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*From the
President*

The highest reward for a persons toil
is not what they get for it,
but what they become by it.

John Ruskin

Well, this is it! This is the last in my series of 24 President reports. For those of you who have tired of my attempts to meld pithy quotes and germane medical staff issues, I'm sure this comes as welcome news.

The major issue of this, the final month of my tenure, will be the decision of the independent medical staffs at Muhlenberg Hospital Center (MHC) and Lehigh Valley Hospital (LVH) to adopt a common set of bylaws and become a single, merged medical staff. Obviously, this is an extremely important issue to which the Medical Staff Transition Team, comprised of Gavin Barr, MD, David Caccese, MD, John Fitzgibbons, MD, William Frailey, MD, Marc Granson, MD, John Hart, John Lang, DO, Robert Laskowski, MD, Stuart Paxton, Vincent Tallarico, Hugo Twaddle, MD, and myself, has devoted innumerable hours. Informational sessions have been held at both campuses to discuss this issue. Personally, this process has taught me a significant amount about cultural integration and mergers. After hearing the concerns of our fellow physicians, I feel that we will be able to adopt this final phase of our process to address

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Attention: All LVH & MHC Physicians

The first combined Lehigh Valley Hospital and Muhlenberg Hospital Center General Medical Staff meeting will be held on Thursday, December 17, beginning at 6:30 p.m., in the LVH Auditorium at Cedar Crest & I-78. As a vote will be taken to approve the Medical Staff Bylaws of the common medical staff, it is imperative that you plan to attend this meeting.

PROGRESS NOTES

Medical Staff

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the majority of these concerns. In deference to our MHC colleagues, additional candidates for the four designated MHC at-large seats on the integrated LVH Medical Executive Committee will be added to the Nominating Committee slate by the current MHC Medical Executive Committee. Further, the moneys contained in the MHC Medical Staff treasury will not be merged into the LVH Medical Staff treasury. Rather, the MHC funds will be maintained in a distinct account to be administered by the MHC Medical Advisory Committee. Obviously, should the medical staffs choose to integrate, there will be only one treasury going forward after December 17, 1998.

So, it all comes down to this, the futures of the LVH and MHC medical staffs will be decided by independent vote at a combined meeting of the staffs to be held in the LVH Auditorium at Cedar Crest & I-78 on Thursday, December 17, 1998, at 6:30 p.m. Please make every attempt to be there and participate in this landmark decision!

I am also happy to be able to bring to closure yet another controversy. At its meeting on November 4, 1998, the Lehigh Valley Hospital Board of Trustees elected, in its wisdom, to accept the Ad Hoc Committee's recommendation to rescind the Board's action requiring a mutually exclusive arrangement for cardiovascular services. I want to thank all the members of our medical staff who participated in this exhausting but ultimately positive process.

The Nominating Committee, comprised of David Caccese, Chairperson; John Castaldo, Walter Okunski, Rich London, Greg Brusko, Hal Folander, and myself, developed a preliminary slate of candidates to be voted upon at the General Medical Staff meeting on December 17. The Committee will offer for your approval Edward W. Mullin, Jr., MD, as President-elect. The reasons for the committee's endorsement of Ed are, I'm sure, very obvious. Born in Brooklyn in a year I won't divulge, Ed received his degree from such noteworthy institutions as the College of the Holy Cross and Columbia College of Physicians and Surgeons where he graduated at the top of his class. Ed then served as a surgical house officer at Massachusetts General Hospital prior to obtaining his Urology training at Duke University Medical Center. Ed joined the staffs of The Allentown Hospital and Allentown & Sacred Heart Hospital Center in 1976. Ed is the author

of 14 scientific publications and currently serves as the Chief of the Division of Urology in the Department of Surgery. Ed's intelligence is only exceeded by his sincerity and compassionate nature. He is a skilled physician and surgeon who has been able to lead the Division of Urology as it achieved national recognition for two consecutive years in ***U.S. News and World Report***. Ed has been an innovator in developing divisional academic programs including the integration of a rotation of a Urology resident. David and myself are very excited about having the opportunity to work with someone as talented as Ed and are, quite frankly, relieved that he agreed to accept this nomination to what proves to be a very challenging and time consuming position. In addition, the names of John Lang, Hugo Twaddle, Marc Granson, and Hal Folander have been placed in nomination to fill the four at-large seats of the integrated Medical Executive Committee which are dedicated to MHC physicians. Additional names will be supplied by the current MHC Medical Executive Committee and added to the slate for approval at the meeting on December 17.

As happy as we would be, should the medical staff choose to elect Ed to the office of President-elect on December 17, to welcome Ed to Troika, David and I will be equally sorry to say an official good-bye to the senior member of our group, John Castaldo, MD. For six years, John has selflessly served the Medical Staff and helped guide it throughout some very difficult times. A quiet, unassuming physician innovator who has championed the ACAS study and the LOVAR initiative which has brought national recognition to LVH, John remains committed to his patients, an advocate for maintaining the quality of their care in an ever more depersonalized environment, and dedicated ultimately to "doing the right thing." David and I could not have served with a finer mentor or had a better friend. On behalf of the entire medical staff, I would like to thank you, John, and wish you well as you return your focus to the thing you do so superbly well, taking care of people!

As we enter into the holiday season which has traditionally been recognized as the season of giving, I am very proud to be President of a staff which continues to prove its commitment to our community and goes beyond the care it takes of its people in our offices and

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the hospital. This year, 26 physicians became leadership contributors to the United Way Campaign. We can feel very good about our institution in the Lehigh Valley in giving back to our community in this way.

In the words of the Mickey Mouse Mouseketeers, "now it's time to say goodbye to all our company" It's been a long 730 days (and nights) reign. We've been through a lot together, some issues more contentious and problematic than others. In the most global terms, I feel we have a stronger medical staff and a better relationship with our Board of Trustees. Hopefully, in total, you, the members of the LVH Medical Staff, will feel that I served you well despite or because of what I've become. I thank you all for the faith you had in me to allow me to represent you, and the support you've shown to me during my term.

Finally on behalf of David Caccese, John Castaldo, John Hart, Beth Martin, Janet Seifert, Rita Mest, Karen Fox, Kathy Wise, Colleen Bachemin, and myself, we wish you and your families a Happy Hanukkah, Merry Christmas and a Happy & healthy New Year.



Robert X. Murphy, Jr., MD
President, Medical Staff

Not All Hospices Are Alike

The Lehigh Valley Hospice program provides unique services for our community. While other agencies in the area provide hospice services, none has the distinguished advantage of an inpatient hospice unit. The inpatient unit is located at 17th & Chew on 4S. It was established in January, 1995, and has grown steadily to its current size of seven beds.

The unit is designed to provide palliative care and comfort measures to terminally ill patients requiring acute symptom management or terminal care for the patient near death. The unit also provides intermittent five-day "respite" care for temporary relief of caregivers. The most common patient diagnosis is cancer. However, a significant number of patients are admitted with other

diagnoses including end stage chronic airway obstruction, congestive heart failure, leukemia, and AIDS.

The setting is a quiet, homelike atmosphere with private room and 24 hour a day family access. Staffed by trained hospice nurses and support staff, the unit specializes in providing care and comfort to the patient and family during this difficult time. A medical social worker is on staff to provide additional support. She can also assist with discharge planning should the patient be able to return home or require nursing home placement.

The unit was initially developed to provide care for hospice patients who were at home and temporarily required an increased level of care for short-term symptom management before returning home with hospice care and support. It has now expanded to provide the same care for patients admitted directly from an acute care facility. Patients who have elected to withdraw aggressive treatments and are near death are also appropriate for inpatient hospice care.

Physicians with admitting privileges to Lehigh Valley Hospital are encouraged to continue to follow their patients during their inpatient hospice stay. If this is not possible, the physician may refer to another physician willing to admit patients to the hospice unit and temporarily follow the patient. This can only be done at the request of the primary care physician. The unit has a list of physicians willing to accept this responsibility.

Lehigh Valley Hospice has produced a short informative videotape about the hospice inpatient unit. This can be used to help educate hospital staff, physicians, patients and families. If you would like more information about the hospice unit, a copy of the videotape, or would like a patient to be evaluated for the unit, please contact Jennifer McCardle, RN, Inpatient Hospice Unit Supervisor, at 402-2328.

The Quarterly General Membership Meeting of the Greater Lehigh Valley Independent Practice Association, Inc., will be held on Monday, December 21, beginning at 6 p.m., in the hospital's Auditorium at Cedar Crest & I-78. Physicians will receive credit toward the Incentive Plan for attending the meeting.

Chairperson Named for Department of Family Practice

On November 1, 1998, **William L. Miller, MD**, was appointed Chairperson of the Department of Family Practice. Dr. Miller has served as Acting Chairperson of the Department since July 1, 1998.

Dr. Miller came to Lehigh Valley Hospital in 1994, and served as Vice Chair and Residency Program Director of Family Practice. Prior to that time, he was the Director of the Fellowship Program and Associate Professor in the Department of Family Medicine at the University of Connecticut School of Medicine.

Dr. Miller received his medical degree from the University of North Carolina School of Medicine. He completed his residency at the Harrisburg Hospital, having served as Chief Resident in the Family Practice Residency Program.

Weekend Nuclear Medicine Thallium Stress Test Scheduling Process

In order to facilitate a Nuclear Medicine Thallium Stress Test for patients between Friday evening and Monday morning, the Heart Station will now schedule patients during this period on behalf of the Nuclear Medicine Department. This should enable the patient who is admitted on Friday, Saturday, or Sunday to be scheduled for a Monday test without delay.

The procedure below should be followed when ordering a Thallium Stress Test between Friday evening and Monday morning:

1. When writing an order for a Thallium Stress Test, order it as STAT for both outpatients and inpatients.
2. Call the Heart Station at 402-8996 to schedule the test ASAP. If you are not the physician who will be performing the test, contact the cardiology group who will perform it, and the cardiology group will schedule the test.

The Nuclear Medicine Department will no longer schedule routine outpatients on Mondays in order to have 10 Thallium Stress Test appointments available for ST/inpatients, STAT outpatients, and routine inpatients, prioritized in that order.

If you have any questions regarding this process, please contact Kathy Jones, Nuclear Medicine Clinical Coordinator, at 402-8383.

TB Screening Documentation

A tuberculosis (TB) self-screening tool has been utilized by several patient intake departments for over two years to help identify individuals who may be at risk for TB. To enhance utilization and satisfy documentation requirements, the tool has been integrated into a screening documentation form that will be used by the clinics, Admitting, Emergency Departments, GI Lab, Outpatient Laboratories, Pre-Admission Testing, and all other points of entry. Users of the document will be instructed to notify the attending PHYSICIAN when the patient answers "Yes" to two or more of the TB screening questions. The contact to the physician is made in order to obtain additional patient information and/or directions for management.

Lehigh Valley Hospital and Health Network follows CDC recommendations for the prevention of TB which clearly states that early identification is one of the most important facets of a successful TB exposure control program. The Infection Control Department is dedicated to providing a safe environment for patients, staff and visitors. If you have any questions or need additional information, please contact the Infection Control Department at 402-0680.



News from the Health Information Management Department

Radiology/Breast Health Services Transcription

Effective October 20, Radiology and Breast Health Services Transcription at Lehigh Valley Hospital was assumed by the Medical Transcription Services as part of the Health Information Management Department. Centralization of transcriptionists into a large pool of staff facilitates prioritization, reduced turnaround time, and efficient distribution of medical reports.

In addition, through process redesign, effective November 23, Breast Health Services reports are now available in Phamis Lastword. Reports identified by the report type BHS may be accessed utilizing the TRX command.

The project goal to achieve transcription turnaround time from dictation to transcription in less than 24 hours was achieved within three weeks following the consolidation of Radiology and Breast Health Services transcription into the centralized unit.

Transcribed Report Distribution

Many physicians utilize the AUTOFAX distribution of medical reports. Autofaxing is the process whereby the attending, referring, and family physicians automatically receive copies of transcribed medical reports via facsimile at the time the report is transcribed.

Beginning December 7, those physicians utilizing AUTOFAX will also receive copies of reports when they are the surgeon or the dictating physician and may not be listed as the attending, referring, or family physician.

AUTOFAX provides prompt distribution of medical reports to the physician's office for continuity of care and billing purposes. If you are not utilizing AUTOFAX and would like to take advantage of this service, please contact Susan Cassium, Operations Coordinator, Health Information Management, at 402-4451.

Radiology Renovations Complete at 17th & Chew

An open house was held on Monday, October 26, to "show off" the newly renovated Radiology Department at 17th & Chew.

The "new" department, which is located on the ground floor around the corner from the Emergency Department, contains two ultrasound rooms, a CAT scan room, and three diagnostic rooms including a fluoroscopy room.

Hours are Monday through Friday, 7 a.m. to 7 p.m., with coverage for emergencies in all modalities 24 hours a day, seven days a week.

To schedule appointments, call 402-2214.

If you have any questions or concerns regarding clerical or film library issues at 17th & Chew, please contact Val Hunsicker, Operation Coordinator, at 402-0393. For technical issues, please contact Barb Toczek, Operation Coordinator, at 402-8241.

Radiology File Room Update

This past summer, the Radiology Department was fortunate to have two summer interns working in the film library. In order to capture some baseline benchmarks for customer service in the file room, several studies were done including a File Room Window Survey.

Statistics showed that the average wait time for physicians at the window until the clerk arrived was 23 seconds. The study also proved that file jackets requested at the window by physicians were found 95% of the time! The average total wait time from arrival at the window until the request was filled was one minute and 34 seconds.

The Radiology Department will work to improve these great numbers over the next year.

Critical Care Nurses to Participate in International Pain Study

Nurses at Lehigh Valley Hospital (LVH) have been given approval by the Institutional Review Board to participate in the American Association of Critical Care Nurses' **Thunder Project II**.

Thunder Project II is an international, multi-site research study which will examine pain perceptions and responses of acutely and critically ill adult patients to selected clinical procedures. At LVH, patient's responses to pain associated with turning and tracheal suctioning will be evaluated.

Relationships between such things as the patient's pain perception, the selected procedure, and factors such as age, gender, ethnicity, presence of chronic pain, pre-procedure analgesic and sedative use and non-pharmacologic interventions will be analyzed. Multi-dimensional pain assessments pre- and post-procedure, including self-report measures of pain intensity, quality, and location, as well as observed behaviors and hemodynamic pressures will be recorded. Of course, participation in this study will not alter the standard of care provided to patients experiencing the procedures. Patients can receive any pain medications that would normally be prescribed before, during, or after the procedures.

Data collection began the week of November 22 and will commence in early January. All patients who meet the eligibility criteria will be entered in the study with an anticipated enrollment of 60 patients. Nationally, it is expected that a total of 3,000 subjects at 140 institutions will take part in the study.

Participation in the **Thunder Project II** study is very exciting for LVH as it will provide clinical nurses the opportunity to participate in a national, multi-site research project as well as contribute to the development of a scientific base for critical care nursing practice. Mae Ann Fuss, MSN, RN, will serve as the Site Coordinator. Claranne Mathiesen, MSN, RN, Gloria Hamm, BSN, RN, Sharnee Cederberg, MSN, RN, Marjorie Lavin, BSN, RN, and Elizabeth Seislove, BSN, RN, will assist as Research Associates.

If you have any questions regarding this research study, please contact the Office of Professional Development, Measurement and Research at 402-1704.

New Lab Report for Lastword

A new report was developed to print lab results for patients L, the physician, unit, and/or service. You can access this report from the RSLTREP command and hitting the NEXT button (or the F8 key) to take you to the second page. One report is for labs without Micro results, and the second is just for Micro results. The reports will display results for the following days: General Lab - today and yesterday; Micro - today and past three days.

This report was created in response to a request from Dr. Glancy who is under the General Surgery specialty, but also covers the Trauma service. He wanted to generate a report to see patients under the Trauma service, but could only see those for who he was the attending physician, regardless of the service the patient was under. Users can now enter the service in the field, along with unit and/or physician, if they want to produce a more definitive report. This will also benefit residents and medical students who routinely cover different specialties and physicians.

Please note that this report requires significant system resources to run and may take up to five minutes to print during periods of heavy Lastword activity.

Please take a minute to review the intranet demo that can be accessed from the Information Services Lastword Home Page. It will walk you through the steps of requesting this new report.

If you have any questions or concerns, please call the Information Services Help Desk at 402-8303 for assistance.

MICRO Command Reminder

Please remember that the MICRO command screens in IDX/Phamis Lastword were changed in mid-November as part of an upgrade package. There are many screen changes that users will notice. Please refer to the October issue of **Medical Staff Progress Notes** for example print screens, or you may view the on-line intranet demo available under Information Services Lastword Home Page.

If you have any questions or need assistance, please call the Information Services Help Desk at 402-8303.

Nutrition Subcommittee Update

The Food and Nutrition Services department has been working with Supplier Services to obtain competitive pricing for the enteral formulary products. The Ross contract has been negotiated with new pricing effective November 1. This new pricing is also effective for Muhlenberg Hospital Center. The updated pricing provided by Ross will save the facility approximately \$28,000 annually.

The Nutrition Subcommittee has been reviewing enteral tube feeding products and making adjustments based on patient outcomes and cost. A trial of a new Ross product, Optimental, is underway. Optimental is a new semi-elemental formula. It is a peptide-based formula and contains 5.5 gms arginine per liter. It also contains elevated levels of antioxidants: vitamin C, vitamin E, and beta carotene. This product is being trialed as a potential replacement for Peptamen VHP, and would save approximately \$2,000 per year. Once the trial of Optimental is completed, the enteral formulary will be presented to Therapeutics Committee for approval.

Specialty formulas, such as Impact with Fiber, Peptamen VHP, Vivonex Plus, Renalcal and Nutrihep are substantially more expensive than standard enteral formulas and should not be used routinely. For this reason, the criteria for their use will be included as part of the enteral formulary which is included in the Clinical Nutrition Manual on each nursing unit.

For your information, following is a list of enteral formulary products and the cost for each product. Please keep in mind the appropriate use of each product and the cost when ordering tube feedings for your patients.

COSTS OF ENTERAL PRODUCTS

STANDARD

Osmolite	Isotonic	\$.34/can
	Non fiber containing	\$ 1.36/liter
	Standard 1 cal/cc	
Jevity	Isotonic	\$.53/can
	Fiber containing	\$2.12/liter
	Standard 1 cal/cc w/fiber	
TwoCal	Nutrient dense	\$.52/can
	Non fiber containing	\$ 2.07/liter
	2 cal/cc	
	For fluid restricted patients	
Promote cw/fiber	High Protein	\$.62/can
	1cal/cc Fiber containing	\$ 2.48/liter
	Indicated for trauma, burns high protein needs	

SPECIALIZED

PediaSure w/fiber	Isotonic	\$.32/can
	Formulated for ages 1-10	\$ 1.28/liter
	Standard 1 cal/cc w/fiber	
Suplena	Low protein, 2 cal/cc	\$1.45/can
	Low in vit A and D	\$ 5.80/liter
	High Ca, low phosphorous For the predialyzed patient with chronic and acute renal fx.	
Nepro	Moderate Protein, low K	\$ 1.55/can
	2 cal/cc	\$6.20/liter
	For dialysis patients	
Optimental	Semi elemental, 1 cal/cc	\$4.38/can
	Contains fructooligosaccharides	\$17.50/liter
	For use with Crohn's SBS, prolonged NPO hypoalbuminemia, protein losing enteropathy	
Impact w/fiber	Immune enhancing	\$ 6.17/can
	1 cal/cc, fiber containing.	\$24.68/liter
	For sepsis, abdominal trauma, TBSA>40%	
PeptamenVHP	Semi elemental, 1 cal/cc	\$ 5.00/can
	For use with prolonged NPO	\$20.00/liter
	hypoalbuminemia, protein losing enteropathy	
Vivonex Plus	Elemental, minimal fat, 1 cal/cc	\$ 4.92/packet
	Pancreatitis, IBD, fistulas	\$ 16.40/ mixed liter*
	SBS, gut atrophy, radiation enteritis	*includes labor for mixing
Renalcal	Low Protein, electrolyte free	\$5.97/can
	2 cal/cc	\$23.88/liter
	For renal failure without dialysis	
Nutrihep	Low protein, high BCAA	\$12.26/can
	1.5 cal/cc	\$29.04/liter
	For encephalopathy	
Peptamen Jr	Semi elemental, 1 cal/cc	\$4.94/can
	For GI impaired children	\$19.76/liter
	Designed for ages 1-10	

**Happy
Holidays!**

Congratulations!

Randolph J. Cordle, MD, Associate Vice Chair, Education and Research, Department of Emergency Medicine, was recently notified that he successfully completed the certification examination and has become certified as a diplomate of the American Board of Emergency Medicine. Dr. Cordle is also certified by the American Board of Pediatrics.

Joseph W. Galassi, Jr., MD, Department of Anesthesiology, Division of Pain Management, has been awarded certification in Pain Management by the American Board of Anesthesiology.

Lehigh Valley Hospital was recently recognized as an approved Teaching Center by the International Society of Arthroscopy, Knee Surgery and Orthopaedic Sports Medicine (ISAKOS). The ISAKOS is an international organization dedicated to education in all areas of the knee. Under the direction of **Peter A. Keblish, Jr., MD**, Chief, Division of Orthopedic Surgery, Lehigh Valley Hospital has served as a Teaching Center in reconstructive knee surgery for the past 10 years. This Teaching Center has been on a formal as well as an informal (individual one on one) basis. The ISAKOS-approved Teaching Center will be listed with other approved centers on the ISAKOS web page and in their newsletter. The Teaching Center appointment is designated until 2003, at which time the Center will be submitted for reappointment.

Richard S. MacKenzie, MD, Vice Chairperson, Department of Emergency Medicine, was reappointed as Chair of the Public Relations Committee of the National American College of Emergency Physicians.

Brian A. Nester, DO, Department of Emergency Medicine, won first and second place for his poster presentations: "Nonlinear HRV measures can predict life threatening ventricular arrhythmias in Emergency Department Patients," and "HRV analysis may be a valuable aid in diagnosing acute myocardial infarction in Emergency Department Patients." The competition was held in October at the American College of Osteopathic Emergency Medicine Physicians annual scientific assembly in New Orleans, La.

Michael S. Weinstock, MD, Chairperson, Department of Emergency Medicine, was honored at the Annual Scientific Assembly of the American College of Emergency Physicians for his contributions to the college and his service over the past six years serving on the Board of Directors.

Papers, Publications and Presentations

George A. Arangio, MD, Associate Chief, Division of Orthopedic Surgery, had his paper, "Effect of Varying Arch Height With and Without the Plantar Fascia on the Mechanical Properties of the Foot," published in the October, 1998 issue of ***Foot & Ankle International***.

Mark A. Gittleman, MD, Division of General Surgery, was an invited guest speaker at the Society of Surgeons of New Jersey annual meeting at the Monmouth Medical Center in Long Branch, N.J., on November 11. He lectured on "Image-Guided Breast Biopsy."

In addition, Dr. Gittleman conducted CME seminars on "Stereotactic Breast Biopsy" at the Saxton Medical Pavilion in Wilkes-Barre, Pa., on November 7, at the Doctors Community Hospital in Lanham, Md., on November 14, and at the Beebe Medical Center in Lewis, Del., on November 21.

Larry R. Glazerman, MD, Division of Primary Obstetrics and Gynecology, presented his abstract – "Successful Treatment of Chronic Pelvic Pain by Trigger Point Injection of Local Anesthetic at Microlaparoscopy" – at the International Congress of Gynecologic Endoscopy AAGL 27th Annual Meeting, which was held November 10 to 15 in Atlanta, Ga.

"Diagnosis of Chronic Fatigue Syndrome in GI Patients," an article written by **Herbert L. Hyman, MD**, Division of Gastroenterology, appeared as the Guest Editorial in the October, 1998 issue of ***Practical Gastroenterology***.

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Peter A. Keblish, Jr., MD, Chief, Division of Orthopedic Surgery, was an invited guest speaker and faculty member at a total knee replacement meeting in Paris, France, titled "Journées du Genou: Lessons of the Past." Dr. Keblish presented several papers including patella problems, surgical approaches, and results of total knee arthroplasty. He also moderated sessions on complicated problems in total knee arthroplasty. This was the fifth annual meeting devoted to problems of the knee and newer concepts of mobile bearing knee arthroplasty. National and international faculty included surgeons from the United States, the United Kingdom, and the European continent. Over 380 orthopedic surgeons attended the two-day symposium.

In addition, Dr. Keblish was a guest speaker at the Sixth Annual Symposium of Current Concepts in Knee Reconstructive Surgery presented by the New York Medical College Department of Orthopaedic Surgery. Dr. Keblish presented topics of surgical approaches and also of conversion of difficult cases such as osteotomy and unicompartmental total knee replacement. He also participated in panel discussions. The meeting was attended by more than 250 orthopedic surgeons, primarily from the New York area.

Daniel J. Kelley, MD, Division of Otolaryngology-Head & Neck Surgery, recently published two book chapters – "Etiology of Head and Neck Cancer" and "Staging of Head and Neck Cancer" – which appeared in *Essentials in Head and Neck Oncology*.

Indru T. Khubchandani, MD, Division of Colon and Rectal Surgeon, was the invited speaker at the 69th Congress of the Argentinean College of Surgeons in conjunction with the 42nd Congress of Thoracic Society, the 23rd Congress of Colo-Proctology Society, and the 9th Congress of Angiology and Cardiovascular Society. The Congress was attended by over 2,000 surgeons and was held in Buenos Aires, Argentina.

Dr. Khubchandani participated in six separate events and gave two designated conferences and participated in "Meet the Professor" breakfast. He showed a recently completed video on Transrectal Repair of Rectocele.

At the plenary session, disseminated via the Internet, Dr. Khubchandani participated in a panel on Cancer of the Rectum and spoke on Staging of Cancer of the Rectum and Prognostic Factors.

Brian A. Nester, DO, Department of Emergency Medicine, presented his research in September on Heart Rate Variability (HRV) Analysis at the international meeting of the Society for Academic Emergency Medicine and the Faculty of Accident and Emergency Medicine held at Oxford University and Christ Church College in Oxford, England.

In addition, Dr. Nester presented the lecture, "Pushing the Envelope on ECG Analysis" in October at the American College of Emergency Medicine annual scientific assembly held in San Diego, Calif. The lecture reviewed multi-lead ECG analysis, continuous ST-Segment analysis, and HRV analysis.

Carmine J. Pellosie, DO, Chief, Division of Occupational Medicine, presented "Blood-Borne Pathogen Exposures: Evaluation and Treatment" to the nursing and physician staff at KidsPeace National Center on November 2.

Lester Rosen, MD, Associate Chief, Division of Colon and Rectal Surgery, presented a talk, "Outcomes Research in Colorectal Surgery," to the New York Society of Colon and Rectal Surgeons on November 12. The subject matter dealt with comparative outcomes using various databases, including those with artificial intelligence.

Philip J. Tighe, DDS, Division of Orthodontics, presented three orthodontic treatment cases at the joint meeting of the Middle Atlantic and Great Lakes Orthodontic Societies held October 25 to 28 in Bermuda.



Upcoming Seminars, Conferences and Meetings

Medical Grand Rounds

Medical Grand Rounds are held every Tuesday beginning at noon in the hospital's Auditorium at Cedar Crest & I-78.

Topics to be discussed in December include:

- ◆ December 1 - Current Concepts in the Management of Deep Vein Thrombosis
- ◆ December 8 - Insulin, Insulin Analogs, and Insulin Pumps
- ◆ December 15 - Update on Diagnosis and Treatment of Allergic Rhinitis

For more information, please contact Evalene Patten in the Department of Medicine at 402-1649.

Department of Pediatrics

Department of Pediatrics conferences are held on Fridays beginning at noon in the hospital's Auditorium at 17th & Chew.

Topics to be discussed in December include:

- ◆ December 11 - Cochlear Implants in Children
- ◆ December 18 - Hot New Topics in Pediatric GI

For more information, please contact Kelli Ripperger in the Department of Pediatrics at 402-2540.

Emergency Medicine Grand Rounds

The following Emergency Medicine Grand Rounds will be held in Classroom 2 at Lehigh Valley Hospital beginning at 9 a.m.:

- ◆ December 3 - Pre-hospital Controversies: 1998-1999

The following Grand Rounds will be held in Room EC105 at St. Luke's Hospital beginning at 9 a.m.:

- ◆ December 10 - Hepatitis in the Emergency Department; Pancreatitis in the Emergency Department; Rosens
- ◆ December 17 - Pneumonias; GI Bleed; Head CT in CVA
- ◆ December 24 - Scabies & Pediculosis; Board Review: Environmental; Rosens

For more information, please contact Judy Szep in the Department of Emergency Medicine at 402-8130.

Physician Barcoding to Begin

On Friday, January 15, 1999, the long-awaited implementation of the Physician Charge Barcoding System will begin in the cafeterias at both Cedar Crest & I-78 and 17th & Chew.

All physicians who have registered for this new program will receive their barcode by mail during the first week of January.

If you have not yet had an opportunity to sign-up, you still have time. For more information about the program or to open up an account, please contact Trish Boyd in Food Service at 402-8369.

Who's New at LVH**Medical Staff****Appointments****Thomas C. Dotson, MD**

Lehigh Valley Internists
1251 S. Cedar Crest Blvd.
Suite 203
Allentown, PA 18103-6244
(610) 435-8530
Fax: (610) 435-1292
Department of Medicine
Division of General Internal Medicine
Provisional Active

Sophia J. Michailidis, DO

Trexlerstown Medical Center
6802 Hamilton Blvd.
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Trexlerstown, PA 18087-0127
(610) 395-1924
Fax: (610) 366-7317
Department of Family Practice
Provisional Active

Constantina Pippis-Nester, DO

LVP-G-Emergency Medicine
Lehigh Valley Hospital
Cedar Crest & I-78
P.O. Box 689
Allentown, PA 18105-1556
(610) 402-8130
Fax: (610) 402-7160
Department of Emergency Medicine
Division of Emergency Medicine
Provisional Active

Gary W. Seldomridge, DMD

Conestoga Oral & Maxillofacial Surgery, Ltd.
190 Good Drive
Lancaster, PA 17603-2025
(717) 394-3033
Fax: (717) 394-5378
Department of Surgery
Division of Oral & Maxillofacial Surgery
Provisional Active

Jennifer E. Trottman, MD

Oncology Specialists of Lehigh Valley
1240 S. Cedar Crest Blvd.
Suite 114
Allentown, PA 18103-6218
(610) 402-0630
Fax: (610) 402-0644
Department of Medicine
Division of Hematology/Medical Oncology
Provisional Active

Name Change

From Eve L. Warner, MD, PhD
to **Eve L. Gillespie, MD, PhD**

Practice Change**Ian Chan, MD**

(formerly with Lehigh Valley Cardiology Associates)
The Heart Care Group, PC
451 Chew Street
Suite 302
Allentown, PA 18102-3423
(610) 821-2810
Fax: (610) 821-6952

Charles F. Smith, MD

(No longer in practice with LVP-G)
1450 Wethersfield Drive
Allentown, PA 18104
(610) 398-7861

Christopher J. Wohlberg, MD, PhD

(No longer in practice with Lehigh Neurology)
1746 Victoria Circle
Allentown, PA 18103-6475
(610) 791-7669

Change of Address**Paul K. Gross, MD**

Allentown Medical Center
401 N. 17th Street
Suite 304
Allentown, PA 18104-5104

(Continued on Page 12)

(Continued from Page 11)

College Heights OBGYN Associates, PC

Edward E. Geosits, DO
Thomas A. Hutchinson, MD
Karen M. Matz, MD
Michael S. Patriarco, DO
Molly S. Peters, MD
Patrice M. Weiss, MD
1245 S. Cedar Crest Blvd.
Suite 201
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(610) 437-1931
Fax: (610) 433-8791

Telephone Correction

Jeffrey E. Burtaine, MD
(610) 709-3394
Fax: (610) 709-3766

Sandra Fogelman, MD
(610) 433-1441

Resignation

Barbara A. Watunya, DO
Department of Emergency Medicine
Division of Emergency Medicine
Provisional Active

Allied Health Professionals**Appointments**

Jeannette M. Kates, CRNP
Physician Extender
Professional - CRNP
(Oncology Specialists of Lehigh Valley - Gregory R. Harper, MD)

Change of Supervising Physician

Jayne Hatfield-Robinson, CRNP
Physician Extender
Professional - CRNP
From: Ian Gertner, MD (LVPG-Neonatology)
To: John J. Cassel, MD (John J. Cassel, MD, PC)

Charles A. Tucker, Jr., PA-C

Physician Extender
Physician Assistant
PA-C
Panebianco-Yip Heart Surgeons
From: Geary L. Yeisley, MD (no longer with practice)
To: Raymond L. Singer, MD

Same Supervising Physician - Change of Group Name**Renee A. Weiss**

Physician Extender
Technical - Surgical Technician
From: Geary L. Yeisley, MD (Panebianco-Yip Heart Surgeons)
To: Geary L. Yeisley, MD (Yeisley Cardiothoracic Surgery, LLC)

Resignation**Mary A. Cox, CRNA**

Physician Extender
Professional - CRNA
(Allentown Anesthesia Associates Inc. - Alphonse A. Maffeo, MD)

News from

**MUHLENBERG
HOSPITAL CENTER*****Wound Care Center Opens its
Doors***

The Wound Care Center® at Muhlenberg Hospital Center is a comprehensive outpatient center designed to complement physicians' services. Physicians refer patients to the Wound Care Center for comprehensive wound management, but continue to treat the underlying condition and provide for the patient's overall care. The Center provides a thorough diagnostic appraisal of the wound, and the patient is followed by a carefully designed case management program. The diagnostic and treatment plans are fully documented and communicated to the primary physician who remains an active member of the wound management team.

Types of wounds treated are chronic non-healing wounds – a wound that has not healed in two months or more. Typically these are diabetic foot ulcers, venous stasis ulcers, pressure sores, and wounds resulting from traumatic injury or incisional breakdown.

Among the treatment options that are part of the Center's Clinical Pathway is Autologous Growth Factor Therapy (PROCUREN® Solution) which is applied topically to the wound to augment the healing process. The Center also offers educational programs for chronic wound patients, their families and caregivers.

The Wound Care Center at Muhlenberg Hospital Center opened October 15, and is operated in conjunction with Curative Health Services, Inc., a health care company providing a range of specialty products and services for treatment of chronic wounds.

Located on the fourth floor in the in-patient building at Muhlenberg Hospital Center, the Wound Care Center is open Monday through Friday, 8 a.m. to 4:30 p.m.

For additional information or to refer a patient with a chronic non-healing wound, please contact Peg Cowden, Program Director, at 882-2989.

Who's New at MHC**Practice Change**

Scott Naftulin, DO

Northeastern Rehabilitation Associates PC

6083 Hamilton Blvd.

Wescosville, PA 18106

(610) 366-8665

Fax: (610) 366-8229

THERAPEUTICS AT A GLANCE

The following actions were taken at the November, 1998 Therapeutics Committee Meeting - Rebecca Hockman, Pharm.D., BCPS, Christopher Moore, R.Ph., Joseph Ottinger, R.Ph., MS, MBA, Monica Yost, Pharm.D..

ALBUMIN SHORTAGE

The shortage of albumin and plasma protein fractions continues here at LVH and nationally. This is related to the potential contamination of the donor pool with Creutzfeld-Jakob disease which resulted in recalls of all blood products. This shortage also affects other products derived from pooled plasma such as IVIG.

When these products are unavailable from our contracted providers, we are forced to use other providers which ultimately results in charges 2-3 times more than normal (see cost data below).

Until the shortage is resolved, please consider alternatives to albumin when possible. Hetastarch and crystalloids are available for volume expansion.

Adherence to guidelines outlined below will help decrease the need to purchase these products from non-contracted providers.

The most common reason for use of 5% albumin is to increase BP or urine output postoperatively once the patient has been given as adequate fluid challenge with a crystalloid such as NSS or lactated ringers. After the patient has received usually a maximum of 2 L of crystalloid the physician may turn to a colloid for effect, since colloids remain in intravascular space and decrease risk of fluid overload leading to peripheral and pulmonary edema. 25% albumin is used to maintain or increase oncotic pressure when a patient's serum albumin is $< 2\text{gm/dl}$, with large weepy wounds, ascites, or to maintain

cerebral perfusion pressure in patients with subarachnoid hemorrhage.

Hetastarch 6% 500ml should be recommended as an alternative for 5% albumin 250 or 500ml in the following situations:

1. Platelet count is $> 50\text{k}$, since there is a caution with the use of Hetastarch with thrombocytopenia.
2. Normal renal function. If patient still has any renal function, hetastarch can be used.
3. No severe bleeding disorders, such as ITP, etc.
4. Non CNS related (head injury patient). Hetastarch can cause an increase in ICP's.

Usual adult dose of Hetastarch (500ml Hetastarch = 500ml 5% Albumin): 30-60gm (500-1000ml) Hetastarch over 1-2 hours. Usual daily dose = 20mg/kg/day to a maximum of 1500ml/day. Volumes in excess of 1500ml/day have been associated with abnormalities in platelet function, PT, and PTT.

In severe renal impairment (est. $\text{CrCl} < 10\text{ml/min}$), use the same initial dose but subsequent doses should be reduced by 25-50%.

Hetastarch Precautions and Contraindications include:

1. Caution in patients with thrombocytopenia.
2. Caution in patients with a history of liver disease with underlying elevated bilirubin.
3. Contraindicated for the management of cerebral vasospasm associated with subarachnoid hemorrhage.
4. Contraindicated in patients with severe bleeding disorders and renal failure with oliguria or anuria.

Hetastarch Adverse Effects include:

1. Increased sedimentation rate.
2. May interfere with platelet function and cause transient prolongation of PT, PTT and clotting times.
3. May slightly decrease platelet/ hemoglobin concentrations due to dilutions.
4. May increase serum amylase but is not associated with pancreatitis.

For your information, the hospital costs for colloids are as follows:

Albumin 5% 500ml	\$83.00
Albumin 5% 250ml	\$41.50
Albumin 25% 100ml	\$83.00
Albumin 25% 50ml	\$41.50
Hetastarch 6% 500ml	\$23.00

Please limit your prescribing of Albumin 5% whenever possible. If patients truly necessitate Albumin 5% administration, please indicate the reason for use on the order to avoid having the pharmacist calling the prescriber. If possible, attempt to use lower volumes, such as 250ml vs 500ml Albumin for first line and monitor effects. The patient may only require 250ml to achieve the desired outcome and this would help preserve our presently low stock.

A concerted effort by all staff will assist the hospital in reserving our present supply for our critically ill patients who truly need Albumin therapy.

ACETAMINOPHEN: IT DOESN'T STAND ALONE!

Acetaminophen is the most commonly prescribed analgesic and antipyretic at LVH. It is often used alone and/or with other acetaminophen containing products. Please see commonly prescribed combination products listed below.

- Percocet (oxycodone HCl 5mg/APAP 325mg)
- Vicodin (hydrocodone bitartrate 5mg/APAP 500mg)*
- Vicodin ES (hydrocodone bitartrate 7.5mg/APAP 750mg)*
- Tylenol #3/codeine phosphate 30mg/APAP 300mg)
- Tylenol Extra Strength (APAP 500mg)
- Fioricet (butalbital 50mg/APAP 325mg)
- Darvocet-N-100 (propoxyphene 100mg/APAP/650mg)

* These products are non-formulary

When patients are prescribed multiple acetaminophen containing products, it is important to account for the total amount of acetaminophen in all products. The maximum daily recommended dose is 4 grams. Doses exceeding 4 grams/day, increases the risk for acetaminophen induced liver toxicity.

ADVERSE DRUG REACTION REPORTS - OCTOBER 1997-JULY 1998

Pharmacists continued to provide the predominant amount of suspected Adverse Drug Reaction (ADR) reports during this period. However, Nursing staff reporting was accounting for a larger percentage of initial reports in each of the successive quarters addressed.

"Antibiotics" remain the largest single group of agents reported with "other" maintaining a similar rate of enunciation (@ 30% for this nine-month period). Most of the latter reports involve cardiology agents and this group of drugs will be extracted from this assemblage in future reporting periods.

"Probable" cause-effect relationships were tallied for 70% of all reports.

"Severe" ADR's - (Those reactions that are life threatening, contribute to the death or permanent disability of a patient or that require intensive medical care for more than 24 hours) spiked during the fourth quarter accounting for 26% of that periods total reports. This period also marked a time of intensive utilization of hospital resources. The first and second quarter data saw this rate fall to about 10% - the historical mean average.

Among "Severe" reactions for this entire period, 29 were related to unintended augmentations of pharmaceutical effects (i.e. bleeding for heparin). Sixteen of these were related to inpatient treatment regimens. Five of the total of sixty "severe" reports included patients that subsequently expired. All of these cases also involved other mitigating factors.

As multiple quarters of data were reviewed, the following tables include the compiled data from this extended period.

Table 1: ADR by Reporter

<u>Reporter</u>	<u>Reports</u>
Pharmacist	229
Nurse	65
Radiology Tech	31
Physician	<u>2</u>
TOTAL	327

Table 2: ADR by Drug Category

<u>Drug Categories</u>	<u># Reports</u>	<u>%Reports</u>
Antibiotics	102	31.2
Contrast Dyes	39	11.9
Psych/Neurologic	27	8.25
Narcotics	15	4.6
Anticoagulants	27	8.25
Dopamine	14	4.3
Other	<u>103</u>	<u>31.5</u>
TOTAL	327	

Table 3: Classification of Cause-Effect

<u>Probability</u>	<u># Reports</u>	<u>% Reports</u>
Doubtful	2	0.6
Possible	103	31.5
Probable	216	66.1
Highly Probable	<u>6</u>	1.8
TOTAL	327	

Table 4: ADR Severity

<u>Classification</u>	<u># Reports</u>	<u>% Reports</u>
Mild	93	28.5
Moderate	176	53.8
Severe	<u>58</u>	17.7
TOTAL	327	

Table 5: Most Implicated Agent

Abciximab - 6
Warfarin - 5
Digoxin - 5
Phenytoin - 3
Contrast Dyes - 3
Heparin - 2

NIX® THE KWELL®

Based upon the recommendation of the LVH Infection Control Committee, the Therapeutics Committee approved a formulary change in topical lice treatment products. Current formulary products are lindane 1% lotion and shampoo (Kwell®). Recent literature supports permethrin [Nix® = permethrin 1%, Elimite® = permethrin 5%] as the therapy of choice in topical lice treatment. Permethrins have demonstrated greater efficacy in topical lice treatments than products containing lindane or pyrethrin (Rid®, A-200®, Prinyl®). In addition, lindane products may be associated with CNS toxicity, including seizures, if the products are overused or misused. There is less than 2% systemic absorption with permethrin use. Lindane products will be deleted from the formulary, and replaced by Nix 1% cream rinse and Elimite 5% cream. Nix 1% is to be used in most topical lice treatment. Elimite® is used for scabies and possibly resistant lice treatment.



Capital BlueCross

An Independent Licensee of the
Blue Cross and Blue Shield Association

Managed Care ADMINISTRATIVE BULLETIN

Hospitals:	MC98.09
Skilled Nursing Facilities:	MC98.05
Home Health Agencies:	MC98.05
Hospices:	MC98.04
Outpatient Freestanding Diagnostic Screening Facilities:	MC98.05
Outpatient Freestanding Renal Dialysis Facilities:	MC98.02
Outpatient Freestanding Midwifery Birthing Center:	MC98.04
Outpatient Freestanding Ambulatory Surgical Facilities:	MC98.05
Home Medical Equipment:	MC98.04
Infusion Therapy:	MC98.04
Orthotics and Prosthetics:	MC98.04
Outpatient Rehab Facilities:	MC98.05
Outpatient Freestanding Radiation Therapy Facility:	MC98.05
Outpatient Partial Psychiatric Facilities:	MC98.02
Outpatient Psychiatric Facilities:	MC98.02
Ambulance:	MC98.04

URGENT ACTION REQUESTED

Date: October 30, 1998

Subject: *Changes to Keystone Health Plan Central's (KHPC) Referral Process and Form for KHPC, SENIORBlue and National Point-of-Service(NPOS) (Capitated) Programs*

We are reissuing this bulletin with changes made to Attachment 1 concerning services requiring prior authorizations for the KHPC Commercial and SENIORBlue Programs. The changes made to the prior authorization list are effective 11/1/98.

The purpose of this bulletin is to inform you that effective October 1, 1998, KHPC has modified the referral process and form.

Primary Care Physicians (PCPs) have several options to use when referring a KHPC, SENIORBlue and NPOS (PNC, Hienz, Mellon) member to another provider for services.

A new Referral Form has been developed to replace the various referral forms/logs currently in use. The Referral Form is to be faxed to KHPC daily by the PCP or Specialist. We have enclosed a "Referral Form Instructions" brochure that KHPC has recently sent to their PCPs and Specialists. The brochure outlines the required information that physicians will include when completing the new Referral Form and provides other information about "referral options". You may continue to accept either a referral log or the new Referral Form through the end of 1998.

Administrative Bulletin

A summary of the changes are as follows:

- ***An improved referral form*** - There are now multiple copies of the form rather than one copy:
 - PCP copy
 - Specialist copy
 - Member copy
 - Facility copy
- ***Less Referral Options*** – The PCP will have three referral options to select rather than four:
 1. Consult
 2. Consult and Treat
 - Valid for 90 days rather than 1 year from date of first service.
 - All Consult and Treat referrals issued prior to October 1, 1998 will expire December 31, 1998. New referrals will be required January 1, 1999.
 3. Specified Treatment / Diagnostic testing
 - May be issued in conjunction with the Consult option.
- When a Specialty Care Provider (SCP) issues a referral, the SCP referral section will remain attached to the original referral form from the PCP. The forms are no longer in the format of a log with perforated capability and the SCP referral section will not be separated from the original referral form. If SCPs require referring a member to more than one provider, they will be requested to provide a copy for each provider.

Referral Options

When making a referral, the PCP indicates the purpose of the referral and the services for which the patient is being referred.

As patient health care managers, PCPs may use their discretion in identifying the service(s) to be provided by the SCPs or Medical Facilities. The Keystone Referral Form includes options that PCPs may select based on patient needs. The referral options include:

Consult:

When this option is selected, the PCP is instructing the SCP to provide one consultation/evaluation.

Specified Treatment/Diagnostic Testing:

In this option, the PCP lists the specific services to be provided by SCP or Medical Facility. The SCP may perform only the service(s) listed on the referral

Administrative Bulletin

form. If the SCP determines that additional services are necessary, the PCP's concurrence must be obtained before the services are rendered. Additional services will require a new or updated Referral Form. This option should be used for all therapies, (including physical, speech, occupational, spinal manipulation, vision and cardiac rehab) allergy services and maternity care. This option does *not* include a consult. *If a consult is required, that box must also be checked.*

Consult and Treat:

This referral option provides SCP the ability to perform the treatment required for a specific episode of illness, (referral diagnosis) for *up to 90 days*. The SCP may refer the patient for limited additional services, including laboratory testing, radiology, diagnostic testing and DME. *Laboratory services must follow the PCP's laboratory arrangement as indicated on the referral form.*

- The SCP must provide the PCP with information regarding the findings and recommendations.
- SCPs may not refer to another specialty care practice.

Please Note:

Attachment 1 is an updated listing of all services requiring preauthorization. The most current changes to the list are effective November 1, 1998 and are noted in BOLD type.

We request that you share this Managed Care bulletin with the appropriate staff in your facility.

c: Chief Financial Officer (Hospitals Only)
Business Office Manager (Hospitals Only)
UR/Quality Assurance Coordinator (Hospitals Only)

Enclosure
Attachment

p:\fin\provider affairs\admin\relation\provbull\1998\changes khpc referral process.doc

ATTACHMENT I



Services Requiring Preauthorization

for
Keystone Health Plan Central
and SENIORBlue
Members

The following services require a referral form from the PCP, or a specialist to whom the PCP has referred for “specified treatment/diagnostic testing” or “consult and treat”, AND preauthorization from Keystone Health Plan Central:

Correction: The following services only require a prior authorization number from KHPC. The prior auth number is required on the UB-92 / HCFA 1500 claim form you submit to CBC for processing.

1. All facility admissions including skilled nursing and rehabilitation.*
2. All facility based surgeries, including hospitals and ambulatory surgical centers (excluding endoscopic procedures except those listed in item #17 below).*
3. All infertility related services.
4. Selected diagnostic procedures: MRI, MRA, CT Scans, PET Scans, SPECT Scans, MUGA Scans and Nuclear Imaging Studies.
5. Notification to the Plan is required at the time of the first prenatal visit, in order to cover the services included in the global maternity authorization. Services not included in the global authorization require prior authorization.

Change: All prenatal and maternity care (a separate prior authorization number is required for all diagnostic testing beyond the global maternity policy and/or referrals to a parinatologist.

6. All rehabilitative therapies, such as physical, occupational, speech, cardiac, respiratory, vision, urinary incontinence, spinal and other body part manipulation (including chiropractic care)

ATTACHMENT I

7. Cancer therapies such as chemotherapy and radiation therapy.
8. DME greater than \$100 in cost.

Change: DME and/or covered supplies with an associated cost of \$100 or more per item (including Hyaluronan injections).

9. Home health and hospice services, including home monitoring.
10. All out-of-network services.

Change: All services provided by non-contracted providers.

11. Diabetic teaching and all nutritional counseling.
12. Emergency room care and ambulance transport. In order to receive authorization, notification to KHPC is required within 24 hours of emergency service being provided, or by the next business day.

Change: Emergency Room care.

13. Add: Ambulance transport, including invalid coach.
14. Genetic testing.
15. Pain Management.

Change: Pain Management, epidural injections only.

16. Allergy Services.

Change: Allergy Services - Allergy serum and injections.

17. Hemodialysis (Renal Dialysis)

ATTACHMENT I

18. Esophagoscopies, Gastrosopies, Duodenoscopies (and combinations thereof), Colonoscopies, and ERCP's (Endoscopic Retrograde Cholangiopancreatography).

Please Note:

- Prior authorization must be requested at least 2 weeks in advance of all elective admissions or procedures.
- Emergency services must be reported to KHPC within 24 hours or by the next business day.
- Services requiring but not receiving prior authorization will be denied. The treating physician/facility is responsible for ensuring that prior authorization is obtained. Failure to obtain prior authorization for services will result in denial of payment. *Members may not be billed for denied services.*

The changes that are effective November 1, 1998 were communicated to all electronic providers via a Bulletin Board message on 10/28/98.

THE CENTER FOR EDUCATIONAL DEVELOPMENT AND SUPPORT

Continuing Education:

See the following calendar for all grand rounds and tumor boards.

News from the Library:

OVID/PubMed TRAINING

To schedule a one-on-one OVID (MEDLINE) training session, call Barbara Iobst in the Health Sciences Library at 402-8408 between 8:30 a.m. - 5:00 p.m., Monday-Friday. Barbara can also instruct you in the use of PubMed, a free, Web-based MEDLINE service offered by the National Library of Medicine (NLM). The Web address--or--URL for NLM is <http://www.nlm.nih.gov>.

MEDLINEplus

MEDLINEplus, recently unveiled by the National Library of Medicine, is an "easy-to-understand resource on various diseases and 'health topics' for the public." It "includes information from MEDLINE, links to self-help groups, access to National Institute of Health consumer-related organizations, clearinghouses, health-related organizations, and clinical trials."

ELECTRONIC TEXTBOOKS

AVAILABLE VIA INTRANET

The following textbooks, published by Lippincott-Raven, are available on the Hospital's INTRANET:

Textbook of Internal Medicine (author: Kelley)

Primary Care Medicine" (author: Goroll)
Facts and Comparisons (pocket guide - 1998)

Laboratory and Diagnostic Tests (author: Fischbach)

Interpretation of Diagnostic Tests (author: Wallach)

Manual of Nursing Practice (author: Netinna)

Nursing Care Plans (author: Carpenito)
Lippincott's Nursing Drug Guide

News from Media and Audio Visual Services:

We now have the capacity to conduct 2-way video conferencing from many of our classrooms and auditorium. Gary Weisel has been instrumental in the development of the media hub and will now be spending his full time managing the 2-way video conferencing system which includes distance learning, telemedicine and television broadcasting. Gary will be required to be at the hub site and will not be available for audio visual services. The Volunteer Office is now responsible for maintaining classroom instructional equipment. Other audio visual equipment may be borrowed through the library during normal library hours. If there are other concerns, please contact Marty Hotvedt at 402-1401. Thank you for your support as we continue to improve our educational services. The following list provides

Medical Staff Progress Notes

services and contacts for help in that area.

MEDIA & AUDIO VISUAL SERVICES :

Provides the following support for educational services:

- * Classroom Instructional Support Services
- * Audio Visual Equipment
- * Media Services

CLASSROOM INSTRUCTIONAL SUPPORT SERVICES:

Classroom equipment is maintained by the Volunteer Office. For assistance call 402-8897. Each classroom is equipped with the following:

- Slide Projector - Overhead Projector
- Flip Chart - Projection Screen
- White Board - Markers/Erasers

AUDIO VISUAL EQUIPMENT

Audio Visual equipment is available in the Library. To borrow equipment and for instruction on how to use equipment, contact Library at 402-8410. The following equipment is available:

- VCR/Monitor - Overhead Projector
- Slide Projector - Cassette Recorder
- Video Camcorder - Slide Trays
- Laser pointer - Flipchart Easels
- Computer Projector/CC in-house
- ONLY - LCD Computer Projector/CC in-house use ONLY

MEDIA SERVICES:

For assistance with the following services, contact Gary Weisel at 402-8325.

- 2-way Video Conferencing
- Distance Learning
- Telemedicine
- Satellite Downlink Service
- Video & Audio Distribution
- Television Broadcasting

News from the Office of Educational Technology:

The Faculty & Instructional Development unit of CEDS has changed its name to the Office of Educational Technology.

UpToDate CLINICAL SOFTWARE is available in the Learning Resource Center (adjacent to the CC Library).

UpToDate, designed, written, and edited by physicians, is a single comprehensive resource that instantly answers your clinical questions. It provides current medical information, synthesized in a format designed specifically for clinicians. A unique feature is UpToDate also includes recommendations on patient care.

It contains a Drug Information Database with data on over 1,100 generic medications, with up to 29 headings of information including: pregnancy implications, overdosage and toxicology, contraindications, adverse reactions, drug interactions, and patient information.

UpToDate can be made available on personal computers connected to the LVH computer network. Members of the LVH Medical Staff may purchase a single-user copy of UpToDate for \$245/year (includes the full product plus quarterly updates) - discounted 50% from the retail price as a benefit to institutional subscribers.

For information about UpToDate, to schedule training or to order a personal copy, please call John Frankenfield at 402-5297.

1998

December

1998

SUND	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATUR
		<p>7 am Surgical Grand Rounds - CC-Aud</p> <p>8am Pediatric Grand Rounds - 17-Aud</p> <p>12 Noon Medical Grand Rounds CC-Aud</p>		<p>12 Noon GI Tumor Board - JDMCC - CR1 A/B</p>	<p>7am OBGYN Grand Rounds -17 Aud</p> <p>12 Noon Breast Tumor Board - JDMCC- CR1 A/B</p>	
6	<p>12 Noon C/R Tumor Board - JDMCC - CR1 A/B</p>	<p>7 7am Ambulatory Clin Guideline Dev - SON</p> <p>7 am Surgical Grand Rounds - CC-Aud</p> <p>8am Pediatric Grand Rounds - 17-Aud</p> <p>12 Noon Medical Grand Rounds CC-Aud</p> <p>12 Noon Urology Tumor Board - JDMCC - CR1 A/B</p>	<p>8 12 Noon Pulm Tumor Board - JDMCC - CR1 A/B</p>	<p>9 12 Noon Combined Tumor Board - JDMCC - CR1 A/B</p>	<p>10 7am OBGYN Grand Rounds -17 Aud</p> <p>12 Noon Pediatric Noon Conf - 17 Aud</p> <p>12 Noon Breast Tumor Board - JDMCC- CR1 A/B</p>	12
13	<p>12 Noon C/R Tumor Board - JDMCC - CR1 A/B</p>	<p>14 7 am Surgical Grand Rounds - CC-Aud</p> <p>8am Pediatric Grand Rounds - 17-Aud</p> <p>12 Noon Medical Grand Rounds CC-Aud</p>		<p>16 12 Noon ENT Tumor Board - JDMCC - CR1 A/B</p>	<p>17 7am OBGYN Grand Rounds -17 Aud</p> <p>12 Noon Breast Tumor Board - JDMCC- CR1 A/B</p>	19
20	<p>12 Noon C/R Tumor Board - JDMCC - CR1 A/B</p>	<p>21 7 am Surgical Grand Rounds - CC-Aud</p> <p>8am Pediatric Grand Rounds - 17-Aud</p> <p>12 Noon Medical Grand Rounds CC-Aud</p> <p>12 Noon Urology Tumor Board - JDMCC - CR1 A/B</p>	<p>22 12 Noon Pulm Tumor Board - JDMCC - CR1 A/B</p>	<p>23 12 Noon Combined Tumor Board - JDMCC - CR1 A/B</p>		26
27	<p>12 Noon C/R Tumor Board - JDMCC - CR1 A/B</p>	<p>28 7 am Surgical Grand Rounds - CC-Aud</p> <p>8am Pediatric Grand Rounds - 17-Aud</p> <p>12 Noon Medical Grand Rounds CC-Aud</p>		<p>30 12 Noon Combined Tumor Board - JDMCC - CR1 A/B</p>		

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