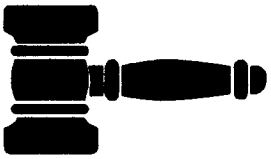
LEHIGH VALLEY
HOSPITAL

Medical Staff Progress Notes

Volume 6, Number 2
February, 1994

In This Issue...



From the President

Our Critical Care Sub-Committee has completed its work, recommending Unit Directors for the General Intensive Care Unit. A job description has been created for Unit Directors of the General Intensive Care Unit to be reviewed by Medical Executive Committee. Senior management of the hospital will further review and make final recommendations to the Board of Trustees.

This is an important step forward in Critical Care management, as well as offering opportunities for education and research. We also expect our operations improvement initiative to be aided by this restructured unit director system.

In an attempt to improve patient care and assist our physicians and health care professionals, we have asked the Ethics Committee to develop a policy paper for withdrawing and withholding interventions in the Critical Care Units. The Ethics Committee has become a real asset to our hospital and the Medical Staff as demonstrated by an ethical review of the HIV policy.

Also, we feel that a policy addressing transfusions and Jehovah's Witnesses is necessary, and the Ethics Committee will be researching this topic with subsequent recommendations forwarded to the Medical Executive Committee.

On Thursday, January 20, Penn State's College of Medicine at The Milton S. Hershey Medical Center and Lehigh Valley Hospital signed an affiliation agreement "to establish a formal relationship for the purpose of medical education, clinical research and patient care." This is exciting news with great opportunities for developing research, education and collaborative models with colleagues at a major medical school. Spearheaded by Elliot J. Sussman, M.D., President and CEO, and a working committee including Headley S. White, Jr., M.D., Senior Vice President, Medical and Academic Affairs; John E. Castaldo, M.D., Medical Staff President-elect; and the clinical chairs, we believe a great step forward has been taken by this affiliation. Our thanks to Dr. Sussman and this committee.

Sincerely,

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

Lehigh Valley Hospital and Penn State's College of Medicine Sign Affiliation Agreement

On Thursday, January 20, Penn State's College of Medicine at The Milton S. Hershey Medical Center and Lehigh Valley Hospital signed an affiliation agreement to establish a formal relationship for the purpose of medical education, clinical research and patient care. While Hershey is affiliated with other healthcare organizations for the purpose of medical education, the Lehigh Valley Hospital affiliation is the largest in terms of the number of students participating.

Beginning in July 1994, medical students from Penn State's Hershey Medical Center will receive their clinical training at Lehigh Valley Hospital in a broad range of primary care and specialty areas. As one of Pennsylvania's largest hospitals and the only member of the Council of Teaching Hospitals in the Lehigh Valley, Lehigh Valley Hospital is uniquely positioned to train young physicians and medical students. The hospital's unique mix of primary, secondary and tertiary care services provides students with experience in both the community hospital and major medical center settings.

The two institutions will also jointly sponsor continuing medical education programs for practicing physicians. Through shared resources, faculty and expertise, this effort is expected to reach more than 5,600 healthcare professionals annually. An additional focus of the affiliation is to develop joint research projects. Hershey and Lehigh Valley Hospital will participate in the solicitation of grants with particular efforts directed toward primary care education, training and research. Lastly, the affiliation creates opportunities for cooperative efforts in developing healthcare delivery systems.

News from Lehigh Valley Diagnostic Imaging

Lehigh Valley Diagnostic Imaging (LVDI) would like to remind members of the Medical Staff that during the hours when the office is closed, results of outpatient radiology procedures performed at LVDI are available in the Cedar Crest & I-78 Radiology Department file room, 402-8070.

While hard copies of the reports are not available, file room staff can access reports, via a direct link to the LVDI computer system, for your review.

Please continue to contact LVDI directly during normal operating hours, Monday through Friday - 8 a.m. to 5 p.m., and Saturday - 8 a.m. to noon, at 435-1600 or Ext. 1012.

Reminder: Pennsylvania law requires two witnesses, in addition to the physician, when obtaining a telephone consent for an autopsy.

Lehigh Valley Home Care Expands Hours

To facilitate the discharge of hospital patients requiring home care on weekends, Lehigh Valley Home Care now has a R.N. coordinator available in Lehigh Valley Hospital on Saturdays and Sundays. This service began in January 1994. To reach a Home Care R.N. coordinator on the weekend, page them on beeper 3355.

Realizing that many of your patients need care seven days a week, Home Care also expanded its weekend home health aide (nurse aide) service to include Sundays as well as Saturdays. In addition, eight R.N.s provide full nursing coverage on weekends and holidays throughout the year.

Lehigh Valley Home Care has also increased its hours into the evening. Currently, two full-time R.N.s work the 2:30 to 11 p.m. shift, in addition to Home Care's regular on-call R.N. service. The evening R.N. focus is infusion care and other high-tech home care patient needs.

Home Care has enlarged its geographical coverage area as well, now covering all of Lehigh and Northampton counties and parts of Berks and Bucks counties. Occasionally, Home Care will go beyond its usual service boundaries to serve patients with specialized needs including pain control and renal transplant care.

For more information, please call Cynthia Runner-Heidt, Director of Patient Care, Lehigh Valley Home Care, or any Home Care nursing or therapy supervisor at 402-7300.

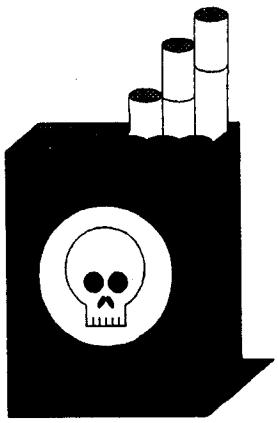
Laboratory Update

On February 14, the laboratory began routine A.M. lab draws at 4 a.m. in the following Cedar Crest & I-78 patient care units: Shock/Trauma, General ICU, and Open Heart. A collaborative decision was made between nursing services, physicians, and the laboratory at the December Special Care Committee meeting to make this change, which will provide improved routine A.M. turnaround time and improve patient management in the affected units.

"My very deep personal thanks to those who took time out of their busy schedule to donate blood at the emergency blood drive held during the week of January 17. From the 76 donors who registered, 60 units of blood were collected."

Bala Carver, M.D.
Medical Director
Transfusion Medicine and HLA

Coalition for a Smoke-Free Valley Offers Free Training to Physicians



The Coalition for a Smoke-Free Valley invites you to take part in its initiative to reduce smoking by offering you and your office staff a free training to help your patients stop smoking.

As a physician, you know the health hazards of cigarette smoking and smokeless tobacco. It is the chief, single cause of preventable mortality in this country, responsible for more than 434,000 deaths each year! You can play a vital role in reducing the number of smoking-related deaths by helping your patients stop smoking. Research has shown that your smoking cessation advice may provide the most critical incentive they have to stop.

Your active involvement in smoking cessation counseling is particularly effective for many reasons, among them:

- The physician/patient relationship in smoking cessation counseling is a unique and powerful one, giving a physician a natural forum for smoking cessation counseling.
- More than 70 percent of U.S. smokers see their physician at least once a year, giving physicians access to more smokers than any other qualified individual, group or institution in our society.
- Clinical trials have demonstrated that physicians can help their patients stop smoking.

The National Cancer Institute (NCI) has prepared a step-by-step guide for incorporating a smoking cessation program in your office. The guide employs a team approach to make maximum use of your time where it will be most effective, and to rely on your office staff for other activities, without disrupting a busy practice.

For more information or to arrange a convenient time for your office to receive free training in the NCI program, **How to Help Your Patients Stop Smoking**, contact the Coalition for a Smoke-Free Valley at 402-7460.

1994 Friends of Nursing Awards

Nominations for the 1994 Friends of Nursing Awards will be accepted until Friday, February 25. The awards recognize excellence in nursing practice and are presented annually to members of the nursing staff, including registered nurses, licensed practical nurses, nursing assistants, unit clerks, and other members of the health care team.

To obtain an information packet regarding this year's awards, please call Kim Hitchings, Manager, Professional Development, at 402-1704.

Physician participation in this very successful program is highly encouraged and welcomed.

News from Geriatrics

by Francis A. Salerno, M.D., Chief, Division of Geriatrics

Currently, greater than 50 percent of admissions to the Lehigh Valley Hospital are patients who are 65 years of age and older. Almost all constituents of our healthcare team are involved with providing service to elder patients. The geriatric patient is typically affected by multiple chronic diseases and is cared for by multiple physicians and generally is treated with multiple medications.

Geriatric syndromes such as confusion, dementia, falls, syncope, urinary and bowel incontinence, weight loss, and delirium are often times confounded by the hazards of hospitalization. These syndromes, when not recognized and addressed, have a profound impact on the length of stay and cost of hospitalizations.

Following is a list of issues and references that might be useful for both the geriatrician and non-geriatrician and care providers.

Geriatric Aphorisms and References for Non-Geriatricians

Primary (normal, anticipated) Aging is not a disease, does not cause symptoms and is generally benign. The hallmark of normal aging is loss of physiologic organ reserves.

Rowe JW, Kahn RL. Human aging-usual and successful. *Science* 1987: 237:143-49.

Geriatric care emphasizes total medical, social and psychological functional assessment for comprehensive diagnosis, the determination of patient needs and has optimum recovery of function as the goal of therapy.

Rubenstein LZ, Wieland D. Comprehensive geriatric assessment. ***Annual Review Geriatric Gerontology*** 1987; 9:145-192.

Physicians Caring for the Elderly Must:

◆ Integrate the high risk of Iatrogenesis from drugs and procedures in the elderly into informed decision analysis for treatment planning.

Gorbien MJ, Bishop J, Beers D, et al. Iatrogenic illness in hospitalized elderly people. ***Journal of the American Geriatric Society*** 1992; 40:1031-1042.

◆ Involve other health professionals in the care of patients in formal or informal team care settings to meet the comprehensive needs of the elderly.

Goldstein MK. **Physicians and Teams**, in Ham RJ (ed) ***Geriatric Medicine Annual***, 1989, Medical Economics Books, Oradell, NJ.

◆ Apply primary care principles to an especially challenging age cohort.

Burton JR, Soloman DH. Geriatric Medicine: A true primary care discipline. ***Journal of the American Geriatric Society*** 1993; 41:459-462.

◆ Utilize principles of geropharmacology, to avoid adverse drug reactions, while providing the advantages of therapeutic advances to their patients.

Montamat SC, Cusack BJ, Vestel RE. Management of drug therapy in the elderly. ***New England Journal of Medicine*** 1989; 321:303-309.

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♦ Consider the special ethical challenges that the elderly present. This assures sensitive and appropriate decision making.

Wanzer SH, Federman DD, Adolstein SJ, et al. The physician's responsibility toward hopelessly ill patients: a second look. *New England Journal of Medicine* 1989; 320:844-849.

♦ Use "high-tech" interventions based on the findings of geriatric assessment, with informed decision analysis in a selective and efficient manner. The elderly should not be deprived of new, effective therapies that will improve their functional status.

Irving PW: Patterns of disease. The Challenge of Multiple illnesses. In Cassell CK (ed) *Geriatric Medicine*, 2nd ed., Springer Verlag, New York 1990.

♦ Understand the specifics of common geriatric syndromes and their frequently atypical presentations which may be due to: chronic cognitive impairment which distorts the history, hypophysiologic findings (e.g., blunted febrile and cardiovascular responses) delirium as a non specific initial symptom, unusual etiologies (e.g., unexpected bacteria), and confounding chronic illness.

• **Falls** - Tinnetti ME, Speechley M. Prevention of falls among the elderly. *New England Journal of Medicine* 1989; 320:1055-1059.

• **Delirium** - Lipowski ZJ. Transient cognitive disorders in the elderly patient. *New England Journal of Medicine* 1989, 320:578-582.

• **Dementia** - Katzman R, Jackson JE. Alzheimer disease: basic and clinical advances. *Journal of the American Geriatric Society* 1991; 39:516-525.

• **Depression** - Blazer DG. Depression in the elderly. *New England Journal of Medicine* 1989: 320:164-166.

• **Incontinence** - Resnick NM, Yalla SV. Management of urinary incontinence in the elderly. *New England Journal of Medicine* 1985; 313:800-805.

• **Syncope** - Kapoor W, Snustad D, Peterson J, et al. Syncope in the elderly. *American Journal of Medicine* 1986; 80:419-428.

• **Pressure Ulcer** - Allman RM. Pressure ulcers among the elderly. *New England Journal of Medicine* 1989; 850-853.

• **Pneumonia** - Niederman MS. **Respiratory infections in the elderly**. New York Raven Press, 1991.

♦ Practice optimum interviewing (history taking) and physical examination skills, taking into account sensory and cognitive slowing. Develop comprehensive care plans.

Besdine RW. Clinical approach to the elderly patient. In Rowe JW, Besdine RW (eds), *Geriatric Medicine* 2nd ed., Boston Little Brown, 1988, 23-36.

♦ For a complete review of Geriatric Medicine consider:

Geriatric Review Syllabus, 1991-92 Program
A Core Curriculum in Geriatric Medicine
John C. Beck, MD - Editor
American Geriatrics Society
New York, New York

Geriatric Review Syllabus, 1993-94
(Supplement)
A Core Curriculum in Geriatric Medicine
Reuben, DB; Yoshikawa, TT; Besdine, RW
American Geriatric Society
New York, New York

Meeting Notice

A meeting of the General Medical Staff will be held on Monday, March 14, beginning at 6 p.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78.

All members of the Medical Staff are urged to attend.

1993 Yearbook of Staff Publications

Once again the Research Department is requesting articles for the purpose of compiling another staff publications yearbook. The articles for the new yearbook should fall between the dates of January 1993 and December 1993, however, publications as early as January 1986 will be considered if they were not previously submitted.

In an effort to make this yearbook as complete and accurate as possible, the Research Department requests a reprint or citation of Lehigh Valley Hospital employees and Medical Staff publications which meet the following criteria:

- The article is medically/scientifically oriented; published in a refereed/peer reviewed journal
- Published between January and December, 1993
- Published as an Abstract, Journal Article, Book Chapter, or Letter to the Editor
- The author or one of the authors was an employee or member of the Medical Staff of Lehigh Valley Hospital between January and December, 1993

Please forward your reprints or citations to Leanne Strawn, Research Department, at your earliest convenience. Submissions are requested by March 30, 1994. Reprints that do not meet the inclusion criteria will be returned with an explanation.

A copy of the table of contents of the first four yearbooks is available for your review in the Research Department.

For more information, please contact Leanne in the Research Department at 402-8889.

Request for Applications - Health Services Research Grants

The Research Advisory Committee, through the Research Department of Lehigh Valley Hospital, is announcing availability of request for applications for funding of outcome based research projects and studies. The Research Department, in response to institutional directives, is placing emphasis on clinical outcome research projects. Any study or project that deals with factors affecting the patient clinical outcome, follow-up, and improvement of health status, if approved, may receive funding from the Dorothy Rider Pool Health Care Trust.

Health Services Research

Health status is a multi-faceted term. From the physicians' or caregivers' points of view, health services research involves the quality of care that they are able to provide for patients. This involves financial, technological, and physical resources, as well as adequate numbers of trained personnel. It also involves ongoing involvement in research and the awareness of whatever is new on the frontiers of medicine.

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How the patient does after receiving medical care, the quality of life, the ability to function, "outcome-based" research questions, are also of interest for providers.

From the patient's point of view, health services research involves assessing the quality of health care that is provided to the patient. Cost of obtaining health care, availability, reliability of and satisfaction with results, and preventative medicine are additional concerns.

From the institutional point of view, we are in the business of health care. Obviously, cost-effectiveness is a paramount concern. The patient must be efficiently and appropriately moved through the system to receive his treatment and recover to the fullest possible extent. Quality of patient care has been and should remain the paramount concern. We must consistently examine ways to improve delivery of health care to all who need it, provision for preventative services, same day surgery, outpatient care, and follow-up of patients, to determine real and long-term results after medical care.

It is imperative to examine all of these aspects of health care on an ongoing basis, and to modify and improve when and where necessary. This approach will ensure that Lehigh Valley Hospital will maintain the ability and resources required for providing optimum medical care to the population in the Lehigh Valley.

Eligibility Requirements

Any physician, clinician, or resident, presently on staff, is eligible to apply for these funds. Also, other hospital professional personnel (e.g., laboratory, epidemiology, etc.) are also eligible. Studies would be optimally designed to achieve one or a combination of any of the following goals: 1) examine procedures for cost-effectiveness against morbidity and mortality, 2) follow patients after similar hospital courses to compare results and quality of life for extended period of time, 3) evaluate and document acceptance and implementation of new treatment strategies.

PHAMIS Training Classes - Location Change

Please note that the location for the PHAMIS classes scheduled for March 1, April 5, and May 3, from 1 to 3 p.m., has been changed to the first floor of the School of Nursing.

To schedule a slot in a class or if you have questions, please call Diann Brey at 402-1404.

New Clinical Mail System Instituted

In an effort to improve the rapid availability of clinical information, a new envelope system was instituted on Monday, February 7.

Blue envelopes will now be used to transport clinical data. At the top of each envelope will be stamped "Return to (Department Name)." Departments mailing clinical data will send the reports to the appropriate unit/department. The receiving unit/department will remove the information and place the **empty** envelope in the out box. The Mailroom will return the empty envelope to the originating department for reuse.

For this system to be successful, the blue envelopes must be used for **clinical data and reports only**. They should not be used for routine mailings. When the reports are delivered, they must be placed on patient charts immediately.

By being able to clearly identify patient data and immediate placement on patient charts, the availability of information will increase dramatically.

If you have any questions, please contact Carol Anne Bury, Administrator, Patient Support Services, at 402-8240.

Physician Assistance Program

What Do These Doctors Have In Common?

Mary T. had trouble balancing the demands of work and home life.

Stan S. was worried about his daughter's constant dieting.

John B. is facing liability litigation.

Bill W. was experiencing marital conflict.

What they have in common is that all of them used Lehigh Valley Hospital's **Physician Assistance Program** to help them find solutions to their personal problems.

Just over six months, The Counseling Program of Pennsylvania Hospital began providing **CONFIDENTIAL**, professional counseling services to active members of the Medical Staff as well as to their dependents. To date, the response has been good.

Professional Help

The **Physician Assistance Program** is a comprehensive service developed and operated by The Counseling Program of Pennsylvania Hospital.

Program users can choose from a multi-disciplinary team assembled to provide services.

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This team includes:

- Michael Kaufmann, M.D., Chairperson of the Department of Psychiatry at Lehigh Valley Hospital

- John Turoczi, Ed.D., licensed psychologist and member of the Allied Health Professional Staff at Lehigh Valley Hospital

- Gary Goodwin, M.A., licensed psychologist and Senior Clinician at The Counseling Program

- Linda Unser, R.N., Certified Addictions Counselor and The Counseling Program's drug and alcohol specialist

- Staff of The Counseling Program - Pennsylvania Division (in Philadelphia), including board certified psychiatrists, licensed psychologists, and licensed social workers

Varied Needs

The Program offers physicians and their families counseling services for a wide range of personal problems -- anything that can turn stress into distress -- including marital or relationship difficulties, depression and anxiety, alcohol or drug abuse, family problems, or stress from work or personal concerns.

Please remember that the services of the **Physician Assistance Program** are confidential and easy to use.

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

To use the **Physician Assistance Program** during normal working hours, telephone The Counseling Program's office at (610) 433-8550 or 800-327-8878, identify yourself ONLY as a member of the Lehigh Valley Hospital's Medical Staff (or a family member) and ask to speak to the Program Manager, Oliver Neith.

Physician Well-Being Group

For the past two years, the Physician Well-Being Group has met every other Monday from 6 to 7:30 p.m. In an effort to increase opportunities for participation, the group has decided to meet on alternate Mondays and Wednesdays from 6 to 7:30 p.m.

Following is a list of meeting for the first six months of 1994:

Monday	Wednesday
February 21	March 9
March 21*	April 6
April 18	May 4
May 16	June 1*
June 13	June 29

* New Members Welcome

All meetings will be held in the Conference Dining Room at Lehigh Valley Hospital, Cedar Crest & I-78.

If you have any questions or need additional information, please contact John C. Turoczi, Ed.D., Group Facilitator, at 481-9161.

Clinical Nutrition News

Is Your Patient At Risk For Malnutrition?

by Jane Ziegler, M.S., R.D.

Malnutrition is a serious concern among many hospitalized patients. Some individuals enter the hospital malnourished because of poor eating habits, inadequate intake, or altered digestion, absorption, and/or metabolism related to chronic disease. Some patients develop malnutrition during their hospital stay because of poor food intake, multiple days of being NPO or on clear liquids, other restrictive diets, or prolonged use of inadequate tube feeding or parenteral nutrition.

The presence of malnutrition can adversely affect morbidity and length of stay. Malnourished patients tend to have a longer length of stay, a higher complication rate and delayed wound healing compared to an adequately nourished patient.

Early identification of malnutrition is the key to minimizing the adverse effects. How do you identify these patients? Four different types of nutrition indicators can be used to determine nutritional status. These include clinical, biochemical, anthropometric, and nutrition information. These indicators can determine a patient's nutritional status and unveil the presence of malnutrition.

Clinical indicators include diagnoses which have a high correlation with malnutrition. These include: AAA, AIDS/HIV, amputations, eating disorders, bowel obstruction, burns, cancer, CVA, Crohn's disease, cirrhosis, colitis, decubitus ulcer, dysphagia, esophageal structure, fistulas, gangrene, GI Bleed, hepatic disease, hyperemesis, IBD, infection/sepsis, multiple fractures, multiple trauma, non-healing wound, osteomyelitis, pancreatitis, respiratory failure, SBS, spinal cord injury, hip fracture, pericarditis, renal failure, alcoholism, CHF, and pneumonia.

Further information to evaluate include:

(1) Biochemical Data - Is the admission albumin < 3.5g/al?
(2) Anthropometric Data - weight loss of > 10% or more of body weight (adult), and weight < 80% of ideal.
(3) Nutrition/Diet - > 3 days NPO/clear liquids, > 5 days full liquid, gluten-free diet, pureed diet, dysphagia diets, renal diets, severe sodium restriction, anorexia, nausea, vomiting.

These indicators can provide a clearer picture of your patients nutritional status.

If your patient is at risk for malnutrition, please consult a registered dietitian in the Clinical Nutrition Department at 402-8369. They are available to provide an assessment of nutritional status and will make recommendations for interventions.

The relocation of 4T to 4S is tentatively scheduled for March 16. The main telephone number will remain 402-2331 when 4T relocates.

Congratulations!

Renee Morrow-Connelly, D.O., pediatrician, was recently notified that she successfully passed the general pediatrics certifying examination and is now certified by the American Board of Pediatrics.

Raymond Weiand, D.O., orthopedic surgeon, was recently notified that he successfully passed the clinical examination, the final step of the Board Examination, and is now certified by the American Osteopathic Board of Orthopedic Surgery.

Publications, Papers and Presentations

John E. Castaldo, M.D., neurologist, and **Murali Muppala, M.D.**, general internist, co-authored an article, **Unilateral Supraclinoid Internal Carotid Artery Stenosis with Moyamoya-like Vasculopathy**, which was published in the January 1994 issue of the ***Journal of Neuroimaging***.

A paper, authored by **Jason Green, M.D.**, colon/rectal resident, titled **Transanal Diskectomy for Cure of Rectal Adenocarcinoma: Is Clinical Judgment Accurate?** has been accepted for podium presentation at the national meeting of the American Society of Colon and Rectal Surgeons in Orlando, Fla., in May 1994. The paper was co-authored by **Indru T. Khubchandani, M.D., Robert D. Riether, M.D., Lester Rosen, M.D., James A. Sheets, M.D.**, and **John J. Stasik, Jr., M.D.**, colon and rectal surgeons, and **James Reed, Ph.D.**, Director of Research. The paper discusses 104 patients with carcinoma of the rectum who underwent transanal diskectomy with attempt to cure. The low cancer-specific mortality demonstrated favorable results for these selected cases. This approach is a viable option for cure in selected patients for cancer.

James W. Jaffe, M.D., radiologist, was a recent guest speaker at Grand Rounds at the University of Cincinnati in Cincinnati, Ohio, where he presented **Thrombolytic Therapy for Deep Venous Therapy**. He also presented **Thrombolytic Therapy for Failing Dialysis Grafts** during Grand Rounds at Robert Wood Johnson Hospital Center.

Indru T. Khubchandani, M.D., colon and rectal surgeon, was recently invited to give the prestigious Panchanan Chatterji Oration at the Annual Meeting of the Association of Surgeons of India in Madras where he presented **From Lowly Proctology to Hi Tech Colon and Rectal Surgery**. Later at the Colon and Rectal section of the conference, Dr. Khubchandani delivered the R.K. Menda Oration. His topic was **Laparoscopy in Colon and Rectal Surgery**.

Lester Rosen, M.D., colon and rectal surgeon and Program Director of the Colon/Rectal Residency Program, was the guest speaker at Surgical Grand Rounds at Beth Israel Medical Center in New York City, N.Y., on January 21. His presentation was **Issues in Colon/Rectal Cancer Surgery, Laparoscopic versus Open Resection**.

In addition, Dr. Rosen contributed a chapter in the recently published textbook, **Pelvic Surgery and Treatment**, by Paul Sugarbaker, Medical Director of the Cancer Institute, Washington Hospital Center, Washington, D.C. The title of the chapter is **Retrorectal Tumors**.

Upcoming Seminars, Conferences and Meetings

Stahler-Rex Health Care Symposium

The second annual **Stahler-Rex Health Care Symposium** titled **Health Care: Givers, Receivers, Payers** is scheduled for Saturday, March 19, from 8:30 a.m. to 1 p.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78.

The program will include **Assuring Quality in a Managed Care Environment** to be presented by Joseph R. Carver, M.D., Associated Professor of Medicine, Hahnemann University, and Medical Director of U.S. HealthCare; **Group Practice in the Era of Health Care Reform: The View from a Permanente Medical Group** to be presented by Robert J. Laskowski, M.D., Group Medical Director and Associate Regional Medical Director of Kaiser Permanente; and **Postponement as Prevention for Chronic Diseases of Aging** to be presented by Jacob A. Brody, M.D., Professor of Epidemiology and Research Medicine, Division of Epidemiology-Biostatistics in the School of Public Health, University of Illinois at Chicago.

Members of the community who are concerned with the quality and delivery of cost-effective health care are invited to attend. The symposium is sponsored by the Dr. John E. Stahler and the Dr. James C. Rex Endowment Fund in Support of Surgical Education, Research, and Development.

For more information, contact the Department of Surgery at 402-1296.

Regional Symposium Series V

Fourth Annual Critical Care Symposium will be held on Friday, February 25, from 8 a.m. to 1:50 p.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78.

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

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

- contrast the metabolic effects of enteral and parenteral nutrition and discuss the use of peptides as organ specific nutrients;
- describe etiology, symptoms, and treatment of anxiety, agitation, and delirium in the ICU;
- describe the initial evaluation and comprehensive management of a burn patient as well as new technologies, i.e., immunomodulation and wound closure;
- identify current methods of monitoring quality of care by government and third party payors and discuss strategies to reduce costs in clinical care; and
- discuss the clinical presentation, differential diagnosis, management, and antidotal therapies of serious drug toxicities.

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Traumatology: Psychiatric Contributions to Treatment and Recovery will be held on Friday, March 4, from 8 a.m. to 4 p.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78.

Physicians, nurses, rehabilitation therapists, psychologists, social workers, and other mental health and rehabilitation professionals interested in care and rehabilitation of trauma patients will benefit from this program.

At the completion of the program, participants should be able to describe:
- the expected family reactions to traumatic injury;
- the range of neuropsychiatric sequelae following minor head trauma;
- the expected reactions of emergency personnel to traumatic injury; and
- the behaviors usually manifested by severely injured adolescents.

Fifth Annual Symposium on Infectious Diseases will be held on Thursday, March 10, from 12:30 to 4:30 p.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78.

Physicians, nurses, and other health care workers concerned with infectious diseases will benefit from this program.

At the completion of the program, participants should be able to:
- discuss new insights related to changing patterns of infectious diseases;
- describe the prevention, diagnosis, and treatment of ventilator associated pneumonia; and
- describe the techniques for diagnosing and managing listeria infections.

Update on Heart and Lung Surgery will be presented on Saturday, March 26, from 7 a.m. to 12:45 p.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78.

Physicians, nurses, and other health care professionals interested in an update on heart and lung surgery will benefit from this program.

At the completion of the program, participants should be able to:
- describe cardiomyoplasty and its use in various patient populations
- describe the new technique for artificial replacement of the aortic valve and arch, and
- describe the indications for using thoracoscopic surgery as a treatment in pulmonary and mediastinal disease.

For more information, please contact Human Resource Development at 402-4609.

Medical Grand Rounds

Current Applications of Transesophageal Echocardiography will be presented by Michael Rossi, M.D., cardiologist, on Tuesday, February 22, at noon in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78.

For more information, contact the Department of Medicine at 402-8200.

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Department of Pediatrics

Office Evaluation of Proteinuria will be presented by Steven Wassner, M.D., Chief, Division of Pediatric Nephrology and Pediatric Diabetes, Hershey Medical Center, on Friday, February 25, at noon in the Auditorium of Lehigh Valley Hospital, 17th & Chew.

For more information, contact Beverly Humphrey in the Department of Pediatrics at 402-2410.

Psychiatric Grand Rounds

Clinical and Research Advances in Multiple Personality will be presented by Marlene Steinberg, M.D., Associate Research Scientist in the Department of Psychiatry, Yale University School of Medicine, New Haven, Conn., on Thursday, March 17, from noon to 1 p.m., in the Auditorium of Lehigh Valley Hospital, 17th & Chew.

As lunch will be provided, pre-registration is requested by calling the Department of Psychiatry at 402-2810.

Decisions Near the End of Life

Two sessions for the Decisions Near the End of Life program have been scheduled for the 1994 season. Each session contains four modules including: Weighing Benefits and Burdens, Planning with Patients, Patients Without Decision-Making Capacity, and Problem Solving in Hard Cases.

The modules are designed for interdisciplinary groups of about 15 individuals and led by trained facilitators.

The dates of the first session are March 11, April 8, May 13, and June 10. The second session will be held on September 8, October 6, November 3, and December 1.

For more information or to register, contact Gale Brunst in the Critical Care Office at 402-8450.

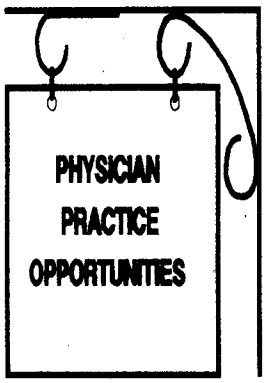
DataLink '94

DataLink '94, a conference on office automation and the advantages of submitting claims and exchanging data electronically with Pennsylvania Blue Shield and Medicare, will be held on Wednesday, March 9, at the Allentown Hilton, 904 Hamilton Mall. The program will be presented from 8 a.m. to noon, and from noon to 4 p.m.

For more information, contact Pennsylvania Blue Shield at (717) 763-6722 and press option 1.

Smoking Cessation Services are available to your patients, both inpatient and outpatient.

For more information, contact the Health Promotion and Disease Prevention Department at 821-2152.



- For Sale or Lease -- Springhouse Professional Center, 1575 Pond Road. Ideal for physician's office. Approximately 1,000 sq. ft.

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

- For Sale -- Office building at Northeast corner of 19th and Turner Streets in Allentown. Upper level - 2,400+ sq. ft., large waiting room, two large consultation rooms, five exam rooms, etc. Lower level - 2,300+ sq. ft. Parking lot for 16 cars.

- For Lease -- Monday time slot available in the medical office building on the campus of Gnaden Huetten Memorial Hospital in Lehighton.

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

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

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

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

- For Lease -- Specialty practice time-share space available in a comprehensive health care facility. Riverside Professional Center, 4019 Wynnewood Drive, Laurys Station. Half- or full-day slots immediately available.

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

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

WHO'S NEW

The Who's New section of ***Medical Staff Progress Notes*** contains an update of new appointments, address changes, newly approved privileges, etc.

Please remember that each department or unit is responsible for updating its directory, rolodexes, and approved privilege rosters.

Medical Staff

Appointments

Leilani L. Heller, DO
2015 Hamilton Street
Suite 104
Allentown, PA 18104
(610) 434-2802
Department of Family Practice
Provisional Referring

Vincent R. Lucente, MD
Lehigh Valley Hospital
17th & Chew
Allentown, PA 18105-7017
(610) 402-9525
Department of Obstetrics and Gynecology
Division of Gynecology
Provisional Active

David Meir-Levi, MD
2200 Hamilton Street
Suite 215
Allentown, PA 18104
(610) 820-9720
Department of Surgery
Division of Cardio-Thoracic Surgery
Provisional Courtesy

William L. Miller, MD
Vice Chairperson and Residency Program Director
Department of Family Practice
Lehigh Valley Hospital
Cedar Crest & I-78
Allentown, PA 18105-1556
(610) 402-8416
Department of Family Practice
Provisional Active

Roy E. Monsour, MD
Emergency Care Associates of Allentown
Cedar Crest & I-78
P.O. Box 689
Allentown, PA 18105-1556
(610) 402-8111
Department of Emergency Medicine
Division of Emergency Medicine
Provisional Active

Brendan J. O'Brien, DO
1709 Hamilton Street
Allentown, PA 18104
(610) 820-5771
Department of Surgery
Division of Orthopedic Surgery
Provisional Courtesy

Raymond L. Weiand, DO
Parkland Orthopedic Associates
1028 N. 19th Street
Allentown, PA 18104
(610) 432-4421
Department of Surgery
Division of Orthopedic Surgery
Provisional Courtesy

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Additional Privileges

John J. Cassel, MD
Department of Medicine
Division of Cardiology
Active
Stent Placement Privileges

Stephen T. Olex, MD
Department of Medicine
Division of Cardiology
Active
Stent Placement Privileges

Robert J. Oriel, MD
Department of Medicine
Division of Cardiology
Active
Stent Placement Privileges

Changes of Address

Allentown Radiation Oncology Associates
Charles A. Andrews, MD
Michael J. Lambo, MD
Clinton H. Leinweber, DO
Victor R. Risch, MD
John & Dorothy Morgan Cancer Center
Cedar Crest & I-78
P.O. Box 689
1240 S. Cedar Crest Blvd.
Allentown, PA 18105-1556
(610) 402-0700

J. John Collins, MD
Fairgrounds Anesthesia
400 N. 17th Street
Allentown, PA 18104
(610) 821-0750

Sarah J. Fernsler, MD
501 N. 17th Street
Suite 212
Allentown, PA 18104

Orthopaedic Associates of Allentown
Thomas B. Dickson, Jr., MD
Peter A. Keblish, Jr., MD
Steven J. Lawrence, MD
Thomas D. Meade, MD
Patrick B. Respet, MD
Clifford G. Vernick, MD
1243 S. Cedar Crest Blvd.
Suite 2500
Allentown, PA 18103

Leave of Absence

Robert N. Dixon, MD
Department of Pediatrics
Division of General Pediatrics
Active

Deidre J. Greene, MD
Department of Pediatrics
Division of General Pediatrics
Active

Joseph M. Pascuzzo, DO
Department of Medicine
Division of Hematology/Medical Oncology
Courtesy

Resignation

Harry R. Burger, DO
Department of Surgery
Division of General Surgery
Courtesy

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Allied Health Professionals

Appointments

Lora Lesak, PNP
Physician Extender
Professional - PNP
(Hospital - Pediatric Clinic - Dr. Smith)

Carol A. Romano, CRNP
Physician Extender
Professional - CRNP
(John Cassel, MD)

Monica M. Stauffer, RN
Physician Extender
Professional - RN
(Cardiology Care Specialists - Dr. Silverberg)

P & T Highlights

The following action were
taken at the January 10, 1994
Pharmacy and Therapeutics
Committee Meeting
James A. Giardina,
Director of Pharmacy

FORMULARY ADDITION REQUEST

Liothyronine Sodium (Triostat, SKB) - is the only available injectable free T_3. It is indicated in the treatment of Myxedema Coma/Precoma. Liothyronine has also been used to assist patient weaning from cardiopulmonary bypass (CPB) and/or to improve myocardial function in patients not responding to inotropic agents and intra aortic baloon pump (IABP) support. Several studies have suggested that total T_3 levels are significantly reduced during and after CPB, i.e. Euthyroid Sick Syndrome. These trials have shown that intravenous T_3 improves cardiac output & contractility following CPB. Due to its rapid onset & short duration, no significant drug interactions or adverse effects have been reported following CPB usage. The usual dose is 60 mcg (cost = $1100/dose).

Nicardipine Extended Release (Cardene SR, Syntex) - is a twice daily formulation of this Calcium Channel Blocker indicated in the management of essential hypertension. The recommended initial dose is 30 mg twice daily, while the usual dose ranges between 30 - 60 mg twice daily. The maximum blood pressure lowering effect at steady state is sustained from 2 to 6 hours post dose. When initiating or adjusting therapy, BP should be measured 2 to 4 hours after the dose, as well as at the end of the dosing interval. The possibility of symptomatic hypotension should be considered during this time. Nicardipine SR has not been studied in patients with hepatic impairment, consequently no dosage recommendations are made. In renally impaired patients, Nicardipine SR should be initiated at 30 mg twice daily. Due to lack of interchangeability between immediate and sustained release formulations, the manufacturer states that the total daily dose of immediate release should only be used as a guide in converting patients to the extended release formulation. However, therapy can be converted to extended release capsules by giving the currently administered effective dose in two rather than three doses and adjusting based on patient response.

DRUG USE EVALUATION (DUE) CORNER

Target Antibiotics

Overview - November Costs were $112,838, which is 14% less than October 93. Gram usage was down 10% for the same period. Both overall cost & cost per gram were less in Nov 93 compared to Nov 92. Data on Average length of therapy (LOT) for empiric use of Ceftazidime and Ciprofloxacin show a decrease of one day from October to November. This follows the institution of more aggressive pharmacy suggestions. The Committee questioned how well Prescribers have accepted pharmacy recommendations. Between Dec 1 & Jan 10, 12 of 14 antibiotic recommendations were accepted by Physicians.

Ciprofloxacin - 33 patients receiving I.V. ciprofloxacin during November were reviewed. 4 (12.1%) cases of surgical prophylaxis were noted. 19 (57.6%) patients received I.V. ciprofloxacin empirically with an average length of therapy of 2.24 days. Cipro I.V. to po chart memos were placed on 20 (60.1%) charts. Of all 33 cases, 5 patients were not appropriate for oral therapy, and 13 patients had therapy D/C'd or changed to po before memo was placed on chart. Nine (9) patients were changed to oral therapy within 1-2 days, 1 pt. received I.V. therapy x 10 days before being changed to po. Three (3) patients were changed to other therapy and 3 patients were never changed to po.

Ceftazidime - 66 patients receiving ceftazidime were evaluated in November. 42 (63.6%) patients received ceftazidime empirically with an average length of therapy of 2.79 days. Six (6) cases of surgical prophylaxis were noted. Piperacillin conversion forms were placed on 3 of the 32 (9%) ceftazidime 2 Gm therapies. 12 patients had therapy D/C'd before review. 8 patients had infection either failing pip therapy or pip resistant. 7 patients had documented pen allergies. Of the 3 forms placed, 1 patient had therapy D/C'd and 2 continued on the 5-7 days of ceftazidime therapy.

Ampicillin/Sulbactam - 86 patients receiving ampicillin/sulbactam in November were reviewed. 63(73.3%) received ampicillin/sulbactam empirically for an average length of therapy of 3.2 days. 11 (12.7%) cases of surgical prophylaxis for 24-48 hours peri-operatively were noted. One case of non-aspiration pneumonia together with an E. coli UTI, was changed to ceftriaxone on day 4. One pan sensitive E. Coli UTI was treated with ampicillin/sulbactam for 7 days. Ampicillin/sulbactam resistance was noted in 9/63 (14.3%) cases (excluding surgical prophylaxis and mixed infections). Resistant organisms grew in patients treated empirically for diabetic foot infections (2), aspiration pneumonia (2), urosepsis (1), and sepsis (4). Ampicillin/sulbactam was chosen empirically in each of these cases and then tailored according to culture and susceptibility results.

1994 CALENDAR

The Committee approved a list of proposed drugs for evaluation in 94. The list includes:

Antibiotics in Surgical Prophylaxis
Agents used in Continuous Sedation
Plasma Expanders
Pediatric Asthma Medication Therapy
Flumazenil
Bitolterol
Cisapride
Lidocaine for Pain Control
Diltiazem Injection
Milrinone Injection
I.V. H2 Receptor Antagonists

Given the dynamic nature of medication therapy & the DUE Process, other agents or disease states will be added as the opportunity arises. (Editor's Note: The DUE Process is intended to assure that patients receive appropriate medication therapy. Particular attention is paid to high use, problem prone or high cost agents and disease states where outcomes might be improved.)

ADVERSE DRUG REACTION REPORT

For the seven month period from May to November, a total of 133 reactions were reported, with three reactions considered to be serious. Examples of the serious reactions are:

TABLE 1 - *ADVERSE REACTIONS REPORTED ON INPATIENTS*

DRUG	REACTION	PROBABILITY[1]
Lisinopril	agranulocytosis	probable
Ketorolac/Warfarin	rectal bleeding	possible[2]

1. Probability rating is derived from an algorithm developed by Naranjo, et al., Clin Pharmacol Ther. 30; 2:239-245.
2. Patient had an elevated PT and was receiving twice the recommended dose of Ketorolac (based on age > 65 yo).

In addition to the serious reactions reported on inpatients, three additional reactions were documented as being the direct cause for admission.

TABLE 2 - *ADVERSE REACTIONS LEADING TO ADMISSION*

DRUG	REACTION	PROBABILITY[1]
Cefaclor	Serum Sickness	probable
Phenytoin	Hypersensitivity Syndrome	probable
Astemizole	Torsade de Pointes	probable

ORAL H2 RECEPTOR ANTAGONIST USAGE

The Committee was given a report on three months worth of usage of oral H2RA's since the conversion to Nizatidine as the preferred formulary agent. Only 6% of the orders were written explicitly as "Do Not Substitute" for a different H2RA. The incremental cost for the Do Not Substitute orders was projected to be $6700 per year.

The Committee recommends the following relative to the necessity of agents for stress ulcer prophylaxis:

Acute stress ulcers with associated upper GI hemorrhage are well recognized complications in the critically ill patient. Risk factors frequently implicated in stress ulcer formation include head injury, the post-surgical state, burns, and respiratory failure. Current stress ulcer prophylaxis using H_2 antagonists, sucralfate, or antacids, has been successful in reducing the incidence of clinically important bleeding to 2 to 3% among seriously ill surgery patients. Although very efficacious in preventing stress ulceration, these agents are not without adverse risks.

Many times after a patient is started on an H_2 antagonist, or an alternate form of stress ulcer prophylaxis, the agent is continued far beyond the time period during which the patient is at risk for stress ulcer development. This presents multiple problems which include:

1. These agents are not without side effects and have been reported to cause:
   a. Thrombocytopenia (H_2 antagonists)
   b. Confusion (H_2 antagonists)
   c. Constipation/Diarrhea (Mg/Al containing Antacids)
   d. Drug Interactions
      i. H_2 antagonists: decreased absorption of drugs which require an acidic environment to facilitate absorption (eg. oral ketoconazole)
      ii. Sucralfate: decreased absorption of various agents due to absorption by sucralfate (eg. ciprofloxacin, tetracycline)
      iii. Antacids: the magnesium and aluminum contained in most antacids decrease the absorption of a number of agents (eg. levothyroxine, warfarin)

2. Often patients are continued on these agents indefinitely, with therapy sometimes extending long after discharge. The original indication is often forgotten due to lack of communication, and the agent is continued due to fear of discontinuing a perceived necessary therapeutic agent. This results in significant cost to the patient as well as an unnecessary risk of side effects and drug interactions.

It is the recommendation of the Pharmacy and Therapeutics Committee that stress ulcer prophylaxis continue only as long as is necessary and that the therapy be re-evaluated periodically based on the patient's risk factors for stress ulcer development. It is especially helpful to evaluate the need for these particular agents as patients are transferred from unit to unit, as they begin to tolerate enteral feedings, and especially upon discharge from the hospital.

References available upon request

PEDIATRIC ADMIXTURE PROGRAM

The Committee approved the institution of Pharmacy prepared intermittent intravenous infusions for Pediatrics. Similar to the Adult Admixture Program, the Pediatric Program is based on Standardized Diluents & Concentrations. The Program has the endorsement of the Pediatric Care Committee, and the Pediatrics Department.

LEHIGH VALLEY
HOSPITAL

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Medical Staff Progress Notes **is published monthly to inform the Lehigh Valley Hospital Medical Staff and employees of important issues concerning the Medical Staff. Articles should be submitted to Janet M. Laudenslager, Physician Relations, 1243 S. Cedar Crest Boulevard, Allentown, PA 18103, by the first of each month. If you have any questions about the newsletter, please call Ms. Laudenslager at 402-9853.**

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M/F/H/V