technology and support of the LastWord system. For instance, the new version will fully utilize Windows standards, making it easier to use. Also, when the core upgrade is complete, I/S will begin implementing new applications within LastWord such as Patient Assessments, Care Plans, Charting, and Protocols as well as a Physician Access Module. A new Emergency Department module will be implemented when the upgrade is activated. The upgrade is scheduled to be activated on January 17, 1997.

The upgrade will not affect e-mail, library applications, or any other application accessed via the LVH Network.

To run the upgraded version of PHAMIS LastWord, your computer will have to be a 486 machine or a Pentium. It works best with 16 MB RAM, but will work with 8 MB.

If you want access from a MacIntosh computer, please refer to the following requirements:
- Power PC
- 16 MB RAM
- DOS compatibility card with Microsoft Windows 3.11 (NOT Windows '95) installed
OR
- SoftWindows installed on the MAC not using the DOS compatibility card
- Preferred modems are Teleport Platinum 28.9 Data/Fax by Global Village and US Robotics Sportster for the MAC 28.8 Data/Fax

The monitor resolution will be changed by I/S to 1024x768 for the PHAMIS upgrade to work. In most cases, this should have no negative effect on any other applications you run on your computer. Other applications on your PC MAY be affected visually and may need to be addressed with the vendor. I/S will assist with resolving any problems.

In order for the upgrade to work on your computer, new software must be installed on it. I/S will be scheduling appointments with physician offices this fall for this installation.

For recommendations on purchasing new or additional PCs or for information regarding connection to the LVH Network, call Medical Staff Services at (610) 402-8900.

## Education for the PHAMIS LastWord Upgrade

Two computer-based training (CBT) products will be used to conduct some of the training. The "Basic Skills" CBT is currently available. This tutorial has been developed to run on high-resolution monitors. This means your monitor needs to be set to 1024x768, large fonts, 256 colors. If your current PC is a 486 or Pentium machine, this CBT can be installed on it, making it easier for your entire staff to experience LastWord's new look and feel. The "Basic Skills" CBT has been installed in the Doctors' Lounge at Cedar Crest & I-78. If interested in having the "Basic Skills" CBT accessible in your office, please contact I/S at (610) 402-8303 to arrange for the installation. A second CBT, entitled "Inquiry Only," will be available by mid-October. This CBT will cover how to activate a patient and methods to view clinical and financial information.

Hands-on demonstrations of the PHAMIS LastWord upgrade for physicians, residents, Allied Health Professionals, and medical students will be given in November and December, 1996 and January, 1997. The specific dates for these demonstrations will be published in a future issue of ***Medical Staff Progress Notes*** as well as in e-mail and on the bulletin boards in the Doctors' Lounge.

The Physician Office Practice Forum scheduled for Tuesday, October 22, will include a demonstration of the PHAMIS LastWord upgrade. Both the "Basic Skills" CBT and the "Inquiry Only" CBT will also be available for viewing. LastWord upgrade classes will be held in November and December, 1996 and January, 1997 for representatives from each office currently using PHAMIS LastWord. These representatives will be responsible for training other staff personnel in the physician office. Regular PHAMIS LastWord classes for the new upgrade will begin in January, 1997 and continue on a monthly basis for those physicians and physician offices just starting to access the PHAMIS LastWord patient care system.

## *Lehigh Valley Hospital Establishes Patient Access Services Department*

August 19 marked the beginning of a new progression in Lehigh Valley Hospital's Patient Centered Care Initiative with the opening of the Patient Access Services Department.

The Patient Access Services Department, an exciting new department in Lehigh Valley Hospital and an innovative concept in Patient Access Services, combines the responsibilities of centralized scheduling, registration, insurance verification, and precertification into one function. By combining these functions, the goal of the Patient Access Services Department is to provide seamless access for physicians and patients alike.

Through one centralized location, physicians and their office staff will be offered three options to begin their patients' admissions process: by fax (402-2386), by phone (402-2414), and through e-mail bulletin board access.

Forms which are required for faxing the necessary information to the Patient Access Services Department have been distributed to appropriate physicians' offices.

If you have any questions or need more information, contact Rob Behler, QA/Training Coordinator, at 402-2323, or call the Patient Access Services Department at 402-2414.

## *Healthy Steps*

Lehigh Valley Hospital's Department of Pediatrics was chosen as the first site in the country to implement and test a new approach to pediatric primary care called Healthy Steps. A three-year study, Healthy Steps expands traditional pediatric services for children through age three by providing child development/ behavioral specialists on site and by improving the support and guidance given to parents.

Healthy Steps will be implemented starting in late August at two Lehigh Valley Physician Group pediatric practices -- ABC Pediatrics and Family Pediatricians. The program will serve 200 of the practices' 10,000 children and their families. Funding is being provided through a $600,000 three-year grant from the Dorothy Rider Pool Health Care Trust.

According to John VanBrakle, MD, Chairperson, Department of Pediatrics, LVHHN was chosen as the first Healthy Steps site for a number of reasons: the hospital's extensive pediatric services; its affiliation with Michael Schwartz, MD, a member of Family Pediatricians who helped design the Healthy Steps pilot and is the study's principal investigator; and its relationship with the Pool Trust.

# *New Infection Control Isolation Guideline*

Beginning September 1, Lehigh Valley Hospital will adopt the Center for Disease Control's new revised isolation guideline. The revised guideline consists of two tiers of precautions. The first tier is termed "Standard Precautions" and pertains to all patients entering the hospital regardless of their infection status. The second tier, "Transmission-Based Precautions," is applied in addition to Standard Precautions for a select number of patients known or suspected to be infected or colonized with a transmissible pathogen.

**Standard Precautions**

- Replaces Universal Precautions
- Applies to ALL patients
- Includes:
  - blood
  - all body fluids, secretions, and excretions EXCEPT sweat, regardless of whether or not they contain visible blood.
  - nonintact skin
  - mucous membranes

**Transmission-Based Precautions**

- Replaces current Category Specific isolation precautions
- For SELECTED patients with suspected or confirmed diseases with defined routes of transmission
- For SELECTED patients with microorganisms deemed epidemiologically significant
- Precaution determined by route of transmission

**Airborne** - Examples: Measles, Chicken Pox, Tuberculosis
**Droplet** - Examples: *Haemophilus influenzae* type B, *Neisseria meningitidis*, Pertussis, Influenza
**Contact** - Examples: *Clostridium difficile*, Enteric pathogens, MRSA, RSV, Scabies, Herpes Zoster
**Resistant Enterococci** - Vancomycin and/or Ampicillin resistant *Enterococcus spp.*

If you were unable to attend the Infection Control inservices on the new guideline in July and August, a videotape of the inservice and a self-learning packet is available through the Infection Control office.

A new Bulletin Board has been created in e-mail. The "Isolation Precautions" bulletin board provides an alphabetical listing of infections and the appropriate isolation precautions required. Three new policies will be placed in the Infection Control manual which address the new guideline. New signage and labels will be available for the patient's door and chart once the guideline is instituted.

The rising display of multi-drug resistance in microorganisms requires aggressive action in reducing the spread of infection in the hospital. In addition to observing Standard Precautions, the prompt initiation of isolation precautions based on clinical signs or syndromes prior to a definitive diagnosis will contribute significantly to the reduction of nosocomial infections.

For more information or if you have any questions regarding the new isolation guideline, please call Deb Fry in Infection Control at 402-0680.

## *Nourishment Changes*

Food and Nutrition Services has recently updated the nourishments available for oral supplementation. The following items have been added to the list of nourishments:

Nutrashake
Nutrashake Free
Lactacare
Nutrashake Citrus

The following homemade items have been deleted:

Hi Pro Shake
Orange Creamsicle
Yogurt Shake
ADA Shake
Carnation Instant Breakfast
Orange Julius
Hi Pro jello
Hawaiian Slush
Ensure Plus Shake

Any orders received for Ensure Plus Shake will be substituted with Ensure. Food and Nutrition Services will continue to carry Resource Fruit Beverage (previously named Citrosource), Ensure Plus, Ensure pudding, Nepro, Suplena, and Demark pudding.

Please refer to the chart for nutritional information for the new products.

If you have any questions regarding these changes, please contact Dorothy McFadden in Food and Nutrition Services at 402-8609.

# Nutritional Information

| NAME | Nutrashake | Nutrashake Free | Lactacare | Nutrashake Citrus |
|---|---|---|---|---|
| PORTION | 4 oz. | 4 oz. | 4 oz. | 4 oz. |
| CALORIES | 200 | 200 | 250 | 200 |
| PROTEIN | 6 gm | 7 gm | 9 gm | 6 gm |
| CHO | 31 gm | 25 gm | 32 gm | 44 gm |
| FAT | 6 gm | 8 gm | 9 gm | 0 gm |
| NA(mg) | 55 mg | 75 mg | 120 mg | 110 mg |
| K(mg) | 222 mg | 222 mg | 390 mg | 65 mg |
| CHOL | 18 mg | 18 mg | 0 mg | 0 mg |
| FLAVORS | Vanilla, Chocolate, Strawberry, Lemon | Vanilla, Coffee, Chocolate | Vanilla, Chocolate, Strawberry | Pineapple, Orange, Peach, Strawberry |
| LACTOSE | Yes | Yes | Minimal - 1% | No |

## *Physician Assistance Program Well Received*

In 1993, the TROIKA, recognizing the need for a confidential service capable of assisting Medical Staff members with a wide variety of personal problems, contracted with Preferred EAP (then known as The Counseling Program) to develop and operate a Physician Assistance Program.

Recently, Preferred EAP conducted an anonymous client satisfaction survey of those individuals who have used the Physician Assistance Program.

The results, overwhelmingly positive, are as follows:

- All respondents found the quality of care to be "very good."
- All respondents reported a "very good" level of satisfaction with services rendered.
- 71% of respondents found the services to be "very helpful or effective" and the remaining 29% found services to be "helpful or effective."
- 14% of respondents reported their overall sense of well-being at present to be "very good;" 86% report overall sense of well-being to be "good."
- All respondents would recommend the Program to colleagues.
- All respondents would use the Program again.
- All respondents report that confidentiality was maintained.

To access the Physician Assistance Program during normal working hours, call Preferred EAP at (610) 433-8550 or 1-800-327-8878, identify yourself ONLY as a member of the LVH Medical Staff (or a family member), and ask to speak to Oliver Neith, Program Director.

## *New Additions to the Library*

The following books are now available in the Cedar Crest & I-78 Health Sciences Library:

**The High Risk Patient: Management of the Critically Ill**
Editor: Edward Sivak, et al.
Call No. WX 218 H6385

**Stress Testing: Principles and Practice, 4th edition**
Author: Myrvin Ellestad
Call No. WG 141.5F9 E45s 1996

**How to Manage the Business Called Private Practice: What They Didn't Teach You in Medical School**
Author: Yvonne Mart Fox
Call No. W 80 F794h

**Postoperative Care of the Critically Ill Patient**
Editor: T. James Gallagher
Call No. WO 183 P8575 1995

New books in the 17th & Chew Library include:

**Novak's Gynecology, 12th edition**
Editor: Jonathan Berek, et al.
Call No. WP 100 N9351 1996

**Color Atlas of Minor Oral Surgery**
Author: Karl Koerner
Call No. WU 600.7 K78c

## *LVHHN Begins "Working Wonders" for Operations Improvement*

Do you have an idea that you think will save LVHHN money? Do you want to get rewarded for your efforts and ingenuity, while helping the organization reduce costs?

If so, then mark your calendar for the week of September 16 so you can begin "Working Wonders" at LVHHN. During that week, meetings will be held from morning to night at several locations to launch "Working Wonders," the organization's Operations Improvement idea reward and recognition program. And you can submit **YOUR** ideas for OI projects starting September 23.

Working Wonders will award leisure and household merchandise, vacations, and cash prizes to employees, physicians, volunteers, and auxiliary members who provide valuable OI suggestions. And, if LVHHN's fiscal year 1997 OI goal of $20 million is achieved, all Working Wonders winners will receive a special prize for their extra efforts.

"Working Wonders is a great way for individuals and teams to have fun and earn rewards for helping LVHHN become a more cost-effective health care provider," said Lou Liebhaber, Chief Operating Officer. "We need the 4,000-plus people who work or volunteer here to 'think outside the box' and jump-start the OI process."

Working Wonders was originally scheduled to kick off last spring, but was delayed while LVHHN initiated the work force expense reduction effort. "Now, the time is right to reintroduce it," Mr. Liebhaber said. "This idea reward and recognition program will be fun and rewarding, and is necessary for LVHHN to improve its competitive position in the local health care marketplace."

The kick-off meetings will shift the program into high gear. Rewards, resources and rules will be described, and a special Working Wonders video will explain the program, which is key to LVHHN's institutional priorities. Everyone who pledges participation in Working Wonders will be given a gift bearing the LVHHN logo.

Coaches chosen from middle management's ranks will conduct these upbeat sessions. Coaches will also provide guidance, encouragement and assistance to groups of employees in preparing their ideas for submission, and keep the teams informed about the status of their proposed projects.

According to Jim Burke, Vice President, Operations, who led the development of the program, Working Wonders and its subtitle "Partners in Progress" reflect the upbeat, collaborative nature of this network-wide effort. "It's important that each member of LVHHN and its medical staff commit to 'working wonders' every day that they're at work," Mr. Burke said.

George Ellis, Director of Respiratory Therapy, will soon take Mr. Burke's place in spearheading the Working Wonders effort.

More information about Working Wonders will be forthcoming in future issues of ***Medical Staff Progress Notes***.

### Working Wonders Launch Dates

***Cedar Crest & I-78 Auditorium***

Monday, September 16 - Every hour 7 a.m. to 6 p.m.
Tuesday, September 17 - 8:30 a.m., 9:30 a.m., then hourly 1 to 6 p.m.
Wednesday, September 18 - 6 a.m., 5 p.m., 6 p.m.
Thursday, September 19 - 6 a.m., 7 a.m., then hourly 1 to 5 p.m.

***17th & Chew Auditorium***

Monday, September 16 - 6 a.m., 7 a.m., 9 a.m., 11 a.m., 4 p.m.
Tuesday, September 17 - 6 a.m., 9 a.m., 11 a.m., 4 p.m.
Wednesday, September 18 - 6 a.m., 5 p.m., 6 p.m.
Thursday, September 19 - 9:30 a.m., 10:30 a.m., 4 p.m.
Friday, September 20 - 9:30 a.m., 10:30 a.m.

# *Legislative Update*

## Congress Passes Health Reform

Congress finally passed its first significant health care bill in recent memory, the Kennedy-Kassebaum health insurance reform bill (HR 3103).

The bill's highlights include:

- Portability of health insurance from job to job, with time limits on preexisting conditions limitations.

- A four-year MSA experimental project for self-employed individuals, employees of small firms, and the uninsured.

- Increased federal funding and penalties aimed at curbing health care fraud and abuse. The final bill includes language requiring a "knowing and wilful" standard for criminal prosecution, which protects physicians from being prosecuted for honest mistakes.

- The final bill does not include a provision which would have permitted small businesses to form insurance purchasing alliances exempt from state patient protections and mandated insurance benefits.

## Recess Moves Tort Reform to the Fall

The General Assembly has adjourned until September 24, leaving tort reform on hold until the fall. Prior to the recess, House Judiciary Committee Chair Tom Gannon (R-Delaware) postponed a second public hearing on House Bill 2122, Rep. J. Scot Chadwick's (R-Bradford) original tort reform bill, because of the busy House schedule focusing on the budget and workers' compensation. The hearing was rescheduled on July 9. The Society believes attempts will be made to amend the bill with language it cannot support.

Meanwhile, the Society's attention remains focused on Senate Bill 790, which passed the House in May with Chadwick language amended into it. **Physicians are encouraged to call their Senators in support of Senate Bill 790.**

## CAT Fund Reform Stalled

Senator Edwin Holl (R-Montgomery) and Rep. Nicholas Micozzie (R-Delaware), chairmen of the respective Senate and House committees with insurance industry jurisdiction, this spring introduced legislation to address medical CAT Fund reforms brought to light by the emergency surcharge in 1995. Although both committees have moved toward legislative remedies related to the operation of the CAT Fund, each has been stalled over the issues of allowing hospitals to "opt out" of the CAT Fund and increasing the mandated primary carrier coverage. The committees are expected to work on Senate Bill 1122 and House Bill 2294 over the summer.

**President-Elect Nominations Being Taken**

At the General Medical Staff meeting on Monday, September 9, an election will be held to select a President-elect to serve a two-year term from January 1, 1997 to December 31, 1998.

Individuals are encouraged to submit the names of interested Medical Staff members who would be willing to serve a two-year term as President-elect followed by a two-year term as President to Robert X. Murphy, Jr., MD, President-elect and Chairman of the Nominating Committee, no later than 5 p.m., Tuesday, August 27.

## *Congratulations!*

**Thomas G. Brandecker, MD,** Division of General Internal Medicine, was elected President-elect of the Pennsylvania Society of Internal Medicine at the annual meeting in June.

Spectrum Pharmacy, located on the first floor of the John & Dorothy Morgan Cancer Center, has expanded its Saturday hours: 9 a.m. to 3 p.m. Regular daily hours are 7:30 a.m. to 5:30 p.m. The telephone number is (610) 402-8444.

## *Papers, Publications and Presentations*

On July 2, a press conference was held in the capitol in Harrisburg to discuss the introduction of a Senate bill that would mandate insurance coverage for post-mastectomy breast reconstruction. **John A. Altobelli, MD,** Division of Plastic and Reconstructive Surgery, was interviewed as a spokesperson for the Pennsylvania plastic surgeons. Only 18 states in the nation currently mandate insurance coverage for post-mastectomy breast reconstruction. Pennsylvania Senator Joseph Uliana sponsored the bill and invited Dr. Altobelli to provide expert information on post-mastectomy breast reconstruction. The Morning Call newspaper had a front page article (July 3) on the press conference, and news programs on major network affiliates also reported on it. Pennsylvania Cable News (PCN) televised the press conference.

**Donald L. Levick, MD,** Division of General Pediatrics, recently had an article published in the July issue of ***Physician Executive***. The article, "How Do You Communicate? Managing the Change Process," illustrates tools for effective win-win communication in the context of today's management challenges.

A paper titled "Early Inflammatory Response Correlates with the Severity of Injury" was published in the July issue of ***Critical Care Medicine***. The study was authored by **Michael D. Pasquale, MD**, Chief, Division of Trauma/Surgical Critical Care, **Mark D. Cipolle, MD**, Associate Chief, Division of Trauma/Surgical Critical Care, and JoAn Monaco, MS, and Neal Simon, PhD, of the Departme of Molecular Biology, Lehigh University.

**Peggy E. Showalter, MD,** Department of Psychiatry, **Nora A. Suggs, MD**, Division of General Surgery, and Stephanie Knabbe, 1994 Work Study Student, were notified that their abstract, "Delayed Presentation of Breast Masses and Subsequent Treatment Compliance," has been accepted for presentation at the World Congress of Psycho-Oncology in October, 1996.

Beginning August 6, Vascular Lab arterial and venous dopplers, compartment tissue pressure, and OPG transcriptions are available in PHAMIS. With this implementation, ALL Vascular Lab results are online

# *Upcoming Seminars, Conferences and Meetings*

## Medical Staff/Administrative Exchange Session

The next Medical Staff/Administrative Exchange Session will be held on Thursday, September 19, beginning at 5:30 p.m., in **Classroom 1, Anderson Wing, Cedar Crest & I-78.**

The topic for this session will be announced prior to the meeting.

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

## Regional Symposium Series

**Ninth Annual Cardiovascular Nursing Seminar** will be held on Wednesday, September 18, from 7 a.m. to 3:45 p.m., in the hospital's Auditorium at Cedar Crest & I-78.

Nurses, nursing administrators, and other health professionals interested in a cardiovascular nursing update will benefit from this program.

This seminar will feature speakers who will present the latest trends in cardiovascular medicine and surgical treatments. Other topics will address the issue of empowerment for nurses, strategies for dealing with managed care, and updates in risk factor modification for cardiovascular patients.

**Ophthalmology Symposium: A Primary Care Update** will be held on Saturday, September 28, from 7 a.m. to 12:01 p.m., in the hospital's Auditorium at Cedar Crest & I-78.

Family practice and emergency medicine physicians, nurses, and other health professionals interested in ophthalmology will benefit from this program.

At the completion of the program, participants should be able to recognize sight threatening diseases, compare different treatment modalities, and know when and how to initiate treatment for sight threatening diseases.

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

## Medical Grand Rounds

Medical Grand Rounds will resume on Tuesday, September 3. The topic to be discussed will be Infectious Diseases. Topics for the remainder of September include: September 10 - Rheumatology; September 17 - Geriatrics; and September 24 - Cardiology.

Medical Grand Rounds are held from noon to 1 p.m., in the hospital's Auditorium at Cedar Crest & I-78.

For more information, please contact Becky Sherman in the Department of Medicine at 402-8200.

## Psychiatry Grand Rounds

The Department of Psychiatry will host its monthly Grand Rounds presentation on Thursday, September 19. Dr. Robert DuPont, President of the Institute for Behavior and Health, Rockville, Md., will present "Myth vs. Reality: An Update on Patient Management of Depression and Anxiety Disorders."

For over two decades, Dr. DuPont has specialized in problems of chemical dependence and anxiety disorders. He has written for publication over 185 professional articles and 12 books on a variety of behavioral health subjects.

Grand Rounds is held from noon to 1 p.m., in the hospital's Auditorium at 17th & Chew. Everyone is welcome to bring their lunch and enjoy what promises to be a most informative lecture.

# *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*

**Michael A. Barone, MD**
Co-Director, Inpatient Pediatric Unit
Department of Pediatrics
Lehigh Valley Hospital
Cedar Crest & I-78
P.O. Box 689
Allentown, PA 18105-1556
(610) 402-2550
FAX: (610) 402-6744
Department of Pediatrics
Division of General Pediatrics
Provisional Active

**James G. Cushman, MD**
Department of Surgery
1210 S. Cedar Crest Blvd.
Suite 3100
Allentown, PA 18103-6264
(610) 402-1350
FAX: (610) 402-1356
Department of Surgery
Division of Trauma-Surgical Critical Care/General Surgery
Provisional Active

**Brett P. Godbout, MD**
Coordinated Health Systems
2775 Schoenersville Road
Bethlehem, PA 18017-7326
(610) 861-8080
FAX: (610) 861-2989
Department of Surgery
Division of Orthopedic Surgery
Provisional Affiliate

**William L. LeBoeuf, MD**
Department of Psychiatry
1255 S. Cedar Crest Blvd.
Suite 3800
Allentown, PA 18103-6256
(610) 402-5900
FAX: (610) 402-2038
Department of Psychiatry
Division of Child/Adolescent Psychiatry
Provisional Active

**Marcelle J. Shapiro, MD**
Medical Imaging of LV, PC
Lehigh Valley Hospital
Cedar Crest & I-78
P.O. Box 689
Allentown, PA 18105-1556
(610) 402-8088
FAX: (610) 402-1023
Department of Radiology/Diagnostic Medical Imaging
Division of Diagnostic Radiology
Section of Cardiovascular/Interventional
Provisional Active

**Michael Sheinberg, MD**
OBGYN Associates of the LV
Allentown Medical Center
401 N. 17th Street
Suite 301
Allentown, PA 18104-5034
(610) 432-5766
FAX: (610) 776-4048
Department of Obstetrics and Gynecology
Division of Primary Obstetrics and Gynecology
Provisional Active

**Craig J. Sobolewski, MD**
Lehigh OB/GYN
Allentown Medical Center
401 N. 17th Street
Suite 302
Allentown, PA 18104-5051
(610) 820-7071
FAX: (610) 820-8479
Department of Obstetrics and Gynecology
Division of Primary Obstetrics and Gynecology
Provisional Active

**Constance B. Sutilla, MD**
Medical Imaging of LV, PC
Allentown Medical Center
401 N. 17th Street
Suite 106
Allentown, PA 18104-6802
(610) 402-2790
FAX: (610) 402-9685
Department of Radiology/Diagnostic Medical Imaging
Division of Diagnostic Radiology
Section of Mammography
Provisional Active

**Patrice M. Weiss, MD**
OBGYN Associates of the LV
Allentown Medical Center
401 N. 17th Street
Suite 301
Allentown, PA 18104-5034
(610) 432-5766
FAX: (610) 776-4048
Department of Obstetrics and Gynecology
Division of Primary Obstetrics and Gynecology
Provisional Active

**Robert E. Wertz II, MD**
Allentown Anesthesia Associates Inc
The Center for Pain Management
1240 S. Cedar Crest Blvd.
Suite 307
Allentown, PA 18103-6218
(610) 402-1756
FAX: (610) 402-1747
Department of Anesthesiology
Division of Pain Management
Provisional Active

## *Change of Status*

**Sangeeta Agrawala, MD**
Department of Pediatrics
Division of General Pediatrics
From Provisional Active to Active

**Charles T. Bonos III, MD**
Department of Family Practice
From Active to Affiliate

**George S. Boyer, MD**
Department of Surgery
Division of General Surgery
From Emeritus Active to Honorary

**Robert K. Bryan, DDS**
Department of Dentistry
Division of Orthodontics
From Provisional Courtesy to Courtesy

**Raymond A. Durkin, MD**
Department of Medicine
Division of Cardiology
From Provisional Active to Active

**Thomas R. Fitzsimons, MD**
Department of Radiology/Diagnostic Medical Imaging
Division of Diagnostic Radiology
From Active to Leave of Absence

**Pasquale J. Fugazzotto, MD**
Department of Pediatrics
Division of General Pediatrics
From Active to Emeritus Active

**Saralee Funke, MD**
Department of Pathology
Division of Forensic Pathology
From Provisional Active to Active

**Joseph A. Habig II, MD**
Department of Family Practice
From Provisional Active to Active

**Leilani L. Heller, DO**
Department of Family Practice
From Provisional Affiliate to Affiliate

**Herbert C. Hoover, Jr., MD**
Department of Surgery
Division of General Surgery
From Provisional Active to Active

**Vera J. Krisukas, MD**
Department of Family Practice
From Emeritus Courtesy to Honorary

**Robert J. Laskowski, MD**
Department of Medicine
Division of General Internal Medicine/Geriatrics
From Provisional Active to Active

**David Lezinsky, DO**
Department of Obstetrics and Gynecology
Division of Primary Obstetrics and Gynecology
From Provisional Active to Active

**Frank P. Matrone, DO**
Department of Family Practice
From Provisional Courtesy to Courtesy

**Karen M. Matz, MD**
Department of Obstetrics and Gynecology
Division of Primary Obstetrics and Gynecology
From Provisional Active to Active

**David Meir-Levi, DO**
Department of Surgery
Division of Cardio-Thoracic Surgery
From Provisional Courtesy to Courtesy

**Gene W. Miller, DO**
Department of Obstetrics and Gynecology
Division of Primary Obstetrics and Gynecology
From Provisional Active to Active

**Mark E. Moran, DO**
Department of Surgery
Division of Ophthalmology
From Courtesy to Provisional Active

**Bruce D. Nicholson, MD**
Department of Anesthesiology
From Provisional Active to Active

**Brendan J. O'Brien, DO**
Department of Surgery
Division of Orthopedic Surgery
From Provisional Courtesy to Courtesy

**Meera V. Pathare, MD**
Department of Medicine
Division of General Internal Medicine
From Provisional Courtesy to Courtesy

**Andrew J. Pestcoe, DO**
Department of Surgery
Division of Otolaryngology
From Provisional Courtesy to Courtesy

**Stephen M. Purcell, DO**
Department of Medicine
Division of Dermatology
From Provisional Active to Active

**Fred H. Roland, MD**
Department of Family Practice
From Emeritus Courtesy to Honorary

**Wendy J. Rush-Spinosa, MD**
Department of Family Practice
From Provisional Active to Active

**James A. Sheets, MD**
Department of Surgery
Division of Colon/Rectal Surgery
From Active/LOA to Honorary

**Earl K. Sipes, MD**
Department of Surgery
Division of General Surgery
From Emeritus Active to Honorary

**John S. Stevens, Jr., DO**
Department of Obstetrics and Gynecology
Division of Primary Obstetrics and Gynecology
From Provisional Active to Active

**Mahmood A. Tahir, MD**
Department of Surgery
Division of Vascular Surgery
From Active to Courtesy

**Clifford G. Vernick, MD**
Department of Surgery
Division of Orthopedic Surgery
From Emeritus Active to Honorary

**Raymond L. Weiand, DO**
Department of Surgery
Division of Orthopedic Surgery
From Provisional Courtesy to Courtesy

**Natalie A. Yurick, MD**
Department of Medicine
Division of General Internal Medicine
From Provisional Affiliate to Affiliate

**Edward Zebovitz, DDS**
Department of Surgery
Division of Oral and Maxillofacial Surgery
From Provisional Active to Active

## *Change of Address*

**Joseph J. Grassi, MD**
3211 Castle Court
Tallahassee, FL 32308

## *New Practice Affiliation*

**Lisa H. Medina, MD**
Northampton Medical Associates, Inc
2014 Siegfried Avenue
Northampton, PA 18067-1357
(610) 262-1519
FAX: (610) 262-7125
(Effective 9/2/96)

## *Appointment to Medical Staff Leadership Position*

**Edward M. Mullin, Jr., MD**
Chief, Division of Urology

## *Resignation*

**Lisa J. Stettner, MD**
Department of Pediatrics
Division of General Pediatrics
Limited Duty

## *Death*

**Robert H. Dilcher, MD**
Department of Surgery
Division of Urology
Honorary

**The Helwig Diabetes Center has relocated its offices and integrated its core services with The Center for Health Promotion & Disease Prevention at 1243 S. Cedar Crest Boulevard, Suite 3209.**

**Telephone Numbers and Staff include:**

**Helwig Diabetes Center - 402-9885**

**Center for Health Promotion & Disease Prevention - 402-5960**

**Helwig/HPDP Fax Number - 402-5966**

**Jane M. Nester, Director**

**Greg Salem, Operations & Marketing Manager**

**Kim Sterk, Clinical Prevention Manager**

# HEALTH NETWORK LABORATORIES

A Service of LEHIGH VALLEY HOSPITAL


## BIOCHEMICAL CONSEQUENCES OF EXERCISE
### PART I

Regular exercise is a popular way of improving ones health. People have more leisure time and many use it for elective exercise to lower risk of cardiovascular disease, lower total cholesterol and raise HDL cholesterol, reduce risk of osteoporosis, prevent or delay noninsulin dependent diabetes, lower stress and finally generally improve mental health. The Surgeon General of the U S has recently recommended some form of exercise for all people even those recuperating from a chronic disease or surgery. The lack of routine exercise has recently been categorized as a risk factor like smoking, alcohol consumption and elevated cholesterol.

Depending on the time between exercise and specimen collection, biochemical parameters can increase 100 fold above the reference range. Influenences on laboratory data due to recent food and alcohol intake, pregnancy status, psychological stress, caffeine consumption, cigarette smoking and drug therapy have been emphasized in most laboratory manuals. In comparison are the effects of exercise (especially intense acute) fully appreciated when interpreting laboratory test results?

Exercise **will affect** several biochemical parameters with laboratory results exceeding the upper level of normal. Overall, exercise will cause changes in these parameters by altering plasma volume. In the untrained, hemo concentration occurs resulting in a rise in the level of biochemical analytes. Besides affecting plasma volume, exercise causes changes in consumption of metabolic fuels with associated accumulation of metabolites. Regulatory hormones are altered, enzyme leakage from cells occurs and the permeability of cell membranes to protein can be demonstrated. Most chemical changes caused by a discrete exercise session are restored within 24 hours (but not all). Individuals that exercise daily will show adaptation to these ongoing sessions with less exaggerated response to the exercise bout being the net result.

**Acute Exercise**

The observed metabolic effect of exercise causes a rise in many hormones with the most important being catecholamines, glycogen and growth hormone. The notable exception to this general response is insulin with decreased secretion. The catacholamines have a profound lipid-lowering effect by decreasing triglycerides and increasing the blood concentration of free fatty acids. The integrated metabolic response of catacholamine release from the pituitary, decreased insulin secretion and increased glycogen and growth hormone promote glycogenolysis and lipolysis during exercise. Except in the truly exhaustive state when glycogen is depleted, the carbohydrate

concentration remains fairly constant during exercise.

Most of the serum enzymes increase during exercise with CK being the most sensitive to microtrauma of the skeletal muscle. CKMB also increases with extreme exertion or trauma. Although its origin seems to be from skeletal muscle, its presence may be falsely ascribed to AMI. The one enzyme that is only marginally elevated after a exercise session is ALT. This enzyme may be used to elevate hepatocellular problems in people who engage in acute physical training. All parameters of renal function are transiently altered by exercise with blood flow to the kidneys reduced by 65%. Exercise induced proteinuria is a benign condition that disappears in 24-48 hours. Microalbuminuria is common as is myoglobulinuria, hematuria and the presence of RBC's in urine.

Short term exercise appears to simultaneously enhance and suppress the immune system. Many athletes believe that exercise protects them from infection but the data does not convincingly support this theory. Hematocrit and leukocytes increase with exercise and their levels follow the intensity of the exercise. There are numerous reports on the effects of exercise on hemostatic parameters. More studies need to be published as some investigators are concerned over the thrombolytic effects of exercise while others feel that the antithrombolytic effects of exercise override fibrin deposition and clot formation.

**Chronic Exercise**

Repetitive bouts of exercise scheduled to develop physical fitness is an overall positive activity. Conditioning exercise only affects laboratory tests by a few percent. The most important physiological effect of daily exercise is to lower plasma insulin at rest resulting in improved glucose control. NIDDM patients who exercise aerobically 20-45 minutes 3 times per week can lower HcA1c by 10-20%. Such a sustained program consistently lowers serum triglycerides, LDL cholesterol and ApoB while raising HDL cholesterol and ApoA. A regular weight bearing exercise program seems to increase bone density thereby reducing the risk of osteoporotic fractures. Exercise may exert a protective influence for cancers of the reproductive tract, colon and breast. The only real negative effect is on people who train too intensely and rapidly and experience clinically significant hormonal changes. Although both men and women are affected, women require 17% body fat to initiate menstruation and competitive athletes often exhibit amenorrhea caused by exercise and diet.

In summary both acute and chronic exercise profoundly alter laboratory test results. Each person should be treated as an individual because the magnitude of these alterations are complex depending on the duration of the exercise, type of exercise, conditioning level of the individual, gender and finally age.

Gerald E. Clement, Ph.D.
Technical Director,
Health Network Laboratories

John J. Shane, MD
Chairperson, Department of Pathology
Health Network Laboratories

LEHIGH VALLEY
HOSPITAL

# P & T HIGHLIGHTS

The following action were taken at the May, June, July 1996 Pharmacy and Therapeutics Committee Meeting - Maria Barr, Pharm.D., BCPS, Barbara Leri, Pharm.D.

## *ANTIOXIDANT GLUTAMINE TO REPLACE PURE GLUTAMINE*

Many critically ill patients receive glutamine as part of the nutritional regimen utilized at LVH. Glutamine is a non-essential amino acid that acts as a key fuel for rapidly dividing cells. Some of glutamine's functions include serving as a nitrogen donor for nucleoside, purine and pyrimidines synthesis and may be "conditionally essential" during stress and other catabolic states. Enteral glutamine bathing of the intestinal mucosa may help prevent atrophy and allow for earlier tube feedings. Presently, glutamine is utilized as part of the shock trauma protocol.

Prepackaged glutamine (10gm) has recently become available and would provide ease of administration, better solubility and less administration times given BID rather than QID with the bulk formulation of glutamine. The antioxidant formulation contains:

| | |
|---|---|
| glutamine 10gm | Betacarotene 1,500IU |
| calories 80 | vitamin C 200mg |
| protein 10gm | vitamin E 100IU |
| | selenium 50mcg |

Once the bulk supply of glutamine is exhausted the individual antioxidant glutamine packets will be dispensed. The pharmacy will contact the prescriber to clarify the dose to 10gm po BID of the antioxidant formula. If you have any questions regarding information on the antioxidant glutamine, please call #8884.

## *IV HYDRALAZINE - IN SHORT SUPPLY*

Due to an indefinite back order from the manufacturer, hydralazine (Apresoline$^{R}$) injection is in short supply with an indefinite release date. As a result prescribers must take care in using this dosage form of hydralazine judiciously. Though there is no direct injectable alternative for hydralazine, depending on the patients condition and underlying disease state, the following agents may provide similar vasodilatory properties: nitroprusside, enalaprilat injection or possible a diphydropyridim calcium channel blocker such as nifedipine PO/NG or nicardipine injection. This shortage does not affect the oral formulation which may be an alternative for a small number of patients.

The unit based pharmacist may be contacting prescribers of parenteral hydralazine to inform them of the limited supply and allow for an alternative therapy option to be considered.

## *REGITENE (PHENTOLAMINE) ANOTHER SHORT SUPPLY*

Phentolamine, used primarily to treat extravastions secondary to dopamine or dobutamine. will not be available until at least the end of the calendar year. The pharmacy has access to a small supply of emergency stock of regitene for documented extravasations of dopamine/ dobutamine.

Following this shortage, all floorstock supplies of phentolamine were recentralized to the pharmacy. Routine orders for "regitene to the bedside" will not be filled in order to secure the supply for true infiltrations.

Infiltrations may occur more frequently with dopamine/dobutamine if infused peripherally into a small vein. The staff is asked to assure patients initiated on dopamine or dobutamine have the medications infused into large peripheral veins or central lines/PIC lines to help avoid the risk of extravasation and thus the need for phentolamine.

## *CEFTRIAXONE REPLACES CEFUROXIME IV*

Following a review of antibiotic usage for the last year of ceftriaxone and cefuroxime, a proposal to delete parenteral cefuroxime was discussed among the Committee members.

Microbiologic data and the low usage of cefuroxime prompted the approval of deletion of cefuroxime IV and automatic substitution with ceftriaxone IV.

The automatic substitution of cefuroxime IV with ceftriaxone IV will begin with all new orders starting Tuesday, September 3. An automatic substitution sticker discontinuing cefuroxime IV and substituting ceftriaxone IV will appear on the physician's order.

Please note this substitution only affects the parenteral formulation of cefuroxime. Cefuroxime axetil (Ceftin$^{R}$), an oral second generation cephalosporin, will remain on the formulary.

## *PROCANBID - NOW AT LVH*

Due to the patient compliance issues with immediate release and the SR formulations of procainamide, many patients are being initiated on Procanbid - the twice a day formulation of procainamide. In order to meet the needs of our patients and the possible difficulties in converting the patients from one dosage formulation to another, procanbid has been added to the formulary as a line extension. The strength available at LVH will be 500mg mg and 1Gm. Our contract price for these strengths will be $0.04/500mg and $0.08/1gm. As the name implies this products is taken BID - improving compliance and providing antiarrhythmic properties for longer intervals.

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## *PowerPoint Training...*

PowerPoint training classes are now being offered to those interested in learning how to use PowerPoint 4.0 to create effective presentation programs, slides, or handouts.

There are three modules, each is a three hour class:

**Module 1***: Introduction* - covers basics such as how to start PowerPoint, how to create a simple slide program or computer show, and how to use the basic features of PowerPoint.

**Module 2***: Intermediate* -covers how to customize PowerPoint and how to use the more advanced drawing tools and features of PowerPoint. Detailed use of charts and graphs, using the program with other applications, and customizing template will also be included in this module.

**Module 3***: Advanced* - covers creating forms, importing text, using Word Art and using Equation Editor. Color schemed, embedding and linking objects, adding movies and sound, and transitions and timing are also included.

**PowerPoint Introduction Workshops:**

| | |
|---|---|
| *Thursday, Sept. 5,* | *9:00am - Noon (CC)* |
| *Monday, Sept. 9,* | *9:00am - Noon (CC)* |
| *Thursday, Sept. 12* | *5:00 - 8:00pm (CC)* |
| *Monday, Sept. 16,* | *9:00am - Noon (SON)* |
| *Thursday, Sept. 26,* | *9:00am - Noon (CC)* |

**Sept. 12 is reserved for physicians**

To register, or for more information, contact Dean Shaffer at ext. 0055

The workshops held at CC are located in the I/S Classroom on the fourth floor of the cancer center. The workshops held at SON are in the I/S classroom near the auditorium in the School of Nursing.

## *Photo/Graphic Services...*

**Question:** "*Can I have Photo/Graphic services make my computer slides?*"

**Answer:**

People are encouraged to make their own text slides using PowerPoint and to show them using the computer projection equipment available in the auditorium and in the classrooms.

We can make your computer slides if:

* the presentation is for regional, national, or international use.
* the presentation is for permanent teaching files.

We can image computer slides that you have created if the presentation will be used at locations other than LVH-CC. We will continue to make slides from books, magazines, journals, scans, x-rays, etc.

## *Audio Visual Services...*

**Auditorium A. V. System**

Approximately sixty staff members attended training for the new Auditorium A.V. system in June. People have been successfully doing presentations from the computer, the ELMO visual presenter, slides, and video tape. Thanks to all who attended the training sessions, and those who would like to learn the A.V.system can contact Gary Weisel, A.V. Services, at Ext. 8325 or via E-mail.


# Academic Information & Media Services

## *Audio Visual Services cont...*

**Tape Duplication**

A.V. Services performs VHS video and audio cassette duplication of medical/educational programs. You must supply the blank tapes available from Boise (order 3M or SONY only). Allow at least one week for duplication.

## *AIMS Request Forms on E-mail*

Forms for Audio/Visual equipment reservation, video conferencing, and other services are now on an E-mail Bulletin Board under *AIMS_Forms*

## *Library OVID Workshops*

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

**MEDLINE (OVID)**

| | |
|---|---|
| *Wednesday, Sept. 4,* | *9:00 - 11:00 AM* |
| *Thursday, Sept. 5,* | *6:00 - 8:00 PM* |
| *Tuesday, Sept. 10,* | *6:00 - 8:00 PM* |
| *Thursday, Sept. 12,* | *9:00 - 11:00 AM* |
| | *3:00 - 5:00 PM* |
| *Tuesday, Sept. 17,* | *6:00 - 8:00 PM* |
| *Thursday, Sept. 19,* | *1:00 - 3:00 PM* |
| *Tuesday, Sept. 24,* | *9:00 - 11:00 AM* |
| *Thursday, Sept. 26,* | *11:00 AM - 1:00 PM* |

**(Limited to 2 people)**

**Location:** Cedar Crest Library

A basic overview of the OVID interface will be covered. When to use the OVID and OVID_Term icon, basic searching skills including Subject, Textword, Limiting, combining, view, Printing and Saving, Retrieving a Saved Search.

## *Physician Workshops...*

**Internet**

Monday, *September 9, 1996 5-7 pm*

Basic internet functions will be covered utilizing the hospital connection to access relevent medical information.

**OVID, Micromedex, OPAC, and Internet**

*Tuesday, September 10, 5-7pm*
*Wednesday, September 25, 5:30-7:30pm*

A basic overview of all the applications will be covered and how their usage can best be integrated into our daily job functions.

The Physician Workshops are hands-on. Call the library at 402-8410 to register. All applications are available via the hospital network and you are required to have the icons available to you when you sign onto the network.

*Suggestions and ideas are always welcome. If you would like to see a particular topic addressed, please contact Christopher Sarley, ext. 1641, or Dean Shaffer, ext. 0055. Both are available via E-Mail.*

## *A little more WWW...*

http://www.medconnect.com

MedConnect - Educational Services to Emergency and Primary Care Physicians and Pediatricians, CME, Interesting Cases,Board Reviews, Chest Radiology Teaching File.

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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 15th of each month. If you have any questions about the newsletter, please call Mrs. Seifert at 402-9853.**

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