

# Medical Staff Progress Notes



## *From the President*

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On November 5 and 6, 1996, the members of the Medical Executive Committee and the Board of Trustees of Lehigh Valley Hospital, respectively, formally considered and unanimously approved the final details of what has come to be known as the Functional Plan. This is the product of much discussion and planning which has included consultants, architects, nurses, members of administration, and working physicians, all of whom have given great amounts of time and thought to what is needed in making our physical plant a more functional place to work. Throughout the process, seven basic principles have come to fruition:

- 1) Consolidate inpatient care services at Cedar Crest & I-78, and we will accomplish this with the construction of the East Wing Building.
- 2) Return ambulatory surgery to Cedar Crest & I-78 for physician and patient ease of access.

- 3) Improve the access to ambulatory diagnostic services at Cedar Crest & I-78.

- 4) Redesign the structure and then re-engineer the process of delivering care in the Emergency Department.

- 5) Provide sufficient inpatient capacity and upgrade critical care areas of the hospital including MICU and SICU at Cedar Crest & I-78.

- 6) Improve the "way finding" ability for our patients and visitors inside and outside of Cedar Crest & I-78.

- 7) Build TSU and ambulatory care services at 17th & Chew.

For further exacting details of this Plan, including blue prints and layout of the planned building project, please come to the Medical Staff/ Administrative Exchange session on November 21 at 5:30 p.m., in Classroom 1 at Cedar Crest & I-78 which will be dedicated to further explaining this project's effort.

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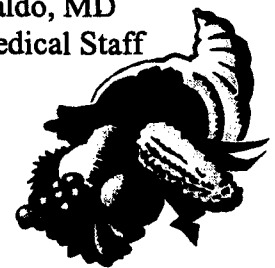
As of October 28, Phase IV of the Emergency Department construction project was completed and passed the inspection process. This will open a high acuity area with one medication resuscitation room and six critical care rooms, a high acuity nursing station, a high acuity medication station, two family rooms and additional dictation physician work space. We are hopeful that this will greatly alleviate the congestion which we have had in the Emergency Department during its construction phases during the last year. The final construction of the

Emergency Department will be to improve the patient waiting room areas in the next few months.

Lastly, on behalf of Bob Murphy and Joe Candio let me wish all of you a warm and welcoming Thanksgiving with your friends and family.



John E. Castaldo, MD  
President, Medical Staff



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### ***At-Large Member Needed for Medical Executive Committee***

The Medical Staff Nominating Committee is seeking nominations for one at-large seat, for a three-year term, beginning January 1, 1997, on the Medical Executive Committee.

Nominations should be submitted in writing to Robert X. Murphy, Jr., MD, Chairman of the Nominating Committee, via the Medical Staff Services Office, Cedar Crest & I-78, or verbally to John W. Hart, Vice President. All nominations must be submitted by Friday, November 22, 1996.

If you have any questions regarding this issue, please contact Dr. Murphy or Mr. Hart at 402-8980.

*You are cordially  
invited to attend  
the  
1996 Annual Meeting  
of the  
Board of Trustees  
on Wednesday,  
December 4,  
from 4 to 5:30 p.m.,  
in the hospital's  
Auditorium at  
Cedar Crest & I-78.*

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## ***LVH Adds New Technique to Diagnose Breast Cancer***

In the past, when a mammogram revealed an abnormality or lesion in a breast, women either agonized during a "wait-and-see" period or they had it removed surgically. However, about 80 percent of these abnormalities are benign and present no health risk.

Since August, Lehigh Valley Hospital has been developing another option to diagnose breast cancer using stereotactic breast biopsy. The procedure joins ultrasound guided biopsies as a less invasive way to obtain tissue sample. It requires much less recovery time than an excisional biopsy and leaves minimal scar tissue, which makes future mammograms easier to read, said Mark A. Gittleman, MD, general surgeon and breast cancer specialist at the John and Dorothy Morgan Cancer Center.

"Ultrasound may be preferable in certain situations, however, the physician must be able to see the lesion by ultrasound to use this procedure," he said. "For example, stereotactic is preferable for microcalcifications, which are not usually seen by ultrasound. With stereotactic, we now can offer a second means of saving the patient a trip to the operating room, thus replacing a vast majority of open biopsies."

LVH is using the latest, most comprehensive stereotactic biopsy equipment with computerized, digital imaging. During the procedure, which takes about 45 minutes, the patient lies face down on the examination table and the breast is positioned through a special round opening in the table. The table is elevated so the physician and technologist can work from below. Images of the same area are taken from several different angles. A computer program combines these views into a single image, provides information about how deep the potential tumor lies in the breast (information not available with a conventional mammogram), and helps position the biopsy needle. The patient is then given a

local anesthetic, and the needle, about the size of a pencil, removes several samples of tissue.

The procedure currently is performed in the Multi-Purpose Area of the John and Dorothy Morgan Cancer Center. The equipment will move to the second floor of 1240 S. Cedar Crest Blvd. early next year when construction is completed on a new evaluation center for Breast Health Services.

"This demonstrates a team effort between radiology and surgery for breast cancer diagnosis just as we have with breast cancer treatment," said Dr. Gittleman, who was the first to perform stereotactic biopsy at LVH.

Although stereotactic biopsy has many benefits, "it does not replace other breast cancer diagnostic procedures," said Constance B. Sutilla, MD, Chief of the Sections of Mammography and Chest Radiology. Dr. Sutilla, who joined the hospital's Department of Radiology in July, performed the procedure in her previous position as medical director of the Women's Imaging Center at Presbyterian Medical Center, Philadelphia.

Not every woman with a suspicious spot on a mammogram is a candidate for the procedure. Stereotactic biopsies are least useful when the possible cancer is close to the chest wall.

"This is an exciting step for the hospital because stereotactic biopsy is essential as part of a comprehensive service for breast health," Dr. Sutilla said. "Reflecting our commitment to the highest quality of service, we will be seeking joint accreditation for both radiologists and surgeons working in the stereotactic facility. It is necessary for a facility to be diverse and offer the best available means of diagnosis to a patient and stereotactic biopsy will find its own place in the array of diagnostic modalities."

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## ***High-Dose Rate Brachytherapy Benefits Cancer Patients***

Imagine a cancer treatment using a radioactive source 10,000 times the dose rate of conventional approaches. Using advanced computer technology, this relatively new cancer treatment -- high dose rate brachytherapy (HDR) -- offers patients who qualify a number of advantages and is now available at the John and Dorothy Morgan Cancer Center.

HDR spares healthy tissue, which minimizes side effects associated with radiation treatment. It can be performed on an outpatient basis since it takes minutes instead of hours. Other advantages include reduced risk of radiation exposure to patient visitors and medical personnel, little or no patient discomfort, cost efficiencies over standard therapies, and, in many cases, lower complication rates and comparable cure rates than standard therapies.

"HDR opens up a new avenue of radiation," said Victor Risch, MD, PhD, Chairperson, Department of Radiation Oncology at Lehigh Valley Hospital. "It allows us to shape the dose and put the radiation directly in the cancer."

The procedure has been available at the hospital since April and uses a multidisciplinary approach as members of the medical staff place catheters in the patient, and radiation oncologists work closely with radiation physicists Shih-Min Lo, PhD, and Tanxia Qu, PhD, to plan the treatment. The physicist and a treatment planning specialists calculate and design the HDR treatment while the radiation technologist and radiation oncologist calculate the exact size of the treatment area and confirm the placement of the patient's catheters using a simulator.

The patient is then transferred to the treatment room and the catheters are connected to the applicators of the HDR unit, a single, high intensity radioactive source stored within a shielded safe. From a computerized control room, the radioactive material is automatically placed or "afterloaded" into the applicators and delivered to precise locations in the patient.

By conforming exactly to the size and shape of the tumor, HDR concentrates the radiation and the treatment time. The patient is monitored via closed-circuit TV and a two-way intercom during the treatment, which usually takes less than 10 minutes. Carmine Pierno, MS, LVH's radiation safety officer, was instrumental in designing the treatment area, Dr. Risch said.

HDR is used both curatively and for palliation for cancers of the bronchus, esophagus, lung, pancreas, prostate, cervix, uterus, breast and brain. It also can benefit patients with recurring tumors, those who have undergone conventional radiation treatment, those with inoperable but localized cancer, and patients who are not candidates for surgery, Dr. Risch said.

In actuality, HDR is not that different from what is done with conventional brachytherapy, Dr. Risch said.

Brachytherapy, treatment delivered over a short distance directly into the affected area was the first way radiation was ever given. Originally, the radiation was placed, by hand, into a patient's body. Today, standard brachytherapy is all done by "afterloading" where tubes are surgically placed in a patient, the patient is placed in a shielded room, and the radiation is then placed into the tubes. However, because of the long treatment time and the need for quarantine, the procedure still is done on an inpatient basis.

"HDR is a significant addition to the therapeutic medical resources in the Morgan Cancer Center, but we are being selective with its use because we do not have historical information to help us determine total doses," Dr. Risch said. "What we do know is that high dose rates of radiation have a different effect on biological tissue than does conventional brachytherapy with low dose rates, which makes it difficult to prescribe radiation doses. HDR is a new tool. As we gain more experience, we will know how to apply HDR in more situations. We are, however, very excited about the potential of this therapy and believe it is a powerful new approach to radiation delivery."

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## *From the Medical Record Department*

### **Medical Record Documentation Requirements**

Medical record documentation is essential for continuity of patient care as well as serving as a tool for quality assurance and reimbursement both from the hospital and physician office perspective. Recent studies indicated that we are not meeting the requirements for medical record completion according to Lehigh Valley Hospital (LVH) Medical Staff Bylaws and JCAHO Accreditation requirements.

#### ***History and Physical***

**LVH Medical Staff Bylaws** - A complete history and physical examination shall, in all cases, be dictated or documented in the medical record no later than 24 hours after admission of the patient.

**JCAHO** - Each patient's medical history and physical examination is documented in his or her medical record within 24 hours of admission. This timeframe applies for weekend, holiday and weekday admission. (IM.7.6)

#### ***Operative Record***

**LVH Medical Staff Bylaws** - Operative reports are dictated or written in the medical record immediately after surgery. A complete and detailed typewritten report must be made after each cardiac catheterization laboratory procedure. The report shall be dictated within 96 hours of the performance of the study or temporary suspension of all privileges shall occur.

**JCAHO** - Operative reports are dictated or written in the medical record immediately after surgery. (IM.7.3.2)

#### ***Medical Record Completion***

**LVH Medical Staff Bylaws** - Completion of residents' delinquent charts is the responsibility of the attending physician. The resident will have a total of 15 days to complete the discharge summary. The attending physician will have an additional 15 days to complete the charts, after which time the attending physician will be held

responsible, and his or her admitting, consultation and operating privileges will be suspended.

**JCAHO** - A medical record is considered delinquent when it has not been completed within a specific time following the patient's discharge. This time period is spelled out in the medical staff's rules and regulations and cannot exceed 30 days.

The Medical Record Committee and Medical Record Department developed an action plan to assure that medical records are completed within the appropriate timeframe to meet Bylaw and other regulatory requirements. This action plan was presented and approved at the October Medical Executive Committee meeting.

#### ***Action Plan***

1. **Effective with December 1, 1996 discharges/services**, records lacking a history and physical and/or operative report will become delinquent on the Wednesday following the date of discharge/service. Physicians/residents will no longer receive the traditional 15 days following discharge/service to complete a history and physical or operative report.

2. **Effective December 1, 1996**, extensions to complete medical records for vacations/time off will no longer be granted. Physicians/residents will receive 15 days following patient discharge to complete medical records. Physicians/residents are encouraged to complete records prior to vacations/time off.

The next Joint Commission on Accreditation of Hospitals Organization (JCAHO) visit is scheduled for November 1997. JCAHO requires that we show one year of compliance both with JCAHO and Bylaw requirements prior to the survey. Failure to demonstrate one year of compliance could result in loss of accreditation and ability to participate in Medicare and other reimbursement programs.

If you have any questions or need further clarification regarding this issue, please contact Zelda Greene, Director, Medical Records, at 402-8330.

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## ***PHAMIS LastWord 3.11 Upgrade***

The PHAMIS LastWord 3.11 upgrade is scheduled to begin activation on January 17 with completion expected on January 20, 1997. The four-day interim is necessary to convert the data from the old version to the new.

Information Services (I/S) will be scheduling appointments with physician offices to install new software on PCs currently connected to Lehigh Valley Hospital's (LVH) network system in order for the PHAMIS upgrade to work. Offices which are directly connected to the network system will be visited first, followed by those offices which are remotely connected (via modem). When the office upgrades are complete, I/S will begin contacting physicians who have access to the network system from their home PCs in order to schedule those upgrades.

I/S has found a way to install the necessary software for the upgrade so that the current resolution on your PC does not have to change for the PHAMIS upgrade to work. In a previous issue of *Medical Staff Progress Notes*, it was stated that the monitor resolution would be changed to 1024x768. This is no longer necessary.

The following changes will be in effect after the software upgrade is installed:

- 1) If you have DOS 6.0, I/S will upgrade to version 6.22 (I/S does not have the licenses to upgrade earlier versions of DOS)
- 2) The background design (wallpaper) will be the marble design
- 3) The colors will be the default Windows colors (blue title bar, etc.)

- 4) Screen saver passwords will be removed; if you had a password, you will need to create it again
- 5) There will be an icon that looks like the Olympic torch at the lower left of your screen with a title of "Go Live 1997" (This is a program set to change your system in January 1997 so that the new look and feel of PHAMIS LastWord 3.11 will work.)
- 6) The keyboard template on your LastWord screen (function keys at the bottom of the screen) will be smaller and have two sets of up and down arrows in between the buttons. (Clicking on the arrows with the mouse "flips" the template to show alternate functions. Click on the arrows again to show the original functions.)
- 7) I/S will place a little round sticker (either blue or orange) on the label on your workstation that has the workstation number (W####) listed on it. (This is to indicate that I/S has visited your office and installed the upgrade software on that PC.)

Please be aware that what you install on your PC **after** I/S has upgraded the LVH software may affect the LVH software and access to the LVH network applications (PHAMIS, E-mail, etc.). This is especially true if you install Windows 95 **after** your PC has been upgraded with the new LVH software.

For recommendations on purchasing new or additional PCs or for information regarding connection to the LVH Network, contact Pat Skrovanek in Physician Relations at (610) 402-9859.

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## **Education for the PHAMIS LastWord Upgrade**

Computer-based-training (CBT) products will be used to conduct some of the training. These CBT tutorials have been installed on PCs in the Medical Staff Lounges at both sites.

Hands-on sessions of the PHAMIS LastWord upgrade for physicians, residents, allied health professionals, and medical students will be offered in November and December, 1996, and in January 1997. These sessions are for those who are currently using PHAMIS LastWord and want to experience the new look and feel of the upgrade.

The following is the schedule of sessions being offered:

Monday, November 18, 1996  
11:30 am to 1 pm - JDMCC, #401

Tuesday, November 19, 1996  
6:30 to 8 am - JDMCC, #401

Wednesday, November 20, 1996  
5 to 6:30 pm - JDMCC, #401

Monday, November 25, 1996  
5 to 6:30 pm - JDMCC, #401

Tuesday, November 26, 1996  
6:30 to 8 am - JDMCC, #401  
11 am to 12:30 pm, 17 School of Nursing

Monday, December 2, 1996  
11:30 am to 1 pm - 17 School of Nursing

Wednesday, December 4, 1996  
5 to 6:30 pm - JDMCC, #401

Friday, December 6, 1996  
6:30 to 8 am, JDMCC, #401

Monday, December 9, 1996  
11:30 pm to 1 pm - JDMCC, #401  
5 to 6:30 pm - JDMCC, #401

Tuesday, December 10, 1996  
11:30 am to 1 pm - 17 School of Nursing

Friday, December 13, 1996  
6:30 to 8 am - JDMCC, #401

Tuesday, December 17, 1996  
6:30 to 8 am - JDMCC, #401

Wednesday, December 18, 1996  
6:30 to 8 am - JDMCC, #401  
11:30 am to 1 pm - 17 School of Nursing

Thursday, December 19, 1996  
5 to 6:30 pm - JDMCC, #401

Monday, December 23, 1996  
5 to 6:30 pm - JDMCC, #401

Monday, January 6, 1997  
5 to 6:30 pm - JDMCC, #401

Wednesday, January 8, 1997  
6:30 to 8 am - JDMCC, #401  
11:30 am to 1 pm - 17 School of Nursing

Wednesday, January 15, 1997  
11:30 am to 1 pm - JDMCC, #401  
5 to 6:30 pm - JDMCC, #401

Thursday, January 16, 1997  
6:30 to 8 am - JDMCC, #401

The class size for these sessions is limited to 12 people. Please call Information Services at 402-1401 to register for one of the sessions.

### **Observation Status – Important Points**

- 1) Any order for observation status must include date and TIME. It is the time of the order that starts the clock.
- 2) There needs to be clear indication of admitting status: inpatient, ambulatory, or observation. The order cannot state: to admit patient.
- 3) As the end of the 23 hour observation period approaches, the physician needs to decide either to discharge the patient or to admit the patient. If the order is not written, the nurse will contact the physician to inquire about the plan for the patient.

If you have any questions regarding this issue, please contact Marilyn Guidi, Director, Shock Trauma/ Transitional Trauma Unit, at 402-8936.

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## *E-mail Overload*

Harry Lukens, Vice President, Information Services, sent an E-mail notice on October 10 to remind everyone that they are not deleting old letters from E-mail and the database storing all these letters is becoming full, thus decreasing efficient functionality in E-mail.

The message read, "Once again we (LVH) are confronted with 'fat files' (in E-mail) because users are not deleting letters. We're running at 82% full and need to drop that into the 50%

range. Please, please clean out your files. Effective 10/30/96, we will only keep notices on file for 300 days. Anything older than that will be 'trashed.' Thanks for helping us. Harry"

The 300-day limit referred to includes letters in your Inbasket and File Folders. There will be a 100-day limit on letters in your Outbasket. If you have any questions, please call the I/S Help Desk at 402-8303 for assistance.

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## *From the Library*

Please help us maintain dynamic book collections at both libraries by recommending quality books we can add to the collections.

Suggestions may be phoned (402-8408), faxed (402-8409), or E-mailed to Barbara.Iobst, Library Director.

The following books have been added to the Cedar Crest & I-78 library's book collection:

### **The Medical Advisor**

Author: Thomas Meade  
Call No. WZ 309 M481m 1996

### **Trends in U.S. Health Care, 4th edition**

Author: American Medical Association  
Call No. W 1 TR341s 1995

### **Pediatric Endocrinology**

Editor: Mark Sperling  
Call No. WS 330 P3712 1996

The following book is now available in the 17th & Chew library:

### **The Johns Hopkins Hospital 1996 Guide to Medical Care of Patients with HIV Infection, 6th edition**

Editor: John Bartlett  
Call No. WC 503.2 B289j 1996

### **Auxiliary Plans Holiday Poinsettia Sale**

The Allentown Auxiliary of Lehigh Valley Hospital will hold its annual holiday poinsettia sale on Friday, December 6, in the 17th & Chew lobby. Poinsettias and other plants will be available. Advance orders will be accepted through November 15. Stop by the Alcove Shop for a form. The popular hanging Belden Baskets are available only by advance order. For more information, contact Debbie Reinhard at 967-3275 or Jeanne Tilghman at 437-4265.



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## ***Building Project at Cedar Crest & I-78 to Prepare LVHHN for 21st Century***

At its meeting on November 6, Lehigh Valley Hospital and Health Network's board of trustees approved the construction project at Cedar Crest & I-78 that will complete the consolidation of acute inpatient beds and improve how ambulatory testing services are provided.

The board authorized funding for a five-story building that will house obstetrics/gynecology, neonatal and psychiatric beds, intensive care units and ambulatory diagnostic areas. Most patients who are currently admitted for these and related services and treatment go to 17th & Chew.

Consolidating acute inpatient services at Cedar Crest & I-78 will create a concentration of medical specialists and facilities that will result in high-quality, cost-effective care, according to Lou Liebhaber, chief operating officer. LVHHN expects to save almost \$4 million more when consolidation is completed, in addition to the millions of dollars already trimmed through the process, he said. "This plan puts LVHHN ahead of the trends that are transforming our industry. Investment in our community by improving our facilities will enable LVHHN to remain a vigorous provider of care and avoid the fate of local and national businesses that failed to modernize and plan for the future."

"By putting all acute care beds at one site and expanding ambulatory services, we can respond to changing market conditions, as well as to the changing needs of our staff, physicians, patients and the community," Liebhaber said.

The "East Building" project will contain 230,000 sq. ft. of space and 122 acute care beds, bringing the bed total at Cedar Crest to 602.

The projected cost of the new building is about \$52 million. It will be a modified

"L-shaped" wing, situated between the main hospital tower and the 1210 medical office building and will extend into current parking areas for emergency and medical office building patients.

According to Liebhaber, ground breaking is slated for August 1997, pending plan approval by the state and local authorities. A certificate of need was filed earlier this month with the Pennsylvania Department of Health; the review process could take six to nine months, said John Stavros, senior vice president, marketing and planning. The building is scheduled to open in January 2000.

"This project will make major improvements in the way women, babies, mental health and ambulatory diagnostic patients are treated in the Lehigh Valley in the 21st century," Liebhaber said. "Through this plan, we will use the community's resources in a responsible way to continue our mission of providing high-quality, cost-effective medical care to patients regardless of their ability to pay."

The project is part of LVHHN's five-year, multi-phase functional and facilities "vision" authorized by the trustees in 1994. The design makes 17th & Chew a hub of ambulatory services, community-based programs, primary care and the *future* base for the new seniors program slated to kick off next year. The transitional skilled unit, emergency services, inpatient hospice beds, outpatient surgery, diagnostics and testing, and ambulatory medical practices will stay at this urban Allentown site. "LVHHN remains committed to providing vital programs and services at 17th & Chew," Liebhaber said. "The exciting part of planning for this site is that we have engaged our community in the process."

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A team led by Mark Young, M.D., chair of community health and health studies, has gathered input and tested ideas for 17th & Chew with a series of groups including government leaders, businesses, educators, neighboring hospitals, social service providers, city residents and LVHHN clinical leadership. Innovative options being explored include expanding geriatric services, creating a medical mall of health-related retail stores and improving parking, signage and the front entrance. "Since we have at least two years to develop new programs for this site, we can be sure they will be current with the needs of the community," Liebhaber added.

Liebhaber noted that the functional plan was designed with built-in flexibility to allow for changes in the health care environment. He announced in April that the planning of the addition was being re-evaluated.

"We delayed the project in the spring because of regional market conditions, our financial performance and managed care trends. We now believe that moving forward with the project is the right way to prepare for the future," he said.

Stavros noted that several promising indicators helped put the project back on track: "The past few months have brought much more optimism about LVHHN's future. Inpatient census improvements, PennCARE<sup>SM</sup> developments--including signing the U.S. Healthcare contract and expanding the network through the membership of Easton Hospital--and positive OI trends have rallied the board and administration around the project."

During the on-hold period, hospital officials considered renovating space in the main hospital at Cedar Crest or building a smaller wing to house the relocated services, but found these options would be too expensive and disruptive to patients, visitors, physicians and staff. "The East Building project is

truly the option that will meet these needs," Liebhaber said. "This is essentially the same plan that was first announced in 1994, but now we have all of the details. It is a blueprint that will significantly affect LVHHN's future." Extensive input was provided throughout the design process by clinical and administrative staff from each affected area, Liebhaber added.

The following is a floor-by-floor description of the new wing:

### **Fifth Floor**

The top floor will house 44 beds for adult and adolescent psychiatric patients in private and semi-private rooms. This total is 12 fewer beds than the current number at 17th & Chew because of the demonstrated effectiveness of ambulatory mental health programs in decreasing the need for inpatient care.

According to Michael Kaufmann, M.D., chair of psychiatry, the design of the psychiatric units will enhance the short-term acute mental health care provided there, and the close proximity of the units to the main hospital will better meet the medical needs of the inpatients. "Likewise, the new location will facilitate access to these services for medical inpatients who may require mental health intervention," he added.

### **Fourth Floor**

Thirty post-partum beds, a newborn nursery and a neonatal intensive care unit with 32 incubators, or "isolettes," are planned for this level. According to Liebhaber, adding post-partum beds will accommodate LVHHN's increased referrals of high-risk patients from PennCARE<sup>SM</sup> providers and other hospitals. A walkway to the fourth floor of the existing hospital will provide easy access to the inpatient pediatrics unit.

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“The design of the fourth and third floors brings as many services as possible to the family instead of having the family move about in the system,” said Jeanne Camara, administrator of women’s inpatient services. “For example, the NICU is on the same floor as the post-partum unit so that families are closer to their babies after the birth of an infant needing intensive care.”

### **Third Floor**

This floor will have 10 labor-delivery-recovery suites, two rooms for Cesarean deliveries and 10 beds for women with high-risk pregnancies.

### **Second Floor**

The hospital’s medical and surgical intensive care and special care units will be moved from the main hospital to the second floor so the units can be enlarged and modernized. This level will connect to the second floor of the main hospital, providing access to the operating rooms, emergency department, shock-trauma unit and radiology department, as well as the MRI center to the east of the new building. The new units will contain a total of 30 beds, two more than the current number.

The second floor will also provide space to enlarge the emergency and radiology departments located adjacent to the new wing.

### **First Floor**

Often-used outpatient testing and treatment programs now located in hard-to-find places in the main hospital will be moved to the first floor and redesigned for patient convenience. These include the vascular lab, heart station, nuclear medicine, neurodiagnostics (EEG) lab and physical therapy, and all will share a common patient registration and waiting area.

A two-story, glass-enclosed atrium and corridor will link the first floor to the medical office buildings and Morgan Cancer Center to the east and the main lobbies of the hospital and Anderson Wing to the west. This feature will improve the movement of patients and visitors throughout the Cedar Crest site.

Unassigned space on each floor will provide flexibility to increase the number of private patient rooms, respond to inpatient growth resulting from PennCARE<sup>SM</sup> alliances and adapt patient care units to treat sicker patients, including the addition of isolation rooms for patients with infectious diseases and to maximize safety precautions.

### **Activities to Enhance the Site**

The following improvements will be made at Cedar Crest & I-78 independent of the building project:

- Parking lots north and south of the building complex will be redesigned and renovated.
- Signage throughout the campus will be reviewed and updated as necessary to enhance patient and family guidance to their destinations.
- An ambulatory surgery suite with four operating rooms will be constructed on the second floor of the main hospital.

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## ***Congratulations!***

**Sam Bub, MD**, family practitioner, and his daughter, **Carol L. Bub, MD**, family practitioner and newly appointed member of the Medical Staff, were both successful in completing the American Board of Family Practice certification examination. Sam was recertified as a Diplomate, and Carol was certified as a Diplomate.

**Bruce R. Ganey, DPM**, podiatrist, successfully completed the 1996 Foot Surgery certification examination and has now become a Diplomate of the American Board of Podiatric Surgery with Certification in Foot Surgery.

**Peter H. Goldman, MD**, family practitioner, has been selected as a peer reviewer for the forthcoming publication "National Guidelines for First Aid in Occupational Settings." In addition, Dr. Goldman was notified of a passing grade and recertification through the year 2003 by the American Board of Family Practice.

**Randy Jaeger, MD**, orthopedic surgeon, was recently notified that he has fulfilled all of the requirements for certification by the American Board of Orthopaedic Surgery and is now a Diplomate of the Board.

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

**Lori A. Abrams, DO**, Obstetrics and Gynecology resident, and **James Balducci, MD**, Chief, Division of Obstetrics, co-authored a paper, "Fetal Seizures: A Case Study," which was published in Volume 88, Number 4 (Part 2), October, 1996 of *Obstetrics & Gynecology*.

**Michael A. Barone, MD**, co-director, Inpatient Pediatric Unit, is the editor of *The Harriet Lane Handbook: A Manual for Pediatric House Officers*, 14th edition.

**Randy Jaeger, MD**, orthopedic surgeon, participated as an Associate Master Instructor at "The Masters Experience" advanced shoulder course held September 28 and 29 at the Orthopaedic Learning Center in Rosemont, Ill.

**Peter A. Keblish, MD**, Chief, Division of Orthopedic Surgery, was the primary principal author in the orthopedic journal titled "Orthopaedics." The article on "Evolving Technologies: New Answers or New Problems? Impaction Autograft Enhancement of Femoral Stem Fixation in Primary Cementless THA" co-authors Steven K. Neufeld, orthopedic resident at Ohio State University and previous past medical school rotation student at LVH.

Co-author and illustrator of the article was Carol Varma, Biomedical Photography graphics specialist.

**Thomas D. Meade, MD**, orthopedic surgeon, recently published his first book titled "The Medical Advisor." This book is an entertaining collection of medical aphorisms collected by Dr. Meade over his 18 years in the medical field. Other Lehigh Valley Hospital contributors include Alex Rae-Grant, MD, Jim Moffat, CRNA, Linda Tomaszewski, RN, Chris Larkin, RN, Mike Pasquale, MD, Steven Shore, MD, Charlie Norelli, MD, Geoff Hallock, MD, Mike Rhodes, MD, John Altobelli, MD, Tom Dickson, MD, Tom Witter, PAC, John Jaffe, MD, Steven Klasko, MD, and Sue Nastasee. The book is available in the Tree Top Shop, Barclay Books, and Allentown Sports Medicine.

In addition, Dr. Meade presented a keynote address at the second annual Association of Hospital Health and Fitness Facilities titled "Adaptation of Sports Medicine and Fitness to the Managed Care Environment." This was presented at the annual meeting in New Orleans, La. on October 2.

(Continued on Page 13)

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(Continued from Page 12)

**Glen L. Oliver, MD**, Chief, Division of Ophthalmology, presented a paper, "Laser Induced Chorioretinal Anastomosis for the Management of Central Retinal Vein Occlusion" at the Wills Eye Retinal Update Course on September 21. He also presented "A Case of Multifocal Chorioretinopathy" at the Wills Fluorescein Angiography Meeting held in Philadelphia on September 20.

"Defining 'Dead on Arrival': Impact on A Level I Trauma Center" was recently published in the October issue of *The Journal of Trauma*. The authors include **Michael D. Pasquale, MD**, Chief of the Division of Trauma and Surgical Critical Care, **Michael Rhodes, MD**, (former Chief of the Division of Trauma) now Chairman of Surgery at the Medical Center of Delaware, **Mark D. Cipolle, MD, PhD**, Associate Chief of the Division of Trauma and Surgical Critical Care, **Terrance Hanley, MD**, Chief Surgical Resident, and **Thomas Wasser, MEd**, of the Department of Community Health and Health Studies.

**Ralph A. Primelo, MD**, Department of Psychiatry, **Thomas Miller, LSW**, Adult Transitions, and **Thomas Wasser, MEd**, Community Health, presented "Measuring Clinical Outcomes in a Psychiatry Day Hospital" at the annual Psychiatric

Services meeting of the American Psychiatric Association in Chicago, Ill., in October. Also at the meeting, **Peggy E. Showalter, MD**, Department of Psychiatry, and **Maureen MacFarland, RN, CBSN**, presented "Using Pharmaceutical Indigent Programs in a Mental Health Clinic."

**Howard S. Selden, DDS**, endodontist, authored a paper, "Patient Records and Referral Correspondence: A Time Saving Method," which was published in the October 1996 issue of the *Journal of Endodontics*.

**John J. Shane, MD**, Chairperson, Department of Pathology, **David G. Beckwith, PhD**, Vice President, Network Laboratory Services, and Clinical Director, Health Network Laboratories, and **Beth Rokus**, Administrative Director, Health Network Laboratories, were invited to present two workshops in Washington, DC, at Lab Institute 96. Over 100 participants attended the workshops titled "Design and Development of a Hospital Lab Alliance: A Model for Serving an Integrated Delivery System" which occurred on October 3. Dr. Beckwith facilitated a discussion group the following day titled "Track Record of Hospital Commercial Lab Ventures."

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

### **Medical Staff/Administrative Exchange Session**

The next Medical Staff/Administrative Exchange Session will be held on Thursday, November 21, beginning at 5:30 p.m., in Classroom 1 of the Anderson Wing, Lehigh Valley Hospital, Cedar Crest & I-78.

The Functional Plan, including blue prints and layout of the planned building project, will be the topic of discussion.

For more information, contact John E. Castaldo, MD, Medical Staff President, through Physician Relations at 402-8590.

### **Regional Symposium Series**

**Laboratory Symposium: Transfusion Medicine** will be held on Friday, November 15, from 8 a.m. to 12:30 p.m., in the hospital's Auditorium at Cedar Crest & I-78.

(Continued on Page 14)

(Continued from Page 13)

Physicians, nurses, medical technologists, and other health professionals interested in transfusion medicine will benefit from the program.

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

- identify important issues that must be considered when offering the option of donation to potential donor families
- discuss the safety and the role of emerging infections in transfusion therapy
- describe the pathophysiology of transfusion reaction as it relates to management

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

## Medical Grand Rounds

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

Topics to be discussed in November include: November 19 - Nephrology; and November 26 - Physical Medicine and Rehabilitation.

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

## Department of Pediatrics

**Prevention of Kids Killing Kids** will be presented by Chu Chu Saunders, MD, MPH, Deputy Health Commissioner, City of Philadelphia, and Medical Epidemiologist, Center for Disease Control and Prevention, Atlanta, Ga., on Friday, November 22, beginning at noon.

This program will be held in the hospital's Auditorium at 17th & Chew. For more information, please contact Kelli Ripperger at 402-2540.

## Psychiatry Grand Rounds

The Department of Psychiatry will host its monthly Grand Rounds presentation on Thursday, November 21. Dr. Andrew Levitas, Assistant Professor of Psychiatry at the University of Medicine and Dentistry of New Jersey, Stratford, NJ, will present "The Evaluation and Treatment of Dually Diagnosed, Mental Health/Mental Retardation Patient."

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.

# 254%

The only way to avoid these onerous surcharges is to rewrite existing laws by passing Senate Bill 790! As a practical matter of survival, contact your State Senator to urge that Senate leadership bring SB 790 to a vote before the end of the legislative session on November 30, and that they vote in favor of this bill. Involvement, both by contributions of time and money, is often seen by politicians as being the key to their door. To preserve your practice...GET INVOLVED!

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## ***Who's New***

### **Medical Staff**

#### ***Appointments***

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

**Gary S. Greenberg, DPM**  
(solo)  
1503 N. Cedar Crest Blvd.  
Allentown, PA 18104-2310  
(610) 437-3939  
Department of Surgery  
Division of Orthopedic Surgery  
Section of Foot and Ankle Surgery  
Provisional Active

**C. Daniel Hendrickson, MD**  
LVPG-Medicine (Dr. Fitzgibbons)  
1210 S. Cedar Crest Blvd.  
Suite 3600  
Allentown, PA 18103-6208  
(610) 402-1150  
FAX: (610) 402-1153  
Department of Medicine  
Division of General Internal  
Medicine/Ambulatory Care  
Provisional Active

**Carl B. Weiss, Jr., MD**  
Coordinated Health Systems (Dr.  
DiIorio)  
2775 Schoenersville Road  
Bethlehem, PA 18017-7326  
(610) 861-8080  
FAX: (610) 861-2989  
Department of Surgery  
Division of Orthopedic Surgery  
Provisional Affiliate

## ***Change of Status***

**Walter J. Dex, MD**  
Department of Radiology/Diagnostic  
Medical Imaging  
Division of Diagnostic Radiology  
From Emeritus Active to Honorary

**Edward F. Guarino, MD**  
Department of Surgery  
Division of Plastic and Reconstructive  
Surgery/Trauma-Surgical Critical Care  
Section of Burn  
From Active to Courtesy

## ***Address Change***

**William S. Berg, DPM**  
Fleetwood Footcare Center  
P.O. Box 425  
Boyer & Fleetwood-Blandon Roads  
Fleetwood, PA 19522

**Quakertown Medical Associates**  
Clinical Care Associates of the  
University of Pennsylvania Health  
System

Erin M. Fly, DO  
Russell H. Jenkins, MD  
Jon M. Schwartz, MD  
Paul W. Weibel, Jr., MD  
22 S. 14th Street  
Quakertown, PA 18951-1177

## ***Practice Name Change***

Wescosville OB/GYN Associates, Inc.  
(the practice of Drs. David Lezinsky,  
Gene W. Miller, and John S. Stevens,  
Jr.)  
will now be known as  
**OB-GYN Care, Inc.**

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***Membership Assignment to  
Divisions of General Internal  
Medicine AND Ambulatory  
Care***

**Jon Brndjar, DO**  
**C. Daniel Hendrickson, MD**  
**Gina Karess, MD**  
**Jenni Levy, MD**  
**Yehia Y. Mishriki, MD**

***Appointment of Medical Staff  
Leadership Positions***

**Jay H. Kaufman, MD**  
Department of Medicine  
Division of Pulmonary  
Associate Chief, Division of  
Pulmonary

**Jeffrey R. Kralstein, MD**  
Department of Medicine  
Division of Gastroenterology  
Associate Chief, Division of  
Gastroenterology

**Alexander D. Rae-Grant, MD**  
Department of Medicine  
Division of Neurology  
Associate Chief, Division of  
Neurology

**Allied Health Professionals**

***Appointments***

**Julie Gant, CRNA**  
Physician Extender  
Professional - CRNA  
(Allentown Anesthesia Associates -  
Dr. Maffeo)

**Maribeth Johnson, GRNA**  
Physician Extender  
Professional - GRNA  
(Allentown Anesthesia Associates -  
Dr. Maffeo)

**Philip Werner, GRNA**  
Physician Extender  
Professional - GRNA  
(Allentown Anesthesia Associates -  
Dr. Maffeo)

**Steven Williams, CRNA**  
Physician Extender  
Professional - CRNA  
(Allentown Anesthesia Associates -  
Dr. Maffeo)

***Change of Supervising  
Physician***

**Claudette Geist**  
Physician Extender  
Technical  
Surgical Technician  
Change from Thomas Burkholder,  
MD to Masayuki Kazahaya, MD

***Resignations***

**Robert W. Holz**  
Physician Extender  
Technical  
Surgical Technician

**Brenda R. Snyder**  
Physician Extender  
Technical  
Medical Assistant

**Shelly Whitby**  
Physician Extender  
Technical  
Medical Assistant



# HEALTH NETWORK LABORATORIES



A Service of **LEHIGH VALLEY**  
HOSPITAL

## TABLES OF RESPONSE OF ANALYTES TO EXERCISE

### PART III

#### I. Response of Hormones to Acute Exercise

HORMONE	DIRECTION OF CHANGE	AMOUNT OF CHANGE IN PLASMA (%)	TIME TO RETURN TO BASELINE CONCENTRATION (HR)
Insulin	↓	Up to 50	0.5 - 2.0
Glucagon	↑	30 - 300	1.0 - 2.0
Growth Hormone	NC, slight ↓	Up to 200	< 0.10
Epinephrine/ Norepinephrine	↑		< 0.10
Cortisol	↑	27- 43	Up to 2.0
ACTH	↑	100 - 400	1.00 - 2.0
T4 (free)	↑	Up to 35%	> 72 hours
TSH, T3 & T4 bound	NC to ↑	Variable	> 72 hours
Aldosterone	↑	Up to 80	6 - 24
Renin	↑	Up to 60	6 - 24
Angiotensin	↑	Up to 60	6 - 24
ADH	↑	30 - 800	0.5 - 1.0
Testosterone	Slight ↑, followed by ↓	Variable	0.75 - 1.0
Estradiol	↑	15 - 50	Unavailable
Progesterone	↑	15 - 50	Unavailable
Beta endorphin	↑	Up to 70,070	1.00 - 2.00

## II. Response of Hormones and Substrates of Carbohydrate Metabolism to Acute Exercise

HORMONE/ SUBSTRATE	DIRECTION OF CHANGE	AMOUNT OF CHANGE IN PLASMA (%)	TIME TO RETURN TO BASAL CONCENTRATION (HR)
Insulin	↓	Up to 50	0.5 - 2.0
C-peptide	NC or ↓	Up to 50	0.5 - 2.0
Glucagon	↑	30 - 300	0.5 - 2.0
Glucose	NC to slight ↑ or ↓	Up to 20	0.5 - 1.0
Lactate	↑	Up to 100	0.1 - 0.5

## III. Effect of Acute Exercise on Various Enzymes

ENZYMES	ISOENZYMES	EFFECT OF EXERCISE
Aldolase	Aldolase A & B	
Acid Phosphatase (ACP)	NA	↑ (mild to marked)
Alanine aminotransferase (ALT)	NA	No change to slight ↑
Alkaline Phosphatase (ALP)	NA	No change, usually
Aspartate aminotransferase (AST)	NA	↑ (moderate)
Creatine kinase (CK)	CK-MM CK-MB CK-BB	↑ (mild to marked) for all isoenzyme forms
Gamma glytamytransferase (GGT)	NA	No change
Lactate dehydrogenase		↑ (mild to marked) for all isoenzyme forms

**IV. Effect of Acute Exercise on Serum and Urine Water, Electrolytes, and Minerals**

<b>PARAMETER</b>	<b>EFFECT OF EXERCISE</b>
Total body water	↓
Plasma volume	↓
Total body sodium	↓
Serum sodium	↑ or NC
Urine sodium	↓ or NC
Serum potassium	↑ or NC
Urine potassium	↑, NC, or ↓
Serum calcium	↑ or NC
Urine calcium	↓ or NC
Serum phosphorus	↑ or NC
Urine phosphorus	↓ during exercise; during recovery
Serum magnesium	↑ or NC
Urine magnesium	↓ or NC
Serum chloride	↑ or NC
Urine chloride	↓ or NC
Blood CO <sub>2</sub>	NC or ↓
Blood pH	NC or ↓
Blood NH <sub>3</sub>	NC or ↑ (in severe exercise)
Urine NH <sub>3</sub>	↑
Plasma osmolality	↑

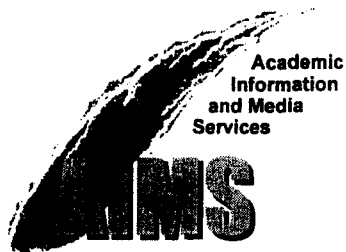
**V. Renal Hemodynamic Changes after Acute Exercise**

PARAMETER	EFFECT OF EXERCISE
RBF	↓
GFR	↓, NC, or ↑
Urine volume	↓, NC, or ↑
CrCl	↓, NC, or ↑
Serum Cr	↑
Serum BUN	↑
Urine	↑
Urine osmolality	↑

**VI. Effects of Long-Term Exercise on Lipids and Lipoproteins**

LIPID/LIPOPROTEIN	EFFECT	INTERPRETATION
Cholesterol	↓ or NC	No clear consensus; Decreased values inconsistently found
Triglycerides	↓	The most consistent lipid alteration; Trained subjects show a decrease
LDL-Cholesterol	NC or ↓	Trained subjects typically show a decrease
HDL-Cholesterol	NC or ↑	The increase is in the HDL2 subfraction; Trained subjects typically show an increase
Apolipoprotein A1	NC or ↑	Limited studies are available
Apolipoprotein B	NC or ↓	Limited studies are available

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# Academic Information and Media Services

News and Notes

November, 1996

## PowerPoint Training



There is still time to *fall* into one of the classes that are available on the use of Microsoft PowerPoint 4.0.

**Module I** (Introduction) covers the basics of PowerPoint and allows you to create a simple slide or computer show. Prerequisite for this class is a knowledge of Windows.

**Module I classes are:**

Friday,	Nov. 1,	0900-1200,	17SON I/S Classroom
Thursday,	Nov. 14,	1700-2000,	JDMCC I/S Classroom
Tuesday,	Nov. 26,	1300-1600,	17SON I/S Classroom
Wed.,	Nov. 27,	0900-1200,	17SON I/S Classroom

**Module II** (Intermediate) covers some more advanced features of PowerPoint including charts, graphs and customizing certain PowerPoint features. Prerequisite for Module II is completion of Module I.

**Module II classes are:**

Thursday,	Nov. 14,	0800-1100,	17SON I/S Classroom
Tuesday,	Nov. 19,	1700-2000,	JDMCC I/S Classroom
Monday,	Dec. 2,	1300-1600,	JDMCC I/S Classroom
Friday,	Dec. 6,	0900-1200,	JDMCC I/S Classroom

More classes than usual are scheduled at the School of Nursing I/S classroom in November due to extremely tight scheduling of the facilities at the Cedar Crest Site. Additional classes for PowerPoint will be scheduled in December. Module III (Advanced) classes will also begin in December. To register, or for more information, please e-mail Dean Shaffer in the AIMS department (or phone x-0055). Class size is limited.

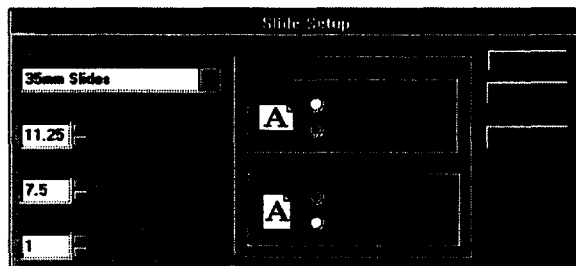
## Photo/Graphic Services Sticky Situation

When you use sticky marks to mark pages for copying, it leaves a residue that causes problems in the copy stand and sometimes leaves marks in the book. We prefer that you make a list (on a separate sheet of paper) of the illustrations you want photographed.

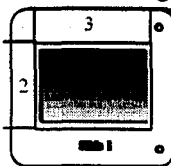
## Photo/Graphic Services

For those of you who are creating your own slides in PowerPoint and bringing them to Photo/Graphic Services to be made into slides, we have the following suggestions:

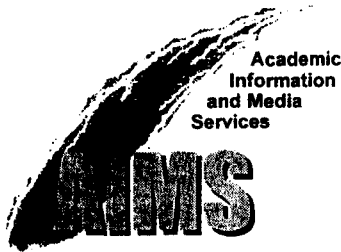
When you begin to create your presentation, immediately set the format for 35mm slides (not screen show or letter size paper). This is done by selecting **File** from the menu bar, then **Slide Setup**. This will bring you to a screen that has a drop down menu entitled "Slides Sized for:". Select **35mm Slides**. (We can make this change for you after you bring us your disk, but many times text and other objects will shift and no longer be where you originally put them. Also, if the change is not made, the slides will come back with a clear margin on the edges.)



Secondly, some margin should be left around the edges of the slide to allow for the slide mount. In other words, do not put text or other objects too close to the edges or they may 'disappear' behind the slide mount. This frequently happens when titles word-wrap to two lines or when too much text is put on the slide. You can decrease the line spacing or font size to get things to fit, or even move the title down.



Hopefully these two suggestions will help you to get back what you expected and will save us some time imaging your slides.



# Academic Information and Media Services

## Physician Workshops

Computer workshops for physicians are offered on:



### OVID, Micromedex, OPAC & Internet

Tuesday, Nov. 12, 5:30pm-7:30pm

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 the internet.

### The Internet

Tuesday, Nov. 19, 5:30pm-7:30pm

Basic internet functions using the hospital connection to access text-based medical information are covered.

The Physician Workshops are hands-on. Call the library at 402-8410 to register. All applications are available via the hospital network. You are required to have the application icons available to you when you sign into the network. As a reminder, we are still working with the Internet Icon, not Netscape for these classes. To obtain the icons, contact Pat Skrovaneck in the POPS office, 402-9859.

## Check These Web Sites

 <http://www.cyberounds.com>

Interactive Grand Rounds for Physicians and Medical Students. Each conference is authored and moderated by a distinguished academic.

 <http://www.stannet.com/stannet/nephro/research.html>

Nephrology Information system providing a good index of nephrology resources available on the Internet

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

America's HouseCall Network is a good general source of medical topics for consumers and healthcare professionals.

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

MedAccess provides health and wellness information. Their goal is to help consumers understand the U.S. healthcare system.

 <http://www.ncqa.org>

The National Committee for Quality Assurance is a non-profit, independent organization which assesses and reports on the quality of managed care plans including HMOs.

## Audio Visual Services

### Videotaping Your Program

A.V. Services has video camcorders available to record hospital/educational programs. You are responsible for the videotaping of your meeting, class, conference or in-service. It is also necessary to provide your own blank video tape (3M or SONY tapes are available from Boise).



A.V. Services will provide training on the setup and operation of the camcorder. All equipment requests must be made at least one week in advance via the **AIMS\_Forms** request available on the E-mail Bulletin Board.

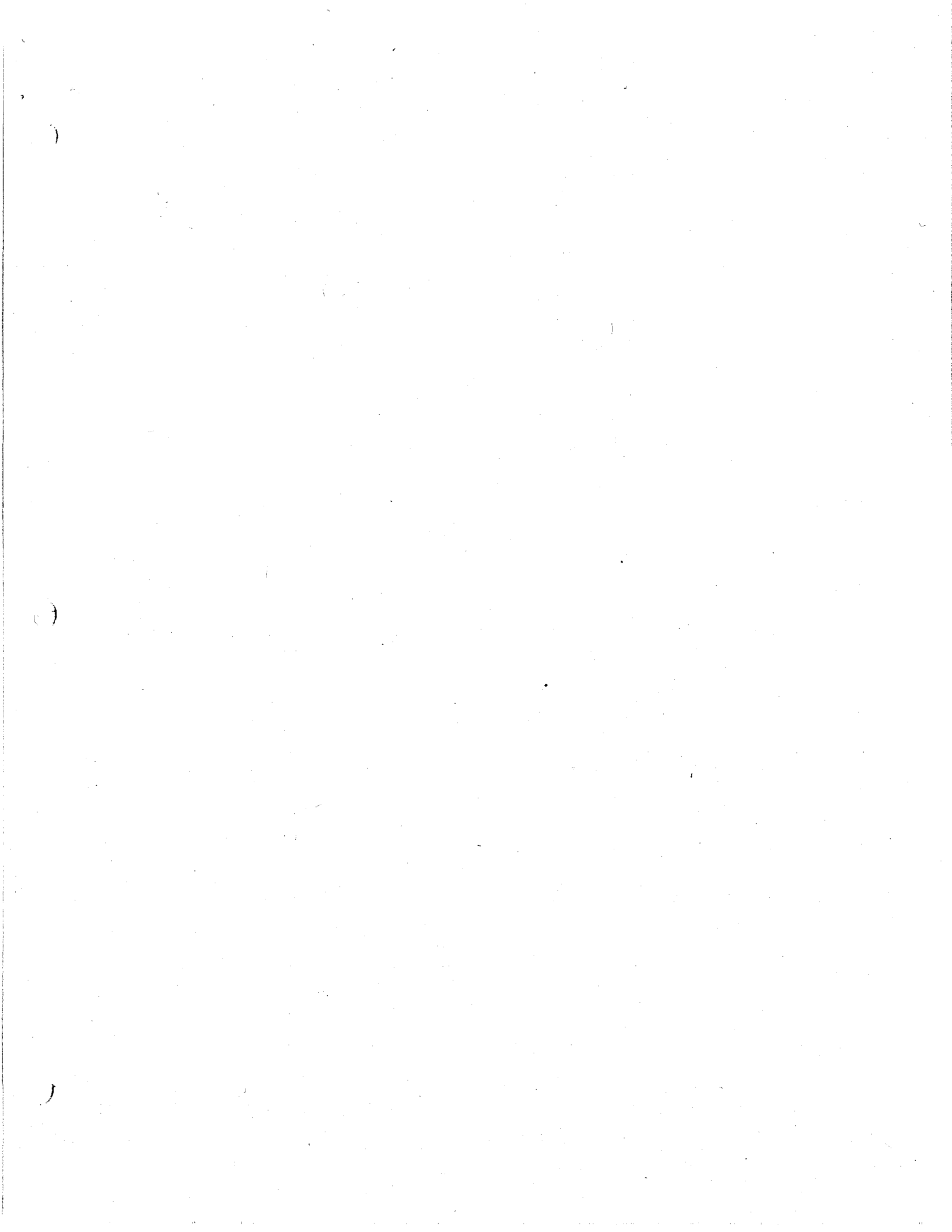


## Videoconferencing/ Telemedicine Project Status

Videoconferencing and Telemedicine were two topics addressed in our recent needs assessment in which the results showed that it was an area to be pursued seriously as part of the Strategic Plan for Education. Funding has since been acquired for creation of a plan and implementation of videoconferencing technology at LVH, which would give us many capabilities such as:

- real time video between several locations on-site (classrooms, auditoriums, Computer Learning Resource Center, Operating Rooms)
- 2-way interactive conferencing with off-site locations such as Penn State Hershey and any of the PennCare hospitals, etc.

This technology would allow many types of conferences to occur such as sharing of Grand Rounds between institutions without participants having to travel. This project is setting the foundation for Telemedicine and Distance Learning. It is now a fact that Telemedicine is no longer experimental but emerging as a high-tech tool. There is a Technology Workgroup in place to pursue the use of Telemedicine at LVH. If you would like to participate, please send an e-mail to Yehia Mishriki or Martyn Hodvedt.



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# LEHIGH VALLEY

HOSPITAL

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Allentown, PA 18105-1556

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## *Medical Staff Progress Notes*

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President-elect, Medical Staff  
Joseph A. Candio, M.D.  
Past President, Medical Staff  
John W. Hart  
Vice President  
Rita M. Mest  
Medical Staff Coordinator

Janet M. Seifert  
Physician Relations  
*Managing Editor*

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John E. Castaldo, M.D.  
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John D. VanBrakle, M.D.  
Headley S. White, M.D.  
Susan D. Wiley, M.D.

**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, Lehigh Valley Hospital, Cedar Crest & I-78, P.O. Box 689, Allentown, PA 18105-1556, by the 15th of each month. If you have any questions about the newsletter, please call Mrs. Seifert at 402-8590.

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