LEHIGH VALLEY HOSPITAL

Medical Staff Progress Notes

Volume 7, Number 6
July, 1995

In This Issue...

From the President

During the last 45 days, there have been a number of major developments which have been shared with the physician community at many different levels. At this time, in this portion of *Medical Staff Progress Notes*, I would just like to briefly review some of them:

- The integrated delivery system (IDS) for Lehigh Valley Hospital was announced by a special communiqué to the physicians and then ultimately by *The Morning Call* on May 25, 1995. The following hospitals are part of this integrated delivery system: Hazleton St. Joseph Medical Center, Hazleton General Hospital, Gnaden Huetten Memorial Hospital, Muhlenberg Hospital Center, Lehigh Valley Hospital, Doylestown Hospital, and Grand View Hospital. The Penn State Medical Center at Hershey will contract with us for special services in the following year and be part of this network as well. The important distinction between this network and other competing networks in the Lehigh Valley is that our integrated delivery system is not a merger of assets. This is a "hand holding" relationship among administrations and physicians for health care in the Valley. Certain economies of scale will benefit each of these different hospitals in the purchasing of supplies and technology in the care of their patients. In time, they will all be connected by information services to Phamis LastWord so that blood testing, radiologic reports and admission history and physical exams can easily be accessed by all physicians in the network. In time, we hope that the different hospitals will also be collaborating through IPA/PHO organizations which will allow the network to compete with managed care contracts throughout the Lehigh Valley. On this later point, our own IPA/PHO through Valley Preferred is aggressively seeking

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small businesses, including private practice physician offices, to offer health care insurance and other benefits at reduced cost. Of the 80 presentations made, 52 have signed on at this time. Currently, the PHO has acquired 17,000 covered lives and continues to grow rapidly, well ahead of schedule. A recent IPA Board meeting has included that quarterly meetings of the IPA/PHO membership will begin in order to provide more timely updates to our physicians on staff.

● Information Services continues to make strides in improving Phamis for physicians. The 3.1 upgrade of our current system has been accepted and over the next 12 - 14 months will be installed throughout the network. Lehigh Magnetic Imaging has been brought up to have its reports for inpatients put on the Phamis terminals. LMIC outpatient reports were also added to Phamis as of June 19, 1995. We continue to try to improve report turnaround so that Phamis LastWord will have reports up on the system electronically within 24 hours. This project will greatly be improved when voice recognition technology has been perfected, which we anticipate will occur some time within the next year.

● The re-engineering of our floors under the system of patient centered care is well underway for 7A and 7B, with 6B and 6C to follow soon afterward. The details of patient centered care have been shared in previous *Medical Staff Progress Notes*. We continue to remain optimistic that this system will offer better care of our patients, better communication between nurses and physicians, and ultimately obtain better patient satisfaction throughout the hospital.

● The **functional plan** for the hospital has been studied in a collaborative fashion for almost two years. The conclusion of this functional plan will be presented to the Board this month and includes a plan for building projects and structural redesign to occur over the next three years. The details of this project have been presented to Senior Management Council, Med Exec, and at the June 12 quarterly meeting of the medical staff. In brief, the major focus of this building campaign includes the re-design of our floors selectively in a patient centered care approach and the building of a new ambulatory care wing to the hospital, to be located between MOB I and the main hospital building. This ambulatory care building will allow our patients easy access to a single location for outpatient testing, which

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currently takes place at several locations within the matrix of a fairly complex Cedar Crest site. In addition, this will allow for appropriate expansion of the emergency room and inpatient/outpatient radiologic services to meet the needs of consolidation of the 17th & Chew site inpatient services to the Cedar Crest site, including pediatrics, psychiatry, and OB.

● On June 3, 1995, 63 physicians from our medical staff met to discuss the topic of "How Do We Get There From Here?" This was a forward thinking, directive generating group that worked for over five hours to develop an understanding of eight key issues and determine measurable standards for obtaining our medical staff goals that were previously published. The details and prioritization of this retreat group have been shared with Senior Management Council, Med Exec, and the Board of Trustees. We plan to give quarterly updates to the medical staff regarding the progress in obtaining those goals with a full assessment being initiated in June, 1996.

● The emergency room re-design team consisting of Ron Lutz, Jim McHugh, Tony Werhun, Bev Snyder, Sue Durkin, Dawn Yenser, Barry Michneck, Joseph Rycek and Rick Shurgalla have helped to delineate the problems and inefficiencies of our current system. The appropriate financial resources have been allocated to provide a short term gap improvement in the way our ER functions over the next year. A search committee consisting of Michael Rhodes (Chair), Ron Lutz, Mary Kinneman, Carol Bury, Chuck Hoover, Bob Laskowski, Jack Nuschke, Mark Osborne, Susan Wiley, Joe Fassl, Bob Miller, Kym Salness, Judee VonSeldeneck and Carol Voorhees have been charged to find a new chairperson of the Department of Emergency Medicine to replace Dr. Lutz, who stepped down in April, 1995. We look forward to both the short term improvement that this committee can design and the long term improvement which can only be enacted with the functional plan.

● Lastly, just a reminder to you of the importance of our Medical Staff/Administrative Exchange Sessions which occur the third Thursday of every month in the John and Dorothy Morgan Cancer Center, Conference Room 1, Side B. The topic for the June meeting was the medical staff manpower plan, with specific delineation on how slots are decided for divisions and departments. The topic for the July meeting, schedule for July 20, will be Lehigh Valley Physician Group -- its current status.

Sincerely,

John E. Castaldo, MD
President, Medical Staff

Site and Facilities Update

Cedar Crest & I-78

Lehigh Valley Hospital has begun extensive renovations to the main lobby at Cedar Crest & I-78.

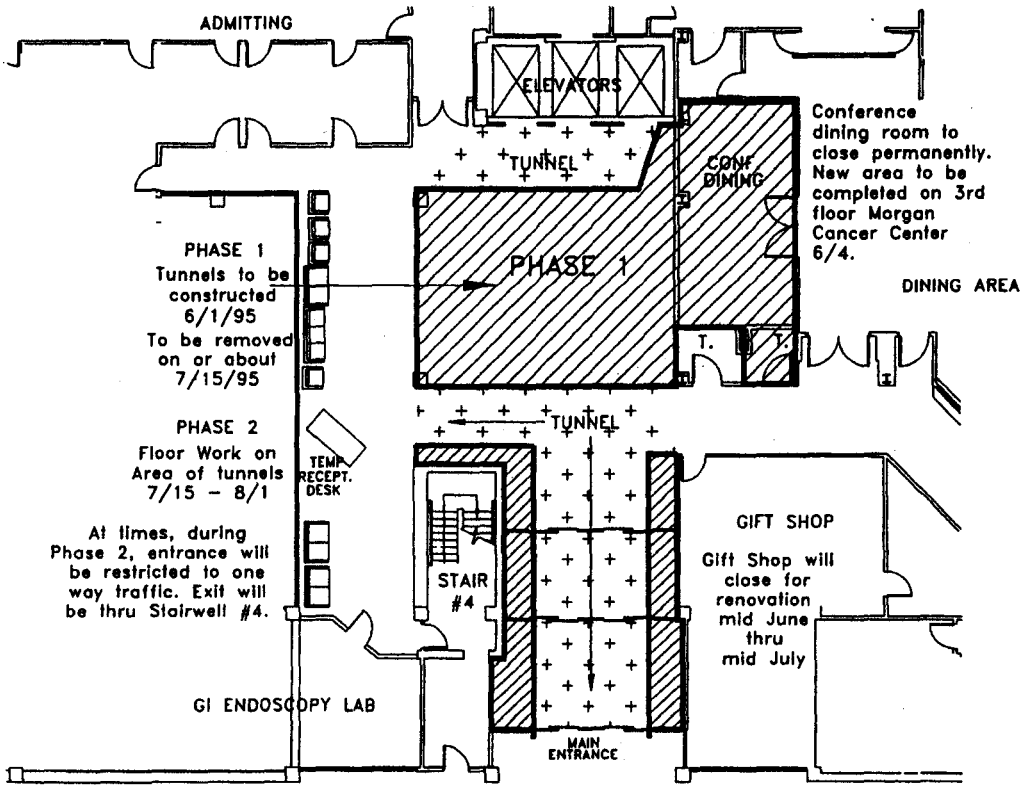
The renovation project, which will continue through early August, has transformed the reception and entrance areas into a series of construction tunnels. The tunnels have been erected to facilitate the project while allowing access to the main elevators, Admissions, the GI/Endoscopy unit, and the cafeteria.

The new lobby will extend from its existing location to space now occupied by the cafeteria conference room.

As illustrated below, the project will be completed in phases and include:

- extensive renovations to the Tree Top Shop which will be closed through mid-July
- the installation of a stone floor and the elevation of the ceiling in the hallway that links the lobby to the chapel and ancillary services; and
- the installation of a stone floor in the vestibule, the area between the automatic doors at the entrance. During this part of the project, patients, staff, and visitors will be directed to exit the hospital via Stairwell 4 (parallel to the main entrance).

With its bright new lighting, comfortable furnishings, and ease of access, the new lobby should prove to be warm and inviting to patients and staff alike.



News from the Pharmacy

Accelerated ("Front Loaded") vs Standard Dosing Regimens for Alteplase (rTPA)

Several thrombolytic therapy options exist for Acute MI including Streptokinase and Alteplase (rTPA). The FDA has recently approved the accelerated dosing regimen of rTPA in which the total dose is infused over 1.5 hours. In comparison, the standard dosing regimen is administered over three hours. Alteplase requires dosage adjustment for patients weighing less than 65Kg (143 lbs) not to exceed a total dose greater than 1.25mg/Kg.

The recent FDA approval of accelerated TPA dosing is dosed with a 15mg bolus followed by .75mg/Kg (max 50mg) over 30 minutes followed by .5mg/Kg (max 35mg) over 60 minutes. At Lehigh Valley Hospital, the Department of Medicine and Division of Cardiology, in conjunction with the Pharmacy and Therapeutics Committee, have instituted weight dosing for both TPA regimens for patients less than 65Kg (143 lbs) not to exceed a total dose of 1.25mg/Kg. For example, a 60KG patient can receive one of the following TPA regimens:

Standard Regimen
Total dose 1.25mg/Kg = 75mg
10% IV bolus = 7.5mg
50% IV over first hour = 37.5mg
20% IV over second hour = 15mg
20% IV over third hour = 15mg

Accelerated Regimen
Total dose 1.25mg/Kg = 75mg
15% IV bolus = 11mg
50% IV over 30 minutes = 37.5mg
35% IV over 60 minutes = 26.5mg

Please note that if this example patient was not weight dosed at 1.25mg/Kg total dose, 95mg would be received. Adjusting the dose for less that 65Kg patients appears to decrease the incidence of serious bleeding events after rTPA therapy. Ongoing monitoring of all thrombolytic therapy in AMI at Lehigh Valley Hospital is in progress to evaluate our incidence of bleeding events.

As the Acute MI pathway is developed, pre-printed physician order sheets for chest pain and lytic therapy will be available and include all dosing regimens for Streptokinase and Alteplase.

If you have any questions or need assistance with dosing, please contact the Pharmacy at 402-8887 or 402-2250.

Ambulatory Surgery Unit Pre-Admission Processing

Because of increasing demand and patient requests, the Ambulatory Surgery Unit pre-admission processing area at 17th & Chew recently expanded hours and appointment times for patient convenience.

Pre-admission visits will be scheduled for all Ambulatory Surgery Unit patients to provide time for an anesthesia visit and avoid delays on the day of the procedure.

As before, a pre-admission visit appointment time may be completed at the time of OR scheduling. In those instances when that is not accomplished, those patients will be contacted to schedule an appropriate time for their pre-admission visit.

The expanded hours of operation include:

Monday, Tuesday and Wednesday - 8 a.m. to 2 p.m.
Thursday - 1 to 7 p.m.
Friday - 7 a.m. to 1 p.m.

Unscheduled visits to pre-admission processing will be accommodated through scheduling as time permits, within the designated times listed above. In these instances, the patient will be assigned specific appointment time.

If you have any questions or concerns, please contact Barbara Frantz, Director, Patient Care Services, at 402-3432.

Med Exec News

- A special welcome to George I. Chovanes, MD, Oscar A. Morffi, MD, Alexander D. Rae-Grant, MD, and Kamalesh T. Shah, MD, who were recently elected members at-large of the Medical Executive Committee.

- A special "Thank You" to Robert B. Doll, MD, John D. Farrell, MD, Thomas A. Hutchinson, MD, and Mark C. Lester, MD, for their dedication and service to the medical staff as members of the Medical Executive Committee.

- Congratulations to Robert X. Murphy, Jr., MD, who was recently elected AMA HMSS representative.

Attention E-mail Users

Due to the high volume of e-mail usage, physicians are reminded to check their e-mail on a regular basis and to delete those messages and files which are not needed in order to free up space on the system

Auto Faxing to Physician Offices

The Medical Record Department, in conjunction with Information Services, has the capability to electronically provide facsimile copies of medical record reports (histories and physicals, discharge summaries, operative reports, consultations, and cath reports) to attending, family, and referring physician offices at the time of transcription.

To request access to this service, contact Susan Cassium, Supervisor, Operations, at 402-8330, and provide her with the facsimile number to which reports should be forwarded. Please note that the facsimile must be accessible 24 hours a day.

Individual physicians/groups should also consider the volume of reports prior to requesting this service. Larger volumes might require a designated facsimile for transcription reports only.

Physicians not participating in this project will continue to receive copies either by delivery or mail. Additional copies of reports will also continue to be mailed as per physician request.

For additional information, contact Susan Cassium at 402-8330.

Co-Medical Directors Appointed for Transitional Skilled Unit

David P. Carney, MD, general internist, and **Howard A. Silverman, MD**, family practitioner, have been appointed as the Co-Medical Directors of the Transitional Skilled Unit. In this position, they will be responsible for assuring that the care provided in the unit meets all regulatory requirements, that the clinical care is appropriate to the facility, and that it is provided at the highest standard.

Sincere appreciation goes out to **Jane Dorval, MD**, Chief, Division of Physical Medicine & Rehabilitation, who has functioned as the Interim Medical Director of the TSU during its first phase. She has done a terrific job of assuring that the unit got off on the right foot. Thank you, Jane. The Medical Staff is deeply in your debt.

Congratulations!

David G. Beckwith, PhD, Vice President and Clinical Director, Health Network Laboratories, was recertified by the American Board of Medical Microbiology and granted active status through June, 1998.

George F. Carr, DMD, Vice Chairperson, Department of Dentistry, was recently elected President of Lehigh County Dental Society.

George A. Kirchner, DDS, prosthodontist, was elected Speaker of the House for the Pennsylvania Dental Association.

In addition, Dr. Kirchner, along with **Charles J. Incalcaterra, DMD,** Assistant Program Director, Dental Residency, and **Thomas J. McKee, DMD,** periodontist, served as delegates for the Pennsylvania Dental Association Annual Meeting held May 18 to 21 in Pittsburgh.

Stephen K. Klasko, MD, Acting Chairperson, Department of Obstetrics and Gynecology, received an award for his oral abstract, "Reduction of Stress and Prediction of Burnout in an Obstetrics-Gynecology Residency Program," which he presented at the Annual Meeting of the Council on Resident Education in Obstetrics and Gynecology and the Association of Professors in Gynecology and Obstetrics, held March 8-11 in Orlando, Fla.

Linda L. Lapos, MD, colon and rectal surgeon, was elected to Fellowship in the American Society of Colon and Rectal Surgeons during the Annual Meeting held May 7-12 in Montreal.

Thomas D. Meade, MD, orthopedic surgeon, recently returned from Ft. Lauderdale, Fla., with two top ten medals from the 1995 United States Masters Swimming National Championship. He participated in butterfly, free-style, and relay events.

On June 5, 3C was divided into three areas on the computer. Inpatients will appear on the computer as 3C. Same day surgical admit patients or day of procedure admission patients (DOPA) will appear as SDA. Same day admit patients, directs, and transfers scheduled for procedures scheduled in the Cardiac Cath Lab will be labelled CV. This change will enable 3C and the Cath Lab to obtain lab labels. Please remember -- if the patient location on the computer is 3C, SDA, or CV, these patients will physically be located on 3C. If you have any questions regarding this issue, please contact Julia Clelland at 402-8249.

Papers, Publications and Presentations

A poster session titled "Comparison of Vidas-RSV and Baxter-Bartels DFA-RSV with Cell Culture for Detection of Respiratory Syncytial Virus from Nasal Aspirates" by microbiologists Sandra Todd, Georgia Colasante, and David G. Beckwith, PhD, was presented at the American Society for Microbiology held recently in Washington, DC.

"Iliac Compression Syndrome Treated with Stent Placement," written by **Alan Berger, MD**, Chief, Division of Vascular Surgery, **James W. Jaffe, MD**, Chief, Division of Cardiovascular/ Interventional Radiology, and **Terry N. York, DO**, former Radiology fellow, was published in the March 1995 edition of the *Journal of Vascular Surgery*.

George F. Carr, DMD, Vice Chairperson, Department of Dentistry, presented "Biomechanical Influences on Dental Implants in the Oral Environment" to the New York University Implant Study Club in May.

Houshang G. Hamadani, MD, psychiatrist, presented a paper, "Teaching Non Physician Mental Health Workers Clinical Psychiatry and Psychopharmacology Abroad," at the American Psychiatric Association Annual Meeting held recently in Miami, Fla. He was also appointed to the American Psychiatric Association Psychiatric Research Network.

Peter A. Keblish, MD, Chief, Division of Orthopedic Surgery, was the moderator, guest surgeon, and guest speaker at the UCLA Learning Center in late April, hosted by Dr. Douglas Kilgus, Associate Professor of Orthopedic Surgery at UCLA. The UCLA West Coast Learning Center for Mobile Bearing Knee Arthroplasty is a West Coast Extension of the Lehigh Valley Hospital Learning Center, directed by Dr. Keblish for the past five years. Lehigh Valley Hospital has been a major Center for total joint replacement evaluation for the past 15 years and a leader in clinical research on Mobile Bearing Total Knee Replacement. The Orthopedic Learning Center concept is designed for demonstrating and teaching post-graduate education on newer concepts in orthopedic surgery. Dr. Keblish has directed Learning Centers in several international cities, the latest in Rio de Janeiro in March.

William L. Miller, MD, Vice Chairperson and Program Director, Department of Family Practice, will be one of two plenary speakers at the Primary Care Research Methods and

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Statistics Conference to be held December 1-3 in San Antonio, Texas. Dr. Miller shares the honor of plenary speaker with Thomas S. Inui, ScM, MD, Professor and Chairman, Ambulatory Care and Prevention, Harvard Medical School and Harvard Community Health Plan. The theme of the conference is multimethods research.

Glen L. Oliver, MD, ophthalmologist, was a Visiting Professor of Ophthalmology at Grand Rounds at Penn State University, Hershey Medical School on May 31. During the afternoon, he participated in case presentations by the residents for discussion followed by a lecture on the new ocular syndrome, "IRVAN." In the evening, he gave the Grand Rounds lecture on his early investigational work in establishing the hereditary pattern of Familial Exudative Vitreoretinopathy (FEVER).

James F. Reed, PhD, Director of Research, and **Barbara Salvadore, MS,** Administrative Director, Department of Family Practice, have been invited to present their abstract, "Development of a Clinical Pathway for Adult Community Acquired Pneumonia," at the Gerontological Health Section for the American Public Health Association's 123rd Annual Meeting to be held on October 30 in San Diego, Calif. The theme of the annual meeting is "Decision Making in Public Health: Priorities, Power and Ethics."

Toll-Free COLA Line

Physicians and their staffs can get quick answers to in-office testing questions by calling the Commission on Office Laboratory Accreditation (COLA), Silver Spring, MD, at (800) 298-8044. The new service is available throughout the United States on weekdays from 9 a.m. to 5 p.m. (EST).

Callers are connected directly to the COLA Customer Service Center, which is staffed by medical technologists who can provide information to office laboratory staffers. The new service is made possible by a cooperative agreement between COLA and the Centers for Disease Control and Prevention. The agreement will also enable COLA to conduct an educational needs assessment and analysis of more than 7,000 office labs, develop fact sheets, and put together a database to determine laboratory testing complexity.

The toll-free number, activated January 15, replaces the long distance CLIA hotline, which was deactivated last fall.

Upcoming Seminars, Conferences and Meetings

Medical Staff/ Administrative Exchange Session

The July **Medical Staff/ Administrative Exchange Session** will be held on Thursday, July 20, beginning at 5:30 p.m., in Conference Room 1, Side B, of the John and Dorothy Morgan Cancer Center.

It is of paramount importance that as many physicians as possible attend these sessions to participate in the exchange of information about important topics in a timely manner.

Topics to be discussed will be posted throughout the hospital prior to the session.

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

Psychiatry Grand Rounds

Family Psychiatry will be presented by Michael Kerr, MD, Director of Georgetown Family Center, Washington, DC, on Thursday, July 20, beginning at noon in the Auditorium at 17th & Chew.

As lunch will be provided, pre-registration is requested. For more information or to register, contact Lisa Frick in the Department of Psychiatry at 402-2810.

The Department of Family Practice is delighted to announce that it has been accredited for two and one-half years by the Residency Review Committee for the Lehigh Valley Hospital Family Practice Residency Training Program. The first residents will begin in June, 1996. Much of the credit for the successful accreditation goes to Will Miller, MD, Program Director.

Congratulations!

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

Robert K. Bryan, DDS
Lehigh Valley Orthodontics
(Dr. William Bryan)
ROMA Building
1605 N. Cedar Crest Blvd.
Suite 519
Allentown, PA 18104-2351
(Address effective June 26, 1995)
(610) 435-2788
Department of Dentistry
Division of Orthodontics
Provisional Courtesy

Raymond A. Durkin, MD
Cardiology Care Specialists
(Dr. Morris)
3340 Hamilton Blvd.
Allentown, PA 18103-4598
(610) 433-6442
FAX: (610) 776-6645
Department of Medicine
Division of Cardiology
Provisional Active

Thomas J. Durkin, Jr., MD
Family Pediatricians
(Dr. Kean)
Allentown Medical Center
401 N. 17th Street, #109
Allentown, PA 18104-6804
(610) 435-6352
FAX: (610) 435-8950
Department of Pediatrics
Division of General Pediatrics
Provisional Active

Herbert C. Hoover, Jr., MD
Chairperson, Department of Surgery
Lehigh Valley Hospital
Cedar Crest & I-78
Allentown, PA 18105-1556
(610) 402-8338
FAX: (610) 402-1667
Department of Surgery
Division of General Surgery
Provisional Active

Karen M. Matz, MD
College Heights OBGYN Associates, PC
(Dr. Hutchinson)
3131 College Heights Blvd.
Allentown, PA 18104-4899
(610) 437-1931
FAX: (610) 433-8791
Department of Obstetrics and Gynecology
Division of Primary OBGYN
Provisional Active

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Renee E. Valach, MD
Inpatient Pediatric Unit
Lehigh Valley Hospital
17th & Chew
Allentown, PA 18105-7017
(610) 402-2550
FAX: (610) 402-9674
Department of Pediatrics
Division of General Pediatrics
Provisional Limited Duty

Change of Address

William J. Bryan, DDS
Lehigh Valley Orthodontics, PC
ROMA Building
1605 N. Cedar Crest Blvd.
Suite 519
Allentown, PA 18104-2351
(Effective June 26, 1995)

Tamar D. Earnest, MD
Department of Surgery
Lehigh Valley Hospital
Cedar Crest & I-78
Allentown, PA 18105-1556
(610) 798-5026
FAX: (610) 432-7477

Status Change

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

Alan H. Schragger, MD
Department of Medicine
Division of Dermatology
From Active to Emeritus Active

Resignation

Robert V. Cummings, MD
Department of Obstetrics and Gynecology
Division of Primary Obstetrics and Gynecology
Active

Death

Harry S. Good, MD
Department of Surgery
Division of General Surgery
Honorary

Allied Health Professionals

Appointments

S. Elizabeth Abrams, CRNA
Physician Extender
Professional - CRNA
(Allentown Anesthesia Associates - Dr. Maffeo)

Gina M. Brown
Physician Extender
Technical - MA
(Cardiology Care Specialists - Dr. Zelenkofske)

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Additional Privileges

Dennis Frederick, PA-C
Physician Assistant
(Allen Neurosurgical Association, Inc.)
Prescriptive Privileges

Michael Kramer, PA-C
Physician Assistant
(Allen Neurosurgical Association, Inc.)
Prescriptive Privileges

George M. Perovich, EdD
Associate Scientific Psychologist
Special Privileges for Psychologists

Population
- Children (under age 13)
- Adults (19 and older)
- Geriatric (60 and above)

Clinical Assessment Privileges
- Forensic assessment
- Vocational/Educational assessment

Clinical Treatment Privileges
- Pain management
- Rehabilitation services
- Sexual Dysfunction Therapy

Resignation

Phillip L. Hansell, PA-C
Physician Extender
Physician Assistant
(Panebianco-Yip Heart Surgeons)

LEHIGH VALLEY HOSPITAL

Chairpersons of Departments
and Chiefs of Divisions and Sections
and Unit/Lab Medical Directors
1995-1996
(Effective July 1, 1995)

MEDICAL STAFF OFFICERS		
President	John E. Castaldo, MD	01/01/95 - 12/31/96
President Elect	Robert X. Murphy, Jr., MD	01/01/95 - 12/31/96
Past President	Joseph A. Candio, MD	01/01/95 - 12/31/96
Secretary	Ronald A. Lutz, MD	01/01/95 - 12/31/96
Treasurer	John J. Shane, MD	01/01/95 - 12/31/96
SR. VICE PRESIDENT FOR CLINICAL SERVICES	Robert J. Laskowski, MD	
ANESTHESIOLOGY	Alphonse A. Maffeo, MD	Chairperson
	Ramon J. Deeb, MD	Vice Chairperson
DENTISTRY	Eric J. Marsh, DMD	Acting Chairperson
	Scott A. Gradwell, DMD	Acting Vice Chairperson
	Dominic P. Lu, DDS	Program Director
	Charles J. Incalcaterra, DMD	Asst. Program Director
Divisions/Sections	Chiefs	
Endodontics	Mark Eisner, DMD	
General Dentistry	Charles A. Kosteva, DDS	
Orthodontics	Sara Karabasz, DMD	
Pedodontics	Hugh J. O'Donnell, DDS	
Periodontics	Scott A. Gradwell, DMD	
Prosthodontics	Peter T. Davis, DDS	
Special Care	Russel S. Bleiler, DDS	
EMERGENCY MEDICINE	Ronald A. Lutz, MD	Acting Chairperson
	James G. McHugh, MD	Vice Chairperson
Divisions/Sections	Chiefs	
Emergency Medicine	Ronald A. Lutz, MD	
Prehospital Emergency Medical Services	John F. McCarthy, DO	

FAMILY PRACTICE	Headley S. White, Jr, MD William L. Miller, MD	Chairperson Vice Chairperson/ Program Director
Divisions/Sections	Chiefs	
Occupational Medicine	Carmine J. Pellosie, DO	
Home Care	Fred D. Fister, MD	
MEDICINE	John P. Fitzgibbons, MD Richard H. Snyder, MD Mark H. Mishkin, MD	Chairperson Vice Chairperson/ Program Director Critical Care Director Student Mentor
Chief Medical Resident	Michael Schlechter, MD	
Divisions/Sections	Chiefs	Associate Chief
Allergy	Howard A. Israel, MD	
Ambulatory Care	Yehia Mishriki, MD	
Cardiology	D. Lynn Morris, MD	Norman H. Marcus, MD
Dermatology	Arthur C. Sosis, MD	
Endocrinology/Metabolism	Larry N. Merkle, MD	
Gastroenterology	Carl F. D'Angelo, MD	
General Internal Medicine	David M. Caccese, MD	John D. Nuschke, MD
Geriatrics	Francis A. Salerno, MD	David P. Carney, MD
Hematology/Medical Oncology	(Vacant)	
Infectious Diseases	Luther V. Rhodes, III, MD	
Nephrology	Joseph C. Guzzo, MD	
Neurosciences	Peter J. Barbour, MD	
Physical Medicine and Rehabilitation	Jane Dorval, MD	Joseph J. Grassi, MD
Pulmonary	Joseph E. Vincent, MD	
Rheumatology	Albert D. Abrams, MD	

OBSTETRICS AND GYNECOLOGY	Stephen K. Klasko, MD	Acting Chairperson
	Ernest Y. Normington, MD	Vice Chairperson, Medical Affair
	Stephen K. Klasko, MD	Vice Chairperson, Education/ Residency Program Director
Divisions/Sections	Chiefs	
Obstetrics	James Balducci, MD	
Maternal-Fetal Medicine	James Balducci, MD	
Gynecology	Vincent Lucente, MD	
Gynecologic Oncology	Sergio Perticucci, MD	
Pelvic Reconstructive Surgery	Vincent Lucente, MD	
Reproductive Endocrinology & Infertility	Bruce I. Rose, MD	
Primary OB/GYN	Gregory Radio, MD	
PATHOLOGY	John J. Shane, MD	Chairperson
	Raymond A. Rachman, MD	Vice Chairperson
Clinical & Anatomic	John J. Shane, MD	
Forensic	Isidore Mihalakis, MD	
Gynecologic Pathology	William Dupree, MD	
Neurosciences	(Vacant)	
PEDIATRICS	John D. VanBrakle, MD	Chairperson
	Dennis W. Kean, MD	Vice Chairperson
Divisions/Sections	Chiefs	
Allergy	Jerome Dunn, MD	
Behavioral Pediatrics	Sarah J. Fernsler, MD	
Cardiology	Louis W. Hansrote, MD	
Development & Rehabilitation	Karen E. Senft, MD	
General Pediatrics	Oscar A. Morffi, MD	
Neonatology	Ian M. Gertner, MD	
Neurology	Martha A. Lusser, MD	
Pulmonary	Robert W. Miller, MD	
PSYCHIATRY	Michael W. Kaufmann, MD	Chairperson
	Susan D. Wiley, MD	Vice Chairperson
Adolescent Inpatient Psychiatry	John F. Campion, MD	

Adult Inpatient Psychiatry	Clifford H. Schilke, MD Farhad Sholevar, MD	Co-Chief Co-Chief
Consultative/Liaison Psychiatry	Joseph L. Antonowicz, MD	
Psychiatric Ambulatory Care	Susan D. Wiley, MD	
Psychiatric Home Care	Michael W. Kaufmann, MD	
RADIATION ONCOLOGY	Victor Risch, MD, PhD Charles F. Andrews, MD	Chairperson Vice Chairperson
RADIOLOGY/DIAGNOSTIC MEDICAL IMAGING	Mark A. Osborne, MD Robert Kricun, MD Robert Kricun, MD	Chairperson Vice Chairperson Residency/Fellowship Program Director

Divisions/Sections	Chiefs
Diagnostic Radiology	Alan H. Wolson, MD
Chest	Alan H. Wolson, MD
Gastrointestinal	Christopher L. Brown, MD
Genitourinary	Christopher L. Brown, MD
Orthopedics	Mark A. Osborne, MD
Cardiovascular/Interventional	James W. Jaffe, MD
Trauma/Emergency Medicine	Allen J. Weinstein, DO
Pediatrics	Howard D. Rosenberg, MD
Neuroradiology	Z. S. Lin, MD
Mammography	Stanley Benzel, MD Mark A. Osborne, MD
Nuclear Medicine	Stuart A. Jones, MD

SURGERY	Herbert C. Hoover, Jr., MD William W. Frailey, MD Gary G. Nicholas, MD Michael Rhodes, MD Gary G. Nicholas, MD Lester Rosen, MD Walter J. Okunski, MD Michael Rhodes, MD	Chairperson Acting Associate Chairperson Associate Vice Chairperson Assistant Vice Chairperson Gen Surgery Program Director/ Education Director Colon/Rectal Program Dir./ Research Director Plastic Surg. Program Dir. Trauma Program Director Critical Care Director
Chief Surgical Residents	Joseph Levan, MD John Pulizzi, MD Daniel Para, MD	

Divisions/Sections	Chiefs	Associate Chief
Cardio-thoracic Surgery	Geary L. Yeisley, MD	Farrokh S. Sadr, MD
Colon/Rectal Surgery	John J. Stasik, MD	Lester Rosen, MD

General Surgery	Gerald Sherwin, MD	Mark Gittleman, MD
Pediatric Surgery	Chris C. Chang, MD	
Transplantation Surgery	Craig Reckard, MD	
Neurological Surgery	Mark C. Lester, MD	Robert A. Morrow, MD
Neuro Trauma	Zev Elias, MD	
Ophthalmology	(Vacant)	
Oral/Maxillofacial Surgery	Ronald DiLeo, DDS	Mark Grim, DMD
Orthopedic Surgery	Peter A. Keblish, MD	Peter M. Anson, MD
Ortho Trauma	Patrick Respet, MD	
Podiatry	David P. Steed, DPM	
Otolaryngology	John D. Harwick, MD	John Papola, MD
Plastic/Reconstructive Surg	Walter J. Okunski, MD	Geoffrey G. Hallock, MD
Trauma-Surgical Critical Care	Michael Rhodes, MD	
Trauma	Mark Cipolle, MD	(Associate Chief)
Surgical Critical Care	Michael Pasquale, MD	(Associate Chief)
Burn	Kevin J. Farrell, MD	Walter J. Okunski, MD
Urology	Richard M. Lieberman, MD	Edward M. Mullin, MD
Vascular Surgery	Alan Berger, MD	Victor J. Celani, MD

6/07/95
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LEHIGH VALLEY HOSPITAL
1995-1996

UNIT DIRECTORS
(Effective July 1, 1995)

Medical Critical Care Director - Richard H. Snyder, MD
Surgical Critical Care Director - Michael Rhodes, MD

Cedar Crest & I-78 Site

Acute Care Unit	- Norman Sarachek, MD
Burn Unit	- Walter Okunski, MD/Kevin Farrell, MD
Central Nervous System Unit	- George Chovanes, MD
Dialysis	- James Kintzel, MD
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Open Heart Unit	- Geary Yeisley, MD
Progressive Coronary Care Unit	- Norman Marcus, MD
Post Anesthesia Care Unit	- Karen Bretz, MD
Special Care Unit	- Jay Cowen, MD (Medical Director)
Shock Trauma Unit	- Michael Rhodes, MD
Surgical Intensive Care Unit	- Michael Pasquale, MD
Transitional Open Heart Unit	- Brian Kluck, DO
Transitional Trauma Unit	- Michael Pasquale, MD
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3C Holding Area	- Robert Oriel, MD
4A	- Kenneth McDonald, MD
4C	- Michael Sinclair, MD
5B	- Richard Boorse, MD
5C	- Peter Keblish, MD
6B	- Mark Lester, MD
	- Paul Guillard, MD
6C	- (Vacant)
	- David Caccese, MD
7A	- Robert Grunberg, MD
7B	- John Nuschke, MD
7C	- Glenn Short, MD (Co-Director)
	- Yehia Mishriki, MD (Co-Director)

17th & Chew Site

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4S	- Vincent Lucente, MD
5S	- Claire Bolon, MD
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Adult Psychiatry	
- 6N	- Clifford Schilke, MD
- 6S	- Farhad Sholevar, MD

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Adolescent Partial Hospitalization Program	- James Showalter, MD
Adult Partial Hospitalization Program	- Ralph Primelo, MD
Guidance Program	- Susan Wiley, MD
Transitional Living Center	- Susan Wiley, MD

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	-	Edward Mullin, MD
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	-	Thomas Koch, MD
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Endocrine Testing Station	-	Dean Dimick, MD (Director)
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		(Vacant) (Co-Director)
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Neuropathology	-	(Vacant) (Division Director)
Toxicology Lab	-	Gerald E. Clement, PhD (Technical Director)
Transfusion Medicine & HLA Lab	-	Bala B. Carver, MD (Medical Director)

P & T HIGHLIGHTS

The following action were taken at the May 19, 1995 Pharmacy and Therapeutics Committee Meeting - Maria Barr, Pharm.D., Barbara Leri, Pharm.D., Richard Townsend, R.Ph., M.S.

COMMITTEE MEMBERSHIP EXPANDS

The Pharmacy and Therapeutics Committee approved the membership additions of a clinical nutritionist and a medical and surgical resident as well as expansion of internal medicine representation.

AZITHRO REPLACES CLARITHRO AT LVH

Azithromycin (Zithromax, Pfizer) has been added to our formulary and will replace clarithromycin as an oral antimicrobial agent for use in a wide variety of infections. Azithromycin is an azalide antibiotic structurally different than the macrolides clarithromycin and erythromycin. The structural difference allows for greater tissue penetration and concentrations. Physicians are urged to remember that Erythromycin is still a viable cost-effective option in some cases.

The Committee approved the addition of azithromycin based on the following advantages: 1) shorter length of therapy of 5 days; 2) high tissue concentrations; and 3) single dose therapy for nongonococcal urethritis and cervicitis. Beginning July 1, all clarithromycin orders on patient greater than 18 years old who are not being treated for MAI, will be automatically substituted with a 5 day course of azithromycin. The dose of azithromycin is 250mg BID on day 1, followed by 250mg once daily on days 2 through 5. In the treatment of sexually transmitted disease, a single dose of 1000mg is effect.

The average cost of therapy based on hospital acquisition cost for 5 days of azithromycin is $29.04. Clarithromycin 500mg BID for a 10 day course is $46.40.

FINALLY...A VACCINE TO PREVENT CHICKENPOX

The committee approved addition of Varicella Virus Vaccine to the formulary. The vaccine, marketed by Merck under the brand name Varivax contains live, attenuated virus. Anticipated efficacy of the vaccine is 70-90%. The duration of protection against varicella virus is unknown. Postmarketing studies will be conducted to determine long term efficacy and the need for subsequent boosters.

The vaccine is approved by the FDA for use in patients 12 months of age and older. The recommended dose for patients 12 months to 12 years of age is a single 0.5 ml dose given subcutaneously. Patients 13 years and up should receive two 0.5 ml doses given four to eight weeks apart. The American Academy of Pediatrics recommends that the

vaccine be given routinely to healthy children at 12 to 18 months of age. The academy also recommends immunization of children 18 months to 13 years of age who have not had chickenpox. The vaccine should not be given to patients who are pregnant, immunosuppressed, or who have untreated tuberculosis, febrile infective illnesses, blood dyscrasias, or malignancies affecting the bone marrow or lymphatic system. Varicella can be administered at the same time as other routine pediatric immunizations. Administration of varicella vaccine should be delayed at least 5 months after receiving blood products, immune globulin, or varicella zoster immune globulin. Vaccine recipients should avoid use of salicylates for 6 weeks post-immunization due to reports of the development of Reye's Syndrome in patients with natural varicella infection who were given aspirin.

The acquisition cost of varicella vaccine is $39.94 per dose. Contact Clinical Pharmacy Services (CC-#8884, 17-#2797) for additional information.

GLUCOPHAGE . . . THE SUCCESSOR OF PHENFORMIN

A recently approved agent, Glucophage (Metformin^{R}, Bristol-Myers Squibb), was reviewed for addition to the formulary. It is a non-sulfonylurea which may be used alone as an adjunct to diet or in combination with a sulfonylureas which are not adequately controlling blood sugars in NIDDM. Glucophage improves glucose tolerance in NIDDM patients by lowering both the basal and postprandial plasma glucose. Glucophage works differently compared to the sulfonylureas through a decrease in hepatic glucose production, a decrease in intestinal absorption of glucose and improvement of insulin sensitivity. Hypoglycemia does not result from glucophage therapy, adding to the advantage of this agent.

Approval of this medication was tabled following concerns related to the potential adverse effects of glucophage, especially lactic acidosis. Lactic acidosis, though rare, can occur secondarily to accumulation of glucophage. When it occurs, it is fatal in 50% of the cases. Reported cases have occurred primarily in diabetic patients with significant renal insufficiency. The risk of lactic acidosis increases with the degree of renal dysfunction and the patient's age. Due to impaired hepatic function, the body may not be able to adequately clear lactate. Patients should be cautioned against excessive alcohol intake while receiving metformin due to alcohol's ability to potentiate the effect of glucophage on lactate metabolism.

Glucophage is considered to be contraindicated in patients with renal disease or renal dysfunction, suggested by a serum creatinine of $\geq$ 1.5mg/dl. The drug should be temporarily withheld (at least 48 hours prior to and 48 hours after procedure) in patients undergoing radiologic studies involving parenteral contrast dyes due to the possibility of acute changes in renal dysfunction with the use of these agents. Finally, the drug should be withheld in patients with any type of hypersensitivity to metformin or have an underlying chronic metabolic acidosis including diabetic ketoacidosis with or without coma.

Many precautions exist for glucophage, some of which include the monitoring of renal function, concomitant use of other medications which alter renal function hypoxic states, alcohol intake and impaired hepatic function.

In addition to lactic acidosis, other potential adverse effects include gastrointestinal reactions, alteration of taste and asymptomatic subnormal vitamin B_{12} levels.

The usual starting dose for glucophage is 500mg PO BID administered with the morning and evening meal with dosage increments of one tablet every week to a maximum of 2550mg/day. This usual maintenance dose is 850mg PO BID. Monitoring of glycosolated hemoglobin should occur approximately every three months. Fasting plasma glucose should be used to determine the therapeutic response to glucophage.

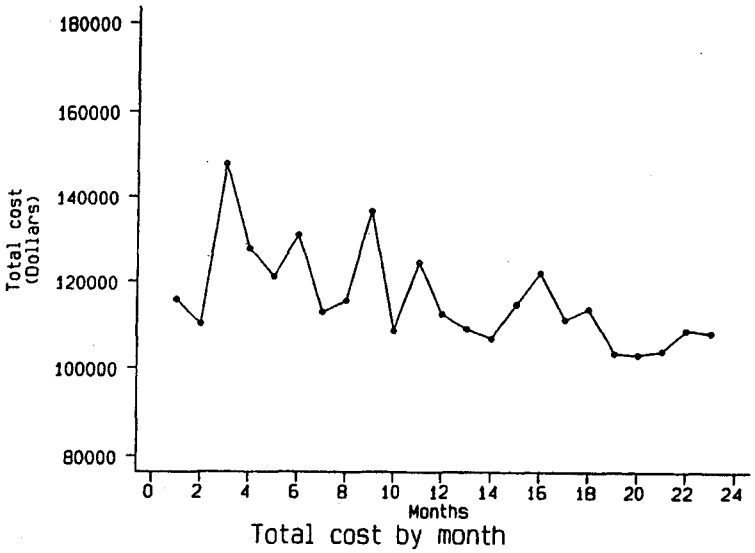
The expected costs of this agent will range from $0.70 to $1.95/day.

Further discussion will continue during the next meeting to discuss glucophage and its place in the course of therapy for NIDDM patients. Stay tuned!

ANTIMICROBIAL COST REPORT SHOWS A DOWN TREND FROM 1993

Antimicrobial drug costs comprise approximately 14% of our total pharmaceutical budget. This is an area with several options for cost containment. The Committee has approved several pharmacy initiated interventions to help control the antimicrobial budget including IV to PO conversions, renal dosing, and more effective dosing options in select cases.

The following graph illustrates the antimicrobial total costs per month from May 1993 to March 1995. Note the downward trend which is statistically significant (p=.03). It is important to note that even the average 4% pharmaceutical inflation rate per year has not been experienced at LVH. Let's keep it up with smart cost-effective prescribing!



Total cost by month

VANCO LEVELS - ONLY WHEN APPROPRIATE

Since our initial efforts in May 1993, the number and appropriateness of vancomycin serum levels has improved drastically. This improvement has been associated with a substantial cost savings to the laboratory department. During the period of January to April 1995, 37% vanco levels were performed. This is a 60% decrease from pre May 1993 data. This year to date data was associated with approximately $9,106.50 in laboratory savings. As a reminder the guidelines for vancomycin level monitoring are as follows:

VANCO SERUM LEVELS SHOULD <u>NOT</u> BE ROUTINELY DONE IN PATIENTS WITH NORMAL RENAL FUNCTION AND SUSCEPTIBLE ORGANISMS

Vancomycin trough levels maybe useful (but are not mandatory) in the following situations:

1. Patients receiving combination therapy with other nephrotoxic agents ie. vancomycin + an aminoglycoside (gentamicin, tobramycin, or amikacin).

2. Patients on hemodialysis to aid in determining time for next dose (usual adult dose is 1GM weekly).

3. Patients in higher-than-usual doses of vancomycin being given for resistant or CNS infection.

4. Patients with rapidly changing renal function.

Transfusion Associated Graft Versus Host Disease (TA-GVHD), an Indication to Irradiate Cellular Blood Components

GVHD occurs due to implantation of viable donor T lymphocytes in a transfusion recipient (host), followed by a clonal proliferation and recruitment of other lymphocytes via cytokines. The donor lymphocytes mount an immune response towards the host organs. It is a frequent occurrence following bone marrow transplantation. The animal counterpart of this is called Runt Syndrome.

The true incidence of TA-GVHD is unknown, although it is estimated to be approximately 0.1% to 1% in patients carrying a diagnosis of hematological malignancies or lymphoproliferative disorders.

It is often not recognized because the clinical manifestations of TA-GVHD may be mistakenly attributed to the underlying disease of the patient or to another complication such as a drug reaction or an infection (viral or bacterial).

The length of time between transfusion and the development of GVHD is variable and can be as short as 3-10 days.

Clinical Manifestations - Abrupt onset of

- High fever: (Tumor necrosis factor (TNF) and IL-1 mediated)

- Rash Maculopapular: Lymphoid infiltration at the dermal epidermal junction with basal cell degeneration

- Severe Diarrhea

- Liver Dysfunction → elevation of transaminases and hyperbilirubinemia

- Pancytopenia

Table I.

CLINICAL STAGING OF GVH DISEASE BY ORGAN SYSTEM

Stage	Skin	Liver	Gastrointestinal Tract
+	Maculopapular rash <25% body surface	Serum bilirubin 2-3mg/dL	> 500 mL diarrhea/d
++	Maculopapular rash 25-50% body surface	Serum bilirubin 3-6mg/dL	> 1000 mL diarrhea/d
+++	Generalized erythroderma	Serum bilirubin 6-15mg/dL	> 1500 mL diarrhea/d
++++	Generalized erythroderma with bullous formation and desquamation	Serum bilirubin > 15 mg/dL	Severe abdominal pain with or without ileus

In contrast to bone marrow transplant associated GVHD, TA-GVHD is associated with high mortality (80-90%). There is no effective treatment although methotrexate, cyclosporin and steroids have been tried.

Since the minimum numbers of lymphocytes required to cause TA-GVHD is not known, the best means to avoid TA-GVHD is prophylaxis. This is achieved by irradiating cellular components (red cells, platelets and granulocytes). The current recommendation is to expose the cellular components to 2500 rads of gamma irradiation in a specially designed canister. This eliminates the lymphocyte proliferative response (mitogenic potential). It has no effect on RBC, platelets, or granulocytic survival or function. The red blood cells demonstrate mild irradiation injury by leaking potassium. The mechanism of this RBC injury is not known.

The source of irradiation can be Cesium^{137}, Cobalt^{60} or a linear accelerator. Cesium is the preferred source because of its long half life (30 yr) and high energy levels. Most blood irradiators are self contained units with special canister to hold the unit of blood. The irradiators are expensive (approximately $100,000). Miller Memorial Blood Center serves as our regional center to irradiate blood.

Therefore, some logistical coordination is required, particularly between 4 p.m. and 8 a.m. weekdays and on weekends.

TA-GVHD occurs in both
(a) Immunocompromised host*
(b) Immunocompetent host

*To date TA-GVHD has not been reported in HIV infected persons.

The current indication to irradiate cellular blood components as practiced at NIH are as follows. At Lehigh Valley Hospital, we are also currently following these guidelines.

Absolute Indications
- Allogenic and autologous marrow transplant recipients
- SCID syndromes
- Intrauterine transfusions
- Neonatal exchange transfusions
- Hodgkin's disease
- Very high dose alkylating agent therapy
(>4gm/M2 cyclophosphamide)
- Related-donor donations (HLA sharing or one way HLA match)

Indications Under Review
- Premature neonates (birthweight < 1200 gm)
- Non-Hodgkin's lymphoma (including chronic lymphocytic leukemia)
- Acute leukemia (including blast crisis of chronic myelogenous leukemia
- Neuroblastoma
- Glioblastoma multiforme

Not Indicated
- Aplastic anemia
- HIV infection/AIDS
- Term neonates
- Solid tumors (except for situations listed above)

If you have any questions, please contact Bala B. Carver, MD, Medical Director, Transfusion Medicine/HLA, at 402-8142.

John J. Shane, MD
Chairperson
Department of Pathology

Bala B. Carver, MD
Medical Director
Transfusion Medicine/HLA

References:

1. Leitman, S.F; Holland, P.V. Irradiation of Blood Products, Indications and Guidelines. Transfusion 1985; 25(4); 293-360.

2. Leitman, S.F. Chief Blood Service Section, NIH; Personal Communication, 1994.

3. Thaler, M, et al. The Role of Blood From HLA-Homozygous Donors in Fatal Transfusion-Associated Graft Versus Host Disease After Open-heart Surgery. N.Engl.J.Med. 1989; 321:25-28.

4. Anderson, K.C; Weinstein, H.J. Transfusion-Associated Graft Versus Host Disease. N.Engl.J.Med. 1990; 323:315-321.

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