

Medical Staff Progress Notes

Volume 6, Number 10
October, 1994



From the President

Congratulations to the Division of Neurosciences (Department of Medicine) and the Division of Vascular Surgery on the NIH announcement regarding ACAS. This report represents a major advance in health care and our hospital/medical staff represented the leading institution for patient enrollment. This is a major accomplishment of which we certainly can all feel proud.

Also, I am pleased to report that Ingersoll Rand has selected Lehigh Valley Hospital as one of its centers for cardiac care. We represent one of six institutions nationwide to be selected. Kudos to the Cardio-thoracic Surgeons, Cardiologists and Administration.

Recent appointments for the Clinical Assistant Professorship at Penn State have recently been announced. Our congratulations to those clinicians so honored.

At the Medical Executive Committee, we have been reviewing the issues of physician-physician, physician-hospital and hospital-physician responsibilities and commitment. Also, as I have mentioned in the past, John VanBrakle, M.D. and I co-chair a subcommittee addressing these issues. One very important issue continues to be the need

for mutual communication grounded in fact. We shall begin forums for discussions regarding issues of concern to both the Medical Staff and Administration. These meetings will be led by TROIKA and Elliot Sussman, M.D., President and CEO, and Louis Liebhaber, COO. The first meeting is planned for early November. We're working on the arrangements and format and will provide further information.

A questionnaire will soon be sent to the entire Medical Staff. This questionnaire centers on issues of responsibility mentioned above. I believe this to be an important means of gaining and sharing data essential for the further growth and development of the Medical Staff of Lehigh Valley Hospital. I ask that you seriously consider these questions, providing thoughtful and meaningful answers.

It is with great sadness that we note the passing of George Moerkirk, M.D. George's accomplishments helped to ensure quality emergency medical care for our community, and provide a continuing legacy to this great man. Our deepest sympathies are extended to his family.

Best regards,

Joseph A. Candio
President, Medical Staff

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Site and Facilities Update

Cedar Crest & I-78

Roadwork to Result in Added Safety, Access and Convenience

Lehigh Valley Hospital is initiating and funding a project that will ease the flow of traffic and improve automotive safety along Cedar Crest Boulevard and the hospital's main access road.

"The project, which will be completed in six phases, is designed to alleviate the congestion that makes driving conditions less than ideal for hospital and general traffic," says Ken Erland, Vice President, Facilities and Construction.

Phase 1

Contractors have completed Phase 1 of the project which included the removal of a median at the entrance to the hospital's main access road and two islands that allow drivers to ease off Cedar Crest Boulevard and onto the hospital campus or the 1243-1251 office buildings.

Phase 2

The second phase of the project began September 30 and will continue through October 27. During this time, a section of Cedar Crest Boulevard, extending north of the hospital to the I-78 exit ramp and south to Fish Hatchery Road, will be widened.

Phase 3 (October 25-30)

Phase 3 will begin as Phase 2 draws to a close and continue from 9 p.m. to 6

a.m. daily. During this time, the intersection of the hospital's main entry drive and Cedar Crest Boulevard will be widened to facilitate traffic flow into and out of the hospital campus.

Phase 4 (October 17 - November 11)

Concurrent with Phase 3, contractors will proceed with Phase 4 and plans to widen the inbound and outbound main and south access roads to the hospital.

Phase 5 (November 12-30)

During Phase 5, a median will be installed in the center of the hospital's main access road along with two islands to ease traffic in and out of the hospital.

Phase 6 (April 1995)

The project will be suspended during the winter months and resume in April 1995 for the final phase when the Cedar Crest Boulevard southbound left-turn lane will be extended.

Administrative Offices Relocate

Senior management has relocated to new offices on the third floor of the Anderson Wing. Personnel involved in the move and their new extensions include:

Elliot J. Sussman, M.D., Ext. 7500
Regina M. Jones, Ext. 7500
Audrey L. Lauer, Ext. 7500

Vaughn C. Gower, Ext. 7510
Mary T. Kinneman, Ext. 7510
Linda L. Moyer, Ext. 7510

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Louis L. Liebhaber, Ext. 7515
Thomas H. Hansen, Ext. 7515
Carolyn Trauger, Ext. 7515

Joseph A. Candio, M.D., Ext. 7520
John C. Stavros, Ext. 7520
Joan E. Sweeney, Ext. 7520

All mail for senior management should be forwarded to the Management Suite with the exception of Dr. Candio; his mail should continue to be forwarded to his practice office at CCMOB1230, Suite 201, or to the Medical Staff Services Office, Cedar Crest & I-78.

Renovations Proceeding on Nursing Offices

Renovations are in progress for new nursing administration and staffing offices in the area previously occupied by Human Resources. The project is scheduled for completion this month. Concurrently, offices and departments surrounding the existing annex and administrative offices are being relocated so renovations can begin in the GI Lab and Pre-admission Testing.

Lithotripsy Addition, Angiography Room Completed

Construction has been completed on an extension of the lithotripsy area adjacent to the shock/trauma unit, including the addition of a dock to facilitate transport of the portable lithotripter. Meanwhile, a second angiography room has been added to the Radiology Department in space previously occupied by a special procedures room. The lithotripsy addition has already been evaluated and passed inspection by state officials.

Official Address Prevents Delays

The official mailing address for Lehigh Valley Hospital, Cedar Crest & I-78, including hospital departments at 1240 S. Cedar Crest Blvd., is P.O. Box 689, Allentown, PA 18105-1556. Mail addressed to 1200 or 1240 S. Cedar Crest Blvd. is forwarded to a post office outside of Allentown. To avoid unnecessary delays in mail delivery, please be sure to use the correct address.

17th & Chew

State Okays Transitional Unit

The State Department of Health has approved the hospital's plans to open a transitional or sub-acute care unit for elderly and disabled patients. The unit, which will accommodate 52 patients on the fifth floor of the hospital, will serve medically-stable patients who no longer require acute care but are not well enough to be discharged home or transferred to a nursing home. Similar but smaller units are already operating at capacity at Muhlenberg, St. Luke's, and Sacred Heart Hospitals.

Access Limited to Schaeffer Wing

The second floor Schaeffer Wing, from the white elevator at the west end of the Trexler Wing to the former Dental Service, has been closed for renovations that will continue through early December. Emergency egress signs have been posted at each end of the construction area.

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Dental Service Relocates

The Dental Service, including the dental clinic, laboratories and administrative functions, has relocated to newly-renovated quarters on 1N, the former OTU/Express Care area. Calls regarding patient care and continuing education should be directed to Pat Atno, supervisor, at 402-2245, while information about the residency program is available through Linda, the dental secretary, Monday through Friday, from 8:30 a.m. to 12:30 p.m., at 402-9636. To reach Dr. Incalcaterra, Assistant Residency Program Director, please call 402-2910.

Outpatient Testing to be Consolidated

Also on the first floor, renovations are proceeding on schedule for a unit that will consolidate outpatient diagnostic services including EEG, EKG, Respiratory Therapy, Pulmonary Function, and Heart Station. However, to facilitate the ambulatory surgery project, EEG, EKG, Respiratory Therapy, and Heart Station have been temporarily relocated to the ICU since the outpatient testing unit will not be completed until mid-October.

New Ambulatory Surgery Unit to Open

On the second floor Tower, renovations are proceeding on the pre-admission testing area and ambulatory surgery (short procedure) unit that will adjoin the Operating Room suites.

Speech Pathology Update

Callie McClatchy and Cheryl Laky, director and secretary, respectively, of the Speech Pathology Department, have relocated to Cedar Crest & I-78 between 4A and 4C and are available to address administrative issues regarding this service at 402-5095. Appointments for outpatients can also be scheduled by calling this extension. However, actual outpatient treatment will be provided in Room 5S03, 17th & Chew, at 402-2544. Meanwhile, Patti Schlegel, Melanie Jozefiak, and Denise Wolst, speech pathologists, can be reached at 402-1665, sixth floor, Cedar Crest & I-78.

Memorial Funds Established

George E. Moerkirk, M.D., Chief, Division of Prehospital Emergency Medical Services, and Director of Flight Operations at Lehigh Valley Hospital, died on September 27.

A number of memorial funds have been established in his memory. Donations may be made to:

**Moerkirk Emergency Medicine
Institute Trust Fund**
1243 S. Cedar Crest Blvd.
Suite 3326
Allentown, PA 18103

Castronis Ambulance Corps
3939 Broadway
Allentown, PA 18104

Trinity Memorial Lutheran Church
535 W. Emaus Avenue
Allentown, PA 18103

Upcoming JCAHO Survey - Medical Staff Members to be Questioned on Patient Care Units

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) will be visiting the hospital from November 3 through 9 to conduct a survey of hospital services and operations. Held every three years, the purpose of the survey is to determine if the hospital is in compliance with its standards and providing high quality patient care. The survey team is typically comprised of a physician, a nurse, and an administrator. The team will review hospital and medical staff records pertaining to credentialing and privileging, performance improvement (formerly referred to as quality assurance), infection control, plant technologies and safety management, information management, and patient assessment and education, among others.

An important new element of this year's survey is the JCAHO's focus on not just whether the hospital has policies and procedures in place, but also whether hospital personnel, the medical staff, the allied health staff, and volunteers are knowledgeable of the policies and procedures, and whether those policies and procedures are being carried out. To that end, surveyors will be stopping caregivers on the units (**IT COULD BE YOU**) to ask questions pertaining to the hospital's mission statement, procedures for fire safety, bomb threats, identification and handling of hazardous materials, documentation of patients' charts, the hospital's performance improvement process, and

whether there are any specific performance improvement projects underway in that particular area. Further, the surveyors will also be asking patients questions to determine whether the staff is actually carrying out its policies related to patient education and patient rights.

To assist you in answering some of these questions, the Safety Office has ordered laminated cards designed to be worn with your I.D. badge. These cards contain the following information: the telephone number to call for all emergencies (555), names of codes and their definitions (e.g., **Code Blue**), and a chart of the hazardous materials identification system. These cards are expected to be delivered to you the week of October 17. If you need additional information about these cards, please contact the Safety Office at 402-8518. In addition, the reverse side of your I.D. badge states the hospital's mission and values statements.

Your participation in this survey process is a very significant portion of the overall scoring for the hospital, and your cooperation is very much appreciated. If you have any questions or concerns regarding this issue, please call Medical Staff Services at 402-9850.

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Tips to Assist You to Prepare for JCAHO

- Attach the laminated safety cards to your I.D. badge when you receive them, and wear your I.D. badge whenever you are in the hospital facilities.
- Become familiar with the placement of fire extinguishers and escape routes for each of the patient care units you frequent.
- Talk to the staff nurses about any performance improvement projects which may be underway on those units you frequent.
- If a surveyor asks you questions, phrase your answers in a positive manner and provide only the information requested.

- Remember that although you may not know the specifics of a given policy or procedure, if you can show that you know where the policy manual is located in the nurses' station, that answer will be sufficient.

A Medical Staff luncheon conference has been scheduled for Friday, November 4, from 12:45 to 1:15 p.m., in Classroom 1, to acquaint members of the Medical Staff with the purposes and goals of the Joint Commission and issues identified by the surveyors relating to the performance of the Medical Staff. All members of the Medical Staff are urged to attend.

If you plan to attend, please contact Medical Staff Services at 402-9850.

Changes in Admitting Functions During Night Shift

Effective October 17, 1994, processing of admissions, bed assignments, body releases, and all other functions currently performed by the Inpatient Admission Office at Cedar Crest & I-78 during the night shift, will be performed by the Emergency Department Registration Office at Cedar Crest & I-78.

All processes will be transferred from the Inpatient Admission Office to the Emergency Department Registration Office at 11 p.m. each night, and will be returned at 5 a.m., Monday through Friday, and at 7 a.m., Saturday and Sunday.

If, at any time, you have questions regarding admissions or related information, please continue to call the Admitting Department at 402-8061.

If you have questions regarding this issue, please contact John Horoski, Director, Access Services, at 402-8202, or Andrew Meyers, Supervisor, Inpatient Admitting, at 402-4296.

Observation Bed Status Update

Some physicians and hospital staff have requested an update and reminder of protocols for use of Observation Bed Status. Some important points to remember include:

- Medicare regulations as well as hospital policy require that observation status not exceed 24 hours.
- The physician **must** write an order to assign the patient to observation status.
- A decision must be made **within 24 hours** to discharge the patient or to admit as an inpatient.

Appropriate candidates include:

- Patients whose anticipated stay is less than 24 hours.
- Patients whose ambulatory stay may exceed 14 hours.

- Patients who need evaluation and treatment until the acuity of their condition can be established.

Inappropriate Use of Observation Beds:

- Convenience of patient, family or physician.
- Custodial care.
- Conditions routinely treated as an outpatient.
- Acute psychiatric problems.
- Criteria for inpatient admission is met.

If you have any questions regarding observation status, please feel free to call Arline Connors, Manager, Resource Utilization Management, at 402-8604.

Clinical Trials Available for HIV Patients

The hospital was recently contacted by the AIDS Clinical Trials Unit of the University of Pennsylvania with an update of Clinical Trials available in the Philadelphia area. These studies focus on adult patients with HIV and address varied concerns including prophylaxis, opportunistic infections, anti-retroviral therapy, nutrition, and women's health issues. Please consider if your HIV patients might benefit from a referral to one of these studies.

For more information regarding these Clinical Trials, please contact the AIDS Activities Office at 402-2400.

Attention Physicians - Atrovent Solution (ipratropium bromide) is in short supply and may be until the end of the year, according to the Pharmacy. Metered Dose Inhalers will be used on appropriate patients. Please order alternative medications if possible. Thank you.

Fifth Annual Prostate Screening a Huge Success

With over 1,450 participants, the Fifth Annual Prostate Screening Program was held on September 17, 19, 22 and 24, at the John and Dorothy Morgan Cancer Center.

The free screening program, which is sponsored by the Morgan Cancer Center, consists of prostate specific antigen (PSA) blood work being drawn and a digital rectal exam performed by a physician. All participants receive follow-up letters with those screening results. Participants with abnormal results receive follow-up telephone calls as well as the follow-up letter.

With an increase of over six times the response as last year, this year's program resulted in the addition of two extra screening dates.

Coordinating this year's program included: **Richard M. Lieberman, M.D.**, and **Edward M. Mullin, Jr., M.D.**, Co-Unit Directors, Genitourinary Oncology, Morgan Cancer Center; **Lori Barrell, R.N., M.S.N., O.C.N.**, Oncology Nurse Educator, Morgan Cancer Center; and

Sharon Boley, Manager, Peripheral Sites Coordinator, Health Network Laboratories.

The success of the program was made possible through the efforts of the following physicians who volunteered their time and expertise: **David L. Clair, M.D.**, **Arthur E. Fetzer, M.D.**, **Jeffrey L. Gevirtz, M.D.**, **John S. Jaffe, M.D.**, **Richard M. Lieberman, M.D.**, **Edward M. Mullin, Jr., M.D.**, **Brian P. Murphy, M.D.**, **Joseph Pascal, M.D.**, **Daniel M. Silverberg, M.D.**, and **Robert Wasko, M.D.**, Division of Urology; **Headley S. White, Jr., M.D.**, Chairperson, Department of Family Practice; **John P. Fitzgibbons, M.D.**, Chairperson, Department of Medicine; **David Prager, M.D.**, Director, Morgan Cancer Center; and **Joseph A. Candio, M.D.**, and **Paul Guillard, M.D.**, Division of General Internal Medicine.

In addition, 63 staff members from nursing, administration, laboratory, and clerical provided their assistance.

Historical Archives

The Historical Archives is seeking pictures, instruments, and any other memorabilia that will illuminate the past of Lehigh Valley Hospital or of medicine and its specialties. Any contributions will be a significant addition for displays. The preservation and exhibition of materials from the past will make possible a deeper and

fuller understanding of medicine and Lehigh Valley Hospital's role in the history of health care in the Lehigh Valley.

If you have any questions or materials to donate, please call Joanne Mortimer, Ph.D., Historical Archivist, at 402-9680.



Legal Briefings

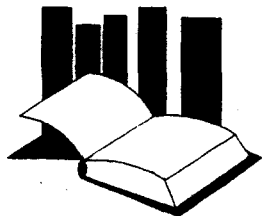
One of the most frequently asked questions received in the Department of Legal Services/Risk Management deals with the reporting obligation of physicians for impaired drivers.

The Pennsylvania Motor Vehicle Code requires that physicians promptly report to the Pennsylvania Department of Transportation (PennDOT) the identity of any person over 15 years of age diagnosed as having a condition that could impair a driver's ability to drive. The report must be made in writing and be submitted to PennDOT within 10 days after the physician's contact with the patient.

Reports can be made by letter or by using PennDOT's Initial Reporting

Form, which can be obtained from the department. When reporting, you should include the patient's full name, address, and date of birth. Also, describe the condition and any specific information about the condition which will help the department make a licensing decision. Send your letter or the reporting form to: Bureau of Drive Licensing, Driver Qualification Section, Pennsylvania Department of Transportation, P.O. Box 68682, Harrisburg, PA 17106-8682.

Physicians who have questions or need more information about PennDOT's reporting requirements or the Medical Advisory Board should call Anne Petrucci Titler at (717) 783-6246.



Library News

Computerization Status

The Library is currently in the process of testing several library systems on the Hospital Wide Network. Once these systems are tested in a series of phases and all the "bugs" are worked out, they will be available from all the hospital on-site and remote access workstations. Included are:

MICROMEDEX, a clinical information system consisting mainly of drug and poison information. The third stage of testing has begun, and there are a few operational problems to work out.

CD Plus OVID, the main databases being MEDLINE and HEALTH, is currently being converted by the vendor to be compatible with our network server. It will then be installed on-site and testing will begin.

Remember, these databases are currently available in the Library on standalone CD ROM systems. These systems will be available 24 hours daily until the transition to the network is completed.

If you have any questions or would like more information, please contact Sherry Giardiniere, Library Computer Coordinator, at 402-8406.

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New Acquisitions

New acquisitions to the Health Sciences Library at 17th & Chew include:

Orr. **Complications in Gynecologic Surgery.** Lippincott, 1994.

Baden. **Surgical Repair of Vaginal Defects.** Lippincott, 1992.

Baum. **Marketing Your Clinical Practice: Ethically, Effectively, Economically.** Aspen, 1992.

Behrman. **Nelson Essentials of Pediatrics.** 2nd ed. Saunders, 1994.

New acquisitions at Cedar Crest & I-78 include:

Sloane. **Essentials of Family Medicine.** 2nd ed. Williams, 1993.

Goroll. **Primary Care Medicine.** 3rd ed. Lippincott, 1994-95.

McClatchey. **Clinical Laboratory Medicine.** Williams, 1994.

DeGroot. **Endocrinology.** 3 vols. 3rd ed. Saunders, 1995.

News from Research

1994 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 1994 and December 1994, 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 1994 to December 1994

- Published as an abstract, journal article, book chapter, or letter to the editor

- The author or one of the authors was a staff member of Lehigh Valley Hospital between January 1994 to December 1994

Please forward your reprints or citations to Kathleen Moser, Research Department, at your earliest convenience.

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

For more information, please contact Kathy in the Research Department at 402-8747.

Call for Abstracts

A call for abstracts has been issued by the following organizations:

- The American College of Surgeons Committee on Trauma Annual Meeting to be held on May 4, 1995 in Boston, Mass. Submission due date is November 15, 1994.
- The American College of Surgeons Committee on Trauma for the Resident Trauma Paper Competition to be held on May 4, 1995 in Boston, Mass. Submission due date is November 15, 1994.
- The American Society of Colon and Rectal Surgeons Annual Meeting to be held on May 7, 1995 in Montreal, Canada. Submission due date is November 1, 1994.
- The Society for Clinical Trials 16th Annual Meeting to be held on April 30, 1995 in Seattle, Wash. Submission due date is December 1, 1994.
- The Society for Pediatric Research Annual Meeting to be held on May 8, 1995 in San Diego, Calif. Submission due date is January 4, 1995.

- The American Academy of Family Physicians Annual Meeting to be held on September 19, 1995 in Anaheim, Calif.

- The American Psychiatric Association Annual Meeting to be held on May 20, 1995 in Miami Beach, Fla.

- The American Society of Plastic and Reconstructive Surgery Annual Meeting to be held on October 7, 1995 in Montreal, Canada.

For instructions, forms, and further information, please contact Kathleen Moser in the Research Department at 402-8747.

When you need to talk,
there's someone to listen.



Physician Assistance Program

To arrange a confidential
appointment or for
more information,
call (610) 433-8550
or 1-800-327-8878.

Congratulations!

David G. Beckwith, Ph.D., Administrator and Clinical Director, Health Network Laboratories, was appointed by Northampton County Executive, A. Landis Brackbill, to serve on a team charged with investigating options for the creation of a County Bureau of Health.

Joseph A. Candio, M.D., and **Robert J. Kovacs, M.D.**, general internists, were recently informed by the American Board of Internal Medicine that they passed the Geriatric Medicine examination and have been awarded Certificates of Added Qualifications in Geriatric Medicine.

Larry R. Glazerman, M.D., and **Howard M. Listwa, D.O.**,

Department of Obstetrics and Gynecology, were recently recertified by the American Board of Obstetrics and Gynecology.

Yehia Y. Mishriki, M.D., Director of Ambulatory Care, received the Dean's Special Award for Excellence in Clinical Teaching at Lehigh Valley Hospital at the commencement exercises of the Hahnemann University School of Medicine.

Raymond L. Singer, M.D., cardiothoracic surgeon, was recently certified by the American Board of Thoracic Surgery in the specialty of Thoracic and Cardiac Surgery.

Publications, Papers and Presentations

David G. Beckwith, Ph.D., Administrator and Clinical Director, Health Network Laboratories, was a speaker at the annual meeting of the Pennsylvania Association of Practitioners in Infection Control which was held in Harrisburg on September 16. His topic was **Application of Molecular Microbiology Techniques to the Epidemiology of Nosocomial Infection.**

Herbert L. Hyman, M.D., gastroenterologist, was a guest speaker at a primary care seminar on October 5 at Sacred Heart Hospital. His topic was **The Irritable Gut Syndrome.**

Peter A. Keblish, M.D., chief, Division of Orthopedic Surgery, was a guest lecturer and moderator of the Mobile Bearing Total Knee Learning Center at Baptist Memorial Medical Center in Little Rock, Ark. Dr. Keblish presented several subjects on total knee arthroplasty.

Glen L. Oliver, M.D., ophthalmologist, presented a paper, **Garamycin Toxicity of the Macula**, at the Wills Eye Hospital annual Fluorescein Conference on September 22.

Upcoming Seminars, Conferences and Meetings

Regional Symposium Series VI

Cancer Update 1994: Ovarian Cancer will be held on Friday, October 21, from 8 a.m. to 3:30 p.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78.

Individuals who may benefit from this program include gynecological oncologists, gynecologists, oncologists, radiation oncologists, general practitioners, nurses, social workers, radiation technicians, tumor registrars, and other health care professionals interested in ovarian cancer.

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

- identify means for the early detection of ovarian cancer
- discuss the state of the art treatment modalities for ovarian cancer
- identify the benefits and potential outcomes of each of the major treatment modalities.

Provider Responsibilities in Managed Care...Do You Follow the Rules or Write the Rules? will be held on Saturday, November 5, from 7 a.m. to 12:30 p.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78.

Physicians, nurses, and other health professionals interested in provider responsibilities in managed care will benefit from the program.

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

- describe provider responsibilities to the community as they relate to managed care
- discuss the social contract between the patient and the provider as it relates to managed care
- explain the effects of managed care as it relates to efficiencies, quality and access
- describe a continuum of services/care that provides more patient focused care

Clinical Applications of Tumor Markers will be held on Friday, November 18, from 7:45 a.m. to 2:30 p.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78.

Physicians, nurses, laboratory personnel, and other health professionals interested in tumor markers will benefit from the program.

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

- discuss the general application of tumor markers
- explain the use of tumor markers as diagnostic and prognostic indicators for the oncology patient
- describe the use of Cathepsin D

Update on Lower Extremity and Lumbar Spine Problems: A Primary Care Approach will be held on Saturday, December 3, from 7:30 a.m. to 1 p.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78.

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

At the completion of this program, participants should be able to describe the symptoms, diagnosis, and treatment of hip, knee, ankle, foot, and lumbar spine problems in the general population.

For more information regarding these programs, please contact Human Resource Development at 402-1210.

Medical Grand Rounds

Gastric Acid - To Suppress or Not Suppress will be presented by Steven M. Geller, D.O., Pulmonary Division, Osteopathic Medical Center, Philadelphia, Pa., on Tuesday, October 18.

Hepatitis C Virus (HCV) will be presented by M. Elaine Eyster, M.D., Professor of Medicine, and Chief, Division of Hematology, The Milton S. Hershey Medical Center, Hershey, Pa., on Tuesday, October 25.

Medical Grand Rounds are held each Tuesday beginning at noon in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78.

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

Department of Pediatrics

New Methods of Contraception with Emphasis on Depo and Norplant will be presented by Paula Braverman, M.D., Director, Adolescent Medicine, St. Christopher's Hospital for Children, on October 28.

Current Trends in Pediatric and Infant Cardiac Surgery will be presented by John Meyers, M.D., Hershey Medical Center, on November 4.

The above conferences will be held in the Auditorium of Lehigh Valley Hospital, 17th & Chew, beginning at noon.

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

Department of Psychiatry

Clinical Assessment of Memory will be presented by Michael G. Lieberman, Ph.D., Clinical Neuropsychology, Center for Aging, University of Medicine and Dentistry, Stratford, N.J., on Thursday, October 20, from noon to 1 p.m., in the Auditorium of Lehigh Valley Hospital, 17th & Chew. As lunch will be served, pre-registration is requested.

For more information or to register, contact the Department of Psychiatry at 402-2810.

News from Health Promotion and Disease Prevention

The Health Promotion and Disease Prevention Department of Lehigh Valley Hospital will present several free public lectures over the next few months. Sponsored by the Chronic Disease Education Committee of Lehigh Valley Hospital, the lectures include:

Surviving Sinus Infections will be presented by Michael J. Gordon, M.D., otolaryngologist, on Tuesday, October 25, from 7 to 8:30 p.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78.

Sufferers of sinus problems know very well how debilitating these infections can be, however, not all people suffering from sinus problems are aware of it. Perhaps you have a "cold or migraine that won't quit." A sinus disorder may be the cause. Learn about the diagnosis and treatment of sinus disorders, including endoscopic sinus surgery.

The Ergonomics of It All will be presented by Albert V. Fala, Occupational Hygienist, and Greg Salem, Exercise Specialist, on Wednesday, November 2, from 7 to 8:30 p.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78.

Ergonomics is about how you relate to your physical work areas -- both on the job and at home. "Fitting the activity to the person" helps prevent fatigue, stress, and injury. As part of this lecture, participants may complete a computerized "Personal Ergonomics Profile" and learn ways to increase their well-being and productivity.

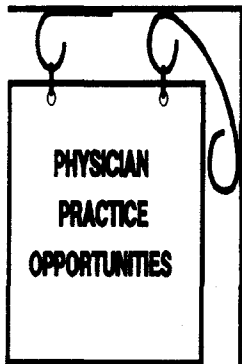
Beat the Holiday Blues will be presented by Michael W. Kaufmann, M.D., Chairperson, Department of Psychiatry, on Wednesday, November 16, from 7 to 8:30 p.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78.

Holidays can be fun, but many times we feel too pressured to enjoy anything. In addition to everyday stresses, things are not made any easier by the holidays. Come and learn some creative ideas for setting priorities, dealing with the extra responsibilities, emotions and feelings so that you can relax and enjoy this wonderful season and perhaps make each day a little more manageable.

In addition, the Health Promotion and Disease Prevention Department also offers numerous other classes and programs for nutrition and weight control, nicotine dependence, smoking cessation, stress management, and fitness. For more information or to register, call 402-CARE.

Outpatient Diabetes Education Services are available to your patients.

For more information, contact the Helwig Diabetes Center at 402-9885.



- For Sale or Lease -- Springhouse Professional Center, 1575 Pond Road. Ideal for physician's office. Approximately 2,500 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 Sale -- Medical office suite in the 1230 S. Cedar Crest Boulevard Medical Office Building. 1,225 sq. ft.
- For Lease -- Office to sublet on Monday, Tuesday, Thursday, and Friday. 950 sq. ft. Common waiting area. Lakeside Professional Building, Quakertown.
- 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 -- Slots are currently available for the Brown Bag suite at Kutztown Professional Center. Ideal for satellite location.
- For Lease -- Several time slots are available in the medical office building on the campus of Gnadon 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 -- 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 N. 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 Janet M. Laudenslager, Physician Relations Rep, at 402-9853.

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

Michele D. Jones, DO
Riverside Medical Associates
(Thomas P. Harakal, MD)
Riverside Professional Center
Route 145, P.O. Box Q
Laurys Station, PA 18059-0976
(610) 261-1123
Department of Family Practice
Provisional Courtesy

Arnold G. Salotto, MD
Allen Neurosurgical Association, Inc.
(Mark C. Lester, MD)
1210 S. Cedar Crest Blvd.
Suite 1000
Allentown, PA 18103-6208
(610) 433-3143
Department of Surgery
Division of Neurosciences
Section of Neuro Trauma
Provisional Active

Madalyn Schaeffgen, MD
Southside Family Medicine
(Neal J. Berkowitz, MD)
141 E. Emaus Avenue
Allentown, PA 18103-5899
(610) 791-5930
Department of Family Practice
Provisional Active

Carolyn S. Scott, MD
Mary T. Zygmunt, DO
1575 Pond Road
Suite 104
Allentown, PA 18104-2250
(610) 398-7848
Department of Obstetrics and
Gynecology
Division of Primary Obstetrics and
Gynecology
Provisional Active

Michael L. Zager, MD
Lehigh Internal Medicine Associates
(Jonathan W. Bortz, DO)
2895 Hamilton Blvd.
Atrium Building
Allentown, PA 18104-6172
(610) 439-0303
Department of Medicine
Division of General Internal Medicine
Provisional Active

Additional Privileges

David L. Clair, MD
Department of Surgery
Division of Urology
Active
Collagen Implantation Privileges
Laser Lithotripsy Privileges

J. Patrick Kleaveland, MD
Department of Medicine
Division of Cardiology
Active
Coronary Rotoblator Privileges

Jeffrey C. Snyder, MD
Department of Medicine
Division of Cardiology
Active
Stent Placement Privileges

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Practice Name Change

From David P. Steed, DPM
to Dr. David P. Steed and Dr. Scott
J. Lipkin

Practice Change

Brian L. Fellechner, DO
no longer associated with Christopher
G. Lynch, MD

Address and Telephone Change

Brian L. Fellechner, DO
Allentown Osteopathic Medical Center
1736 Hamilton Street
Allentown, PA 18104
(610) 770-8395

Christopher G. Lynch, MD
4825 Tilghman Street
Allentown, PA 18104
(610) 398-9747
(Effective 10/21/94)

John S. Wheeler, MD
5300 KidsPeace Drive
Orefield, PA 18069-2098
(610) 799-8000

Leadership Appointments

George I. Chovanes, MD
Director, Central Nervous System Unit

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

Zev Elias, MD
Chief, Section of Neuro Trauma

Michael D. Pasquale, MD
Associate Chief, Section of Surgical
Critical Care

Russell B. Puschak, MD
Chief, Division of General Pediatrics

Patrick B. Respet, MD
Chief, Section of Ortho Trauma

Michael Rhodes, MD
Director, Surgical Critical Care

Richard H. Snyder, MD
Director, Medical Critical Care

Resignations

Gail E. Burgey, MD
Department of Obstetrics and
Gynecology
Division of Primary Obstetrics and
Gynecology
Provisional Courtesy

Nancy A. Urankar, MD
Department of Medicine
Division of General Internal Medicine
Active/LOA

Allied Health Professionals

Resignations

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

Danny Stein, PNP
Physician Extender
Professional - PNP
(PEDS Clinic - Dr. Smith)

Cynthia Ward, RN
Physician Extender
Professional - RN
(Cardiology Care Specialists - Dr. Morris)

HEALTH NETWORK LABORATORIES

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Thyroid Testing: Which Test is First

Which test should be ordered first when thyroid disease is suspected in an ambulatory patient? The answer is it **depends**. First are you thinking of hypo or hyperthyroidism, second what are the respective costs for the tests, third what is the turn-around-time and finally if the cost to the patient is "acceptable", then ordering both tests first may be the most convenient strategy. The American Thyroid Association suggests that the TSH complemented by the Free Thyroxine estimate (T7) "represents the best most efficient combination of blood tests for the diagnosis and follow-up of most patients with thyroid disorders". Alternatively, there is a trend to replace T4, T7, T3, FT4, and TSH by single discriminating thyroid function test, namely the 3rd generation TSH. Although this approach is the most cost effective, not all published studies agree with the conclusion as applied to all clinical situations. Several thyroid disease states are reviewed here as to the various ordering strategies.

Primary Hypothyroidism with Thyroid Enlargement

A TSH first strategy is appropriate for primary hypothyroidism especially with the 3rd generation, highly sensitive, very precise TSH assay.

Thyroid Function as Part of Pituitary Evaluation (Secondary Hyperthyroidism)

TSH is of little or no value in this setting, since it can be low, normal or event slightly elevated. The best test to evaluate or follow up these patients is a Free T-4 or a Total T-4 with a T-3 resin uptake (renamed TBI).

SubClinical Hypothyroidism

A TSH first strategy also detects subclinical hypothyroidism. However, a Total or Free T4 is also required here for the absolute diagnosis of this disease since the TSH is elevated and the T4 normal. Typical laboratory values for subclinical hypothyroidism are a TSH of 12.5 and a T4 of 7.0. Subclinical hypothyroidism may be caused by chronic thyroiditis, atrophy of the thyroid, therapy for hyperthyroidism or the use of such drugs as lithium. Prophylactic hormone replacement is recommended for this group of patients with regular monitoring of TSH which should be suppressed into the normal range.

(Continued)

Hyperthyroidism

The 3rd generation TSH assay can be used as the first test strategy because serum TSH levels approach zero (< 0.02 UIU/mL) in patients who are hyperthyroid. Some euthyroid patients may also present with slightly low levels of TSH but not < 0.02 . Therefore, a T4 and a T3 RIA should follow. Sick euthyroid patients (severe nonthyroidal illness) also can present with a low TSH. Whereas the true hyperthyroid patient will always exhibit an unmeasurable TSH, sick euthyroid patients will have a measurable TSH greater than 0.03 to 0.04 UIU/mL.

Miscellaneous Thyroid Problems

There are two additional situations where ordering TSH first is the preferred strategy: First, for pregnant patients, women receiving oral contraceptives or chronic renal disease where the accuracy of the T7 may be compromised by protein binding abnormalities; and secondly, to monitor the effectiveness of thyroid replacement therapy. Small changes in free T4 hormone concentrations trigger a corresponding 10 fold inverse change in TSH release.

In summary, the jury is still out as to whether the TSH first strategy is appropriate in the ambulatory primary care setting where only 1% of patients suspected of having thyroid disease actually does. However the 3rd generation TSH tests are extremely valuable for confirmation particularly for hypothyroidism and new data may eventually show them to be the "best" thyroid test for most all situations especially in this time of severe cost containment.

Gerald E. Clement, Ph.D.
Technical Director
Clinical Laboratories

Larry N. Merkle, M.D.
Chief, Endocrinology

P & T HIGHLIGHTS

The following action were taken at the September 12, 1994 Pharmacy and Therapeutics Committee Meeting - James A. Giardina, Director of Pharmacy

FORMULARY ADDITIONS

IV Nicardipine (Cardene, Wyeth-Ayerst), was approved for a six month evaluation. It is indicated in the short term management of hypertension in critical care patients when oral therapy is not feasible. It is also being studied for use in the treatment aneurysmal subarachnoid hemorrhage. Nicardipine is a potent peripheral and coronary vasodilator, with greater selectivity for the vertebral, carotid, and coronary vessels. Nicardipine induces a dose dependent reduction in systolic, diastolic and mean blood pressure, as well as heart rate. Reflex tachycardia occurs which triggers a baroreflex response, which results in a shortened effective and functional atrial refractory period, AV Node refractory period, and corrected sinus recovery time. The decrease in blood pressure is limited by the baroreflex response. The elderly may experience a greater BP drop due to an impaired baroreflex response. IV Nicardipine avoids the first pass hepatic effect seen with oral administration. Rapid dose related increases in plasma concentrations are seen in the first 2 hours and increase slowly thereafter and approach steady state in 24 - 48 hours. It is highly protein bound and rapidly and extensively metabolized in the liver. IV Nicardipine is contraindicated in patients with advanced aortic stenosis, given its afterload reducing effect. It should be given cautiously to patients with angina or CHF. Caution and reduced doses are

recommended in patients with liver or renal impairment. The most common adverse reactions are related to its vasodilatation (headache, flushing, and warm feeling). Other reactions include hypotension, tachycardia, nausea and vomiting. Phlebitis has been reported and the manufacturer recommends peripheral site changes every 12 hours if the drug is given peripherally. IV Nicardipine has the same interactions as the oral form. Adequate & well controlled studies in pregnancy are lacking and it is not recommended for children or in nursing mothers. It is administered by slow iv infusion following a dilution of 25mg in 250cc (0.1mg/cc) fluid. Nicardipine is compatible with most IV solutions except for Sodium Bicarbonate and Lactated Ringers. For gradual BP reduction, therapy should be started at 5mg/hr (50cc/hr) and titrated in 2.5mg or 25cc increments every 15 minutes up to a max of 15mg (150ml)/hr. For rapid BP reduction, the titration schedule should be increased every 5 min to the maximum dose or desired BP is achieved. Following achievement of BP control, the rate should be changed to 3mg (30ml)/hr and adjusted as needed to maintain the desired level of control. Oral therapy with nicardipine should be started 1 hour prior to infusion discontinuation or simultaneously if another agent is chosen. Table I shows cost/dose and cost/day for the commonly used BP controlling agents.

Salmeterol (Serevent, A&H), is a structural analog of albuterol indicated for use in the long term maintenance treatment of asthma, and prevention of bronchospasm in patients over 12 with reversible obstructive airway disease. It has a longer duration of action and is more potent than albuterol. Its onset of action is within 5 - 15 min, with a duration of at least 12 hrs. Its longer duration is not explained by its plasma half life which is similar to albuterol's. Because of its slow onset, salmeterol should not be used in acute attacks. Salmeterol's side effects are similar to other beta-agonist bronchodilators and include HR & BP increase, palpitations, headache, cough and tremor. Salmeterol has not been adequately studied in pregnancy, nursing mothers and children under 12. Studies to date seem to show similar safety and efficacy in geriatric as well as younger patients. Salmeterol should be beneficial in patients with nocturnal asthma, who require regular treatment with short acting beta agonists. It should also be useful in patients who experience exercise induced asthma and should be used 30 - 60 minutes before exercise. Salmeterol is usually dosed at 2 inhalations (21mcg/puff) twice daily, as close to twelve hours apart as possible. Salmeterol 100mcg may be necessary in some patients with severe asthma. Salmeterol may be given together with a corticosteroid. A general recommendation is for the beta agonist to be used prior to the steroid. Patients may also need a prescription for a short acting beta agonist like albuterol for treating any acute exacerbations. Salmeterol costs \$25.17 for

a 60 dose (2 week) compared to \$6.01 for Albuterol 80 dose (10 day).

F O R M U L A R Y R E J E C T I O N

Azithromycin (Zithromax, Pfizer), is an azalide antibiotic, which differs only slightly from erythromycin and clarithromycin (Biaxin, Abbott). Azithromycin is a long acting and expensive agent, which appears most suited to the outpatient setting at this time. Azithromycin costs \$6.56 per 250mg capsule.

O N D A N S E T R O N D O S I N G U P D A T E

The committee approved several revisions to the dose substitution nomogram. These changes are supported by literature which shows that 8mg & 24mg doses are equally efficacious compared to 32mg for mild & moderately emetogenic chemotherapy, respectively. The literature supports using the 32mg dose for highly emetogenic regimens. Table 2 shows the critical information on dosing and cost and Table 3 shows the relative emetogenic potential of the various chemotherapeutic agents. The dose standardization nomogram is useful in reducing the waste potential from custom ordered mg/kg doses.

Table 1: Commonly Used Agents for BP Control

Agent	Cost Per Unit	Cost/Day
Nicardipine	\$16.50 per 25mg ampule	\$80 - \$264
Nitroprusside	\$0.75 per 50mg vial	\$1.50 - \$7.50
Hydralazine	\$1.00 per 20mg vial	\$26
Labetolol	\$27.20 per 200mg vial	\$41.20
Enalaprilat	\$8.80 per 1.25mg	\$35.20-\$70.40
Oral/Ngt Nifedipine	\$0.16 - \$0.30 per cap	
Oral/Ngt Amlodipine	\$0.92 per tab	
Oral/Ngt Clonidine	\$0.01 per tab	
Oral/Ngt ACEI's	\$0.50 - \$1.30 per tab	

Table 2: Ondansetron Dose and Cost

Dose Ordered	Previous Dose Dispensed	Current Dose Dispensed	Cost/Current Dose
< 8mg	Dose ordered	4mg	\$ 17.45
≥ 8mg & ≤ 12mg	10mg	8mg	\$ 34.90
> 12mg & ≤ 20mg	Dose ordered	16mg	\$ 69.80
> 20mg & ≤ 28mg	Dose ordered	24mg	\$104.70
> 28mg	32mg	32mg	\$139.60

Table 3: Emetogenic Potential of Selected Antineoplastic Agents

HIGH (> 80%)	MODERATELY HIGH (80-90%)	MODERATE (30-80%)	MODERATELY LOW (10-30%)	LOW (<10%)
Carmustine ≥200mg Cisplatin ≥75mg Cyclophosphamide >1gm Cytarabine > 1 gm Dacarbazine ≥500mg Dactinomycin ≥500mcg Lomustine ≥60mg Methotrexate Pentostatin Streptozocin	Carmustine <200mg Cisplatin <75mg Cyclophosphamide = 1gm Cytarabine 250mg-1gm Dacarbazine <500mg Dactinomycin <500mcg Doxorubicin ≥75mg Lomustine <60mg Methotrexate ≥ 250mg Mitomycin ? Plicamycin Procarbazine	Altretamine Asparaginase Azacitidine Carboplatin Cyclophosphamide <1gm Daunorubicin Doxorubicin >20mg <75mg Fluorouracil ≥ 1gm Idarubicin Methotrexate ≥ 100mg <250mg Mitomycin ? Mitoxantrone Teniposide ?	Bleomycin Cytarabine ≤20mg Doxorubicin ≤20mg Etoposide Fludarabine Fluorouracil <1gm Hydroxyurea Melphalan Mercaptopurine Methotrexate <100mg Teniposide ? Thiotepa Vinblastine	Busulfan Chlorambucil Cyclophosphamide (Oral) Thioguanine Vincristine Androgens Corticosteroids Estrogens Progesterins

References: Figg WD, Figg JM. US PHARMACIST, 1994; 19(6):54-82,

Craig JB, et al. AM J MED SCI. 1987; 29:34-44

? = Conflicting Data - Apparent Dose Related Effect, But Dose Data Not Available

D R U G U S E E V A L U A T I O N (DUE) CORNER

Alteplase (t-PA)

In July and August, 20 patients received alteplase with 15 receiving standard (STD Tx) dosing and five receiving accelerated (ACCEL Tx) dosing. Both patients less than 65 Kg were weight dosed (STD Tx). One patient (STD Tx) experienced bleeding, which didn't require transfusion. Fourteen patients went on to either PTCA or CABG. No serious bleeds or other serious adverse clinical events have been noted since monthly monitoring was reinstated.

ANERGY PANEL REVISION

Tetanus Toxoid Fluid will replace Trichophyton in the 4 test anergy battery when an anergy panel is ordered. The other three tests are PPD 5TU, Mumps, and Candida. Trichophyton has had a low reactivity thereby negating its value to test cellular immunity. Tetanus toxoid fluid is given as a dilute solution in a dose of 0.1cc and is not interchangeable with Tetanus Toxoid Adsorbed, which is used for tetanus prevention. In patients with confirmed tetanus allergy, the three test panel without tetanus will be used.

PHARMACY HOURS AT 17 & CHEW

Effective September 19, the Pharmacy Department at 17 & Chew will close at 2200 hours daily instead of 2400 hours. This change better matches resources to service utilization. The quality of the pharmacy services will be maintained through a thorough review of the night closet contents (this closet contains a small supply of the most commonly used as well as emergency products. For information or medications, which are unavailable in the night closet and are needed before morning, a pharmacist from CC & I-78 is available. For on site services, a 17 & Chew pharmacist remains available on a call in basis.

F E L B A M A T E ALERT

The committee was updated on the status of this drug alert. Worldwide, 21 patients have developed aplastic anemia with three fatalities. The Clinical Pharmacy Service has identified all inpatients who received felbamate and informed their attending physicians of the manufacturer and the FDA recommendations. This recommendation is that patients be withdrawn from Felbamate, but it recognizes that Felbamate may be an essential agent to maintaining a patient in a seizure free state. For this reason, felbamate will remain on the market with a boxed warning relative to this serious side effect.

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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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