LEHIGH VALLEY
HOSPITAL AND
HEALTH NETWORK

PROGRESS NOTES

Medical Staff

Lehigh Valley Hospital ❁ Muhlenberg Hospital Center

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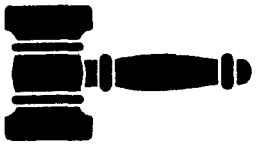
In This Issue . . .



From the President

I've just returned from an Estes Park Institute conference. There were many interesting presentations that were relevant to the situation at Lehigh Valley Hospital.

In last month's issue of ***Medical Staff Progress Notes,*** I mentioned that Bob Murphy and John Haney had made a presentation to the March medical staff meeting about "compliance programs." This program has become a major initiative by the Office of the Inspector General (O.I.G.). At the Estes Park Institute conference, we heard several presentations by James Kopf, Director of the Criminal Investigation Division of the O.I.G. He is in charge of the national initiatives and investigations of the O.I.G. and is liaison with H.C.F.A., the Department of Justice, and other law enforcement agencies. This is a serious effort on the part of the O.I.G. Mr. Kopf is the co-author and director of "Operation Restore Trust," a Presidential initiative which set the current standards for health care fraud investigations. I would recommend that members of the medical staff become aware of the implications of these initiatives both for their private practices and for their hospital practices as well. Physicians can be held responsible for fraudulent coding and billing by hospitals. One of the focus areas for future investigation is the coding and billing for hospitalized patients with pneumonia. I have discussed this with Zelda Greene, Director, Health Information Management (Medical Records), who has informed me that the coders in the H.I.M. Department are up to speed with regard to coding for patients admitted with pneumonia, and that the LVH department has a very active compliance program in place.

(Continued on Page 2)

(Continued from Page 1)

All of us should be aware that information regarding physicians who participate in managed care programs will be made available next year on the "internet" for widespread use by interested citizens. This information will be provided by the National Committee for Quality Assurance (NCQA) using the Health Plan Employer Data Information Set (HEDIS) guidelines. This information will primarily deal with physician's management of chronic diseases like asthma, hypertension, diabetes, cholesterol screening, mammography, and menopause. The guidelines are available through the NCQA and HEDIS at: (http://www.ncqa.org/pages/policy/hedis/hedis.htm). Physicians should view this as a final exam where we are being given the questions to take home and study before we have to show up to take the test. We should all be able to meet these guidelines in our practices before the information is published on the Internet. There is no good reason why we all should not be in compliance with these guidelines which are knowledge based, and which do help to insure the best level of care for our patients.

The major theme of the Estes Park Institute conference was the "Power of One." We have a great medical staff. Our medical staff is composed of a great number of well-trained, progressive, bright physicians who are compassionate, and provide the highest quality medical care for our patients. We work at a hospital that is the premier institution in the community. This hospital is lead by a progressive and visionary administration. We have access to the best technology for the care of our patients. We work with an outstanding staff of professional nurses and ancillary personnel. Just imagine how great we could all be if we were able to work in a collaborative way for the benefit of our patients and community. Just imagine what we could do if we combined our efforts and used the "Power of One" to develop a progressive health care delivery system in our community!

One of the efforts we need to continue to stress is the provision of the most "clinically efficient" care to our patients. The Care Management Council, under the leadership of Drs. John Jaffe and Bob Laskowski, continues to address the issues of providing the highest quality care at the lowest cost. The Care Management Committee of the LVPHO has been reorganized and had its first meeting on April 20. Providing the most "clinically efficient" care places our hospital and its medical staff in a position to be able to compete effectively in a managed care marketplace. This will allow us to increase the flow of patients to our practices and to the hospital and will provide the financial support for the institution of new programs and services that we will need for the care of our patients in the future.

I have been reviewing information collected and developed by the Radiology Department and the Care Management Systems Department regarding the use of CT scans, MRI's, and nuclear medicine testing. We order a great number of these tests, significantly more than benchmark institutions. As I mentioned last month, we need to constantly think about ways that will allow us to "take work out of the system." Ask yourself, "Is the result of the test I'm ordering on my patient going to change the way I manage my patient? Could the care I'm providing for my patient in the hospital today be delivered in another setting which would provide the same service at a lower cost, and in greater comfort for my patient?" Patients like to be at home in familiar surroundings near their families. Being at home is often more pleasant than being in the hospital. We should try to discharge patients to home or other appropriate locations as soon as it is medically feasible and safe.

I've had an opportunity to tour the Fred Jaindl Family Pavilion. The building is remarkable. Construction is progressing well. The first floor Diagnostic Care Center will open this summer. I believe you will all be impressed with the new building as it is completed, and we should be proud of this important addition to the Lehigh Valley Hospital.

Once again, I'd like to remind you to appoint one of your nurses or office staff as your e-mail surrogate to read, print out, and deliver e-mail messages to you if you do not regularly use the hospital e-mail system.

Lastly, when making your daily hospital rounds -- spend time at your patients' bedsides. Sitting is better than standing. Don't forget to ask and answer questions. **SIT - ASK/ANSWER - TOUCH.**

Have a great month of May. Remember the potential we all can have when working together in a collaborative way to build a stronger health care delivery system for our community.

David M. Caccese
Medical Staff President

Conversion to the Phamis LastWord system at Muhlenberg Hospital Center is scheduled to begin on April 30, 1999. For an overview of the significant events and changes that will take place, please refer to the attached information on Pages 13 & 14.

LVH Listed Among Top Hospitals in U.S. for Heart Care by Rob Stevens

Lehigh Valley Hospital was named one of the nation's best providers of cardiovascular services by HCIA, Inc., in its first annual Top Cardiovascular Hospitals study. The study, published last month, identifies the best-performing hospitals in the categories of Open Heart, or coronary artery bypass graft surgery (CABG), and Coronary Angioplasty, or percutaneous transluminal coronary angioplasty (PTCA). HCIA, identified the 100 best-performing hospitals in the U.S. in each category, and LVH placed on both lists.

"We are pleased to rank on this list of the nation's top providers of cardiac care," said Robert Laskowski, M.D., LVHHN's chief medical officer. "This further recognizes the skills of our cardiac teams, which have also been listed at the top in the industry in publications by ***U.S. News & World Report*** and the Pennsylvania Health Care Cost Containment Council, and adds to the growing evidence across the country linking high-volume programs with the best outcomes."

According to the report, the top 100 cardiovascular hospitals for CABGs had significantly lower mortality and complication rates than the national peer group and had average costs per case that were some $3,000 below the group. On average, patients undergoing a CABG at one of the top 100 cardiovascular hospitals were 20 percent less likely to end up needing a tracheostomy and ventilator to breathe during their hospital stay.

The top 100 hospitals for PTCA were 20 percent less expensive than the peer group and, on average, did twice as many PTCAs as their peers, said the report. Patients having a PTCA at one of these top hospitals were 50 percent less likely to then also need a CABG surgery.

The study, based on a computerized review and analysis of more than 12 million Medicare cases, used clinical and financial measures such as average length of stay, risk-adjusted complications and mortality rates, and severity-adjusted costs per case. Also measured was the proportion of CABGs resulted in a tracheostomies and the frequency in which PTCAs resulted in CABGs.

Prior to being ranked in each category, each hospital was placed into one of three peer groups: Teaching Hospitals with Cardiovascular Residency Programs, Teaching Hospitals without Cardiovascular Residency Programs and Non-teaching Hospitals. LVH appeared on the Teaching Hospitals without Cardiovascular Residency Programs list.

Approximately 700 hospitals that performed at least 80 Medicare CABGs were included in the CABG analysis, and approximately 700 hospitals that performed at least 100 Medicare PTCAs were included in the PTCA analysis. While several hundred hospitals were included in each category, only 34 hospitals were named as Top Hospitals for both CABGs and PTCAs.

In fiscal year 1998, interventional cardiologists at LVH performed more than 1,500 PTCAs, and 1,200 cases of open heart surgery were completed by the hospital's cardiac surgeons .
HCIA, Inc., located in Baltimore, collects, manages and distributes comparative health care information to help its customers manage health care costs and improve patient care.

Fred Jaindl Family Pavilion Construction Update

Construction of the Fred Jaindl Family Pavilion is proceeding on schedule with the installation of the precast and curtainwall at 90-95% complete.

The first floor construction continues at a steady pace. Wall finishes are approximately 90% complete, with flooring and ceilings being installed along with the casework. Mechanical and electrical rough-ins are 95% complete.

Work is progressing on the campus connector and the public areas. The skylight was installed the week of March 8, and the terrazzo installation began on March 24 with a tentative completion date of May 30.

The level one inpatient corridor located within the Fred Jaindl Family Pavilion was completed at the end of April. Pending state approval, this corridor will open and replace the existing corridor that currently ties the second floor of the hospital to the John and Dorothy Morgan Cancer Center. The transition between level one and level two is required in order to maintain the schedule and finish the campus connector prior to the July 1, 1999 construction completion date.

Radiology Reports

Auto-faxing is available for all radiology results including diagnostic studies, ultrasounds, CAT scans, vascular interventional studies, nuclear medicine studies, MRIs, and outpatient radiology services. If you are interested in having your radiology results auto-faxed, please contact Valerie Hunsicker, Operations Coordinator, Radiology Department, at (610) 402-0393.

Stent Research Results Promising after Six Months by Rob Stevens

Preliminary six-month results of a clinical trial testing the effectiveness of gamma radiation in reducing the reformation of blockages in coronary stents indicates this treatment may decrease the need for follow-up treatment of the affected artery. LVH's cardiac catheterization lab is one of 12 sites in the U.S. participating in the Gamma-1 study, which enrolled a total 252 patients with coronary artery disease and in-stent restenosis.

Highlights of the study were presented last month at an annual scientific session of the American College of Cardiology in New Orleans. The Cordis Corporation, sponsor of the study, plans to submit the results for review by the Food and Drug Administration for full review later this year.

The results presented to the American College of Cardiology included follow up of 86 percent of the enrolled patients. All patients in the study were diagnosed with severe in-stent stenosis, or the reformation of blockages in the coronary artery, after the initial clearing of a lesion with balloon angioplasty and placement of a stent at the lesion site.

Study subjects randomly received either radiation or placebo after treatment of their restenosis with angioplasty, laser or rotoblator, or placement of an additional stent. The Cordis report said there was a 43 percent reduction of in-lesion restenosis and a 59 percent decrease in in-stent restenosis. Patients with smaller blockages had a 53 percent reduction in in-lesion restenosis and 69 percent less in in-stent restenosis.

"After the promising initial results we've heard for Gamma-1, the improved protocol of Gamma-2 is even more encouraging," said Bryan Kluck, D.O., cardiologist and LVH's principal investigator for both studies.

LVH recently recruited its 10th and last patient in the Gamma-2 study, successor to Gamma-1, in which all re-opened blockages receive treatment with radiation. Kluck said patients in the Gamma-2 study will be followed for three years.

LVH Tests Liquid Ventilation to Treat Life-Threatening Lung Injuries by Constance Walker

Breathing liquid may sound like science fiction, but it's part of a new therapy being researched at LVH as part of a national Phase 3 clinical trial. The study is testing the effectiveness of liquid ventilation therapy in treating acute respiratory distress syndrome (ARDS), a common, life-threatening lung disorder commonly affecting intensive care patients.

LVH is one of 25 sites nationally and the only non-university hospital testing the new therapy, which involves partial filling of the lungs with LiquiVent®, an oxygen-carrying liquid drug called perflubron. The goal of the LiquiVent therapy is to improve lung function, help remove debris from the lungs and reduce the time a patient is on a standard, mechanical ventilator.

Used in conjunction with standard ventilators, LiquiVent is expected to reduce the 40-50 percent mortality rate of ARDS patients. Each year, about 800,000 patients in United States intensive care units receive at least 24 hours of conventional mechanical ventilation.

The primary investigators at LVH are critical care pulmonologists Stephen Matchett, M.D., and Daniel Ray, M.D. Eight to 10 patients at Lehigh Valley Hospital's medical intensive care unit, surgical intensive care unit and trauma neuro intensive care unit will be part of the 18-month trial. Once patients are screened, consent will be requested from patient families.

"Patients in respiratory distress typically are put on ventilators to support lung function, but prolonged ventilator use can cause lung damage," Matchett said. "Liquid ventilation is designed to help provide oxygen to, and remove carbon dioxide and debris from the lungs, while protecting the lungs from some of the harmful effects of conventional ventilators."

Corrections in the Medical Record

Regulatory guidelines indicate that all corrections in the medical record be made in the following manner:

1. Draw a single line through the incorrect entry (without obliterating the entry), indicating "error," "incorrect entry," etc.
2. Date and initial the incorrect entry.
3. If an entry is accidentally omitted, the entry should be made after the last entry with an explanation of omission and reason it is out of order.

If you have any questions regarding this issue, please contact Zelda Greene, Director, Health Information Management, at (610) 402-8330.

Health Library and Learning Center Opens at Trexlertown

This is an era that has thrust the need for accessibility to health care information to the forefront. An aging population, shorter hospital lengths of stay, and increased attention to preventative practices have all contributed to this impetus. The challenge is finding reliable information presented in a consumer friendly manner.

To meet this challenge, Lehigh Valley Hospital and Health Network (LVHHN) is pleased to announce a new service – The Health Library and Learning Center (HLLC) – which will help physicians assist their patients to learn and obtain health care information.

The Health Library and Learning Center was established with consumers in mind. Conveniently located in LVHHN's new Health Center at Trexlertown (where Lower Macungie Road meets Route 222), the HLLC brings together reliable, multi-media materials with the intention of empowering guests and patients to be active participants in their health care. The wide variety of resources includes books, journals, videos, pamphlets, audiotapes, and Internet access to appeal to different learning styles and interests. The location of the HLLC promotes easy access to and incorporation of health and wellness education into one's daily routine.

Sharnee Cederberg, MSN, serves as Coordinator of the Health Library and Learning Center. With 12 years experience at Lehigh Valley Hospital as a staff/charge nurse and a Patient Care Specialist in cardiovascular/cardiothoracic critical care, Mrs. Cederberg is available to assist guests and patients find information and interpret the content and terminology. Future programming plans for the HLLC will focus on health across the life span.

Physicians are in a unique position of identifying when patients would benefit from learning more about a particular health topic. The development of the "Prescription for Learning" concept is intended to encourage physicians and their staffs to write "education" prescriptions for patients based on their learning needs. One-to-one personalized consultative time is arranged between the guest and Mrs. Cederberg to review necessary information. At the conclusion of the session, a physician report will be completed and forwarded to the referring physician for placement in the patient's medical record. The report will detail topics discussed, resources provided, and outcomes of the learning session.

Early visitors to the Health Library and Learning Center have requested information on topics including thyroid disease, diabetes, cholesterol, heart disease, and stress reduction. Some guests have come with a new diagnosis to investigate; others have visited after exhausting other resources.

Patients today are taking a more active role in their health care. The Health Library and Learning Center is available to ensure this desire is fulfilled. Currently, the HLLC is open Monday through Thursday, 9 a.m. to 6:30 p.m., and Friday from 9 a.m. to 5:30 p.m. However, other times can be arranged to ensure guests and patients can visit.

For more information, to order "Prescription for Learning" pads, or to schedule a tour of the Health Library and Learning Center, please call Sharnee Cederberg at (610) 402-0180.

New Wound Care Products

The following wound care products are now in stock at Lehigh Valley Hospital and Muhlenberg Hospital Center:

Healthpoint Allclenz Wound Cleanser – A non-ionic surfactant-containing wound cleansing solution in a spray bottle with a pounds per square inch (PSI) ranging 4-8 which is within the AHCPR recommendations of 4-15 for safe and effective cleaning. It contains a mild surfactant and wetting agent which aids in removing debris and exudate without harming fragile tissue or compromising the natural healing process. Allclenz supports a moist wound environment. Indications for use are as follows: Cleansing of Stage I-IV pressure ulcers, stasis ulcers, first and second degree burns, cuts, abrasions and minor irritations of the skin. Use on the stream setting to dislodge particulate matter and on the spray setting for gentle wound cleansing.

Healthpoint Curasol Gel Wound Dressing – A clear viscous hydrogel that protects the wound bed from foreign contaminates and enhances the moist wound environment. Apply 1/8" to ¼" of the wound dressing onto the wound bed. Loosely pack tunneling, undermining and/or cavity with gauze or packing material saturated in Curasol Wound Cleanser. Cover wound with a secondary dressing. In most cases, daily wound dressings will keep the wound sufficiently moist. This product replaces Normigel and can be used in place of NSS moist dressings. Although it is primarily used on clean granulating wounds, it can also be used for infected and noninfected wounds, wounds with moderate drainage, and red yellow or black wounds. Flush the Gel from the wound bed during each dressing change with Allclenz Wound Cleanser.

Both of these products are one patient use items and require a physician's order.

If you have any questions regarding these products, please contact Carol Balcavage, Coordinator, Enterostomal Therapy, at (610) 402-3633.

Transfusion Medicine Update

Nucleic Acid Testing (NAT) of Donor Blood

NAT is the generic name for various technologies using Polymerase Chain Reaction (PCR), designed to detect the presence of infectious agents. Their purpose is to detect viremia prior to antibody production. These tests are very sensitive and can detect the presence of very small quantities of infectious agents such as HCV, HIV and others (since the test does not depend on antibody production, as is with the current tests).

NAT testing is being implemented in hope of reducing and/or eliminating the window period of infectivity of donor blood. The window period is being defined as when viremia is present, but antibody has not yet been produced at detectable levels.

The exact magnitude of this reduction in window period will not be known until the investigational period is over. Guesstimate is that a reduction of the HCV window from the current 70-80 days to 10-30 days, and for HIV from 16 to 10 days will occur.

Miller Memorial Blood Center (MMBC) will be implementing this test initially for HCV under an investigational license of the New York Blood Center. The study is being sponsored and partially funded by the manufacturers of the test. **Since the testing is being done under a protocol, the current infectious disease estimates noted in the LVH Informed Consent Form will remain unchanged.**

MMBC's plan is not to release units that have not been tested by NAT. However, on rare occasions, particularly during shortages of one component or the other, it may be necessary to transfuse units prior to completion of NAT. The test is manual, tedious, and can take a long time (24-72 hours depending on initial results). It is also expensive, but the exact cost is not known at this time. Estimates ranging from an additional $5.00 to $10.00 per unit have been quoted. On those rare occasions when components need to be transfused that have not had the NAT testing completed, Dr. Bala Carver will contact you in person and release the units on an emergency basis, similar to the current process.

The test for HIV will be instituted sometime later in 1999. The test for HBV is not being considered at this time.

Once again, since the test is being conducted as investigative research, the estimates of infectious disease transmission will remain the same as stated in the current informed consent information.

If you have any questions regarding this issue, please contact Bala B. Carver, MD, Medical Director, Transfusion Medicine and HLA Lab, at (610) 402-8142.

News from Health Network Laboratories

Recently, the Health Network Laboratories CBC patient report form was changed. The following information will hopefully clear up any confusion this change may have caused.

Previously, the CBC patient report form stated, "blank in the band column indicated an automated differential. Bands not enumerated." Subsequently, that statement was replaced with the notation "manual differential or automated differential" in the method column. The difference between an automated and the manual differential is as follows:

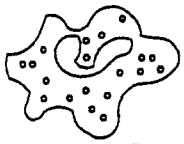
- The automated differential counts 10,000 white blood cells.
- The manual differential counts 100 white blood cells.
- The automated differential does include bands plus polys in order to report the absolute neutrophil count (ANC).
- The automated ANC is the sum of the percentage of bands plus the percentage of polys multiplied by the total WBC.
- The automated ANC does not report the percentage of bands, but the ANC does count the number of bands.
- The manual differential counts and reports the percent and absolute counts of bands and neutrophils into separate categories, unlike the automated differential that combines them.
- The automated ANC is more precise than a manual differential.

Previously, studies were performed in the Health Network Laboratories comparing the results of the automated differentials to the manual differentials, and also to establish review criteria for when a manual review of a CBC should be performed.

Please refer to the flow chart on Page 7 that explains the performance and reporting of CBC's. Please note that the automated ANC does include bands and the automated ANC is more precise than a manual differential.

If you have any questions or suggestions regarding this issue, please contact Dolores Benner, Manager, Lab Automation, at (610) 402-8177, or David Prager, MD, Medical Director, Hematology, at (610) 433-6691. Both individuals are also available through hospital e-mail.

Performance and Reporting of Complete Blood Counts (CBC)
Health Network Labs


neutrophil

First Time Inpatient CBC
First Time Outpatient CBC
CBC from Emergency Dept.

↓

Initial
Automated CBC

↓

*=POLYMORPHONUCLEAR NEUTROPHILES

ABNORMAL FLAGS
Hemoglobin < 9 gm%
Platelets <150,000/mm3
WBC<3,000 or >15,000/mm3
Abnormal RBCells or WBCells
Elevated Bands, Polys*, Eos, Baso,Monos, Lymphs

Yes → Manual Review of Peripheral Blood Smear and Differential Performed → Results of Manual Review and Automated CBC Released to Patient's Record

No → Automated CBC Results Released to Patient's Record

Subsequent In-Patient CBC and ABNORMAL FLAGS
1st Time Platelet decrease to 100,000/mm3 or lower
First Time WBC 20,000/mm3 or greater
Elevated Eos, Basos, Monos, Lymphocytes
or
Physician Requests Manual Review of CBC

REMARKS

All **Automated WBC's** are reported as **ABSOLUTE NEUTROPHIL COUNTS (ANC)**
The **ANC** enumeration includes **BANDS** plus **POLYS***
The percentage of **BANDS** are reported by the **manual differential**
The automated **ANC** is more precise than a manual differential
The automated **ANC** counts 10,000 cells
The manual differential counts 100 cells
The **ANC** is clinically more useful than the percentage reporting of **BANDS** (1,2,3,4)

References
1. **Band Neutrophil counts are unnecessary for the diagnosis of infection in patients with normal total leukocyte counts. Amer J Clin Path 102:546-9,1994**
2. **The absolute neutrophil count: is it the best indicator for occult bacteremia in infants? Amer J Clin Path 109:221-5, 1998**
3. **The diagnostic value of the neutrophil left shift in predicting inflammatory and infectious disease. Amer J Clin Path 107: 582-91, 1998**
4. **Absolute verus proportional differential leucocyte counts. Clin & Lab Hematology 17:115-23, 1995**

CBC-VER 8 1/12/99

Congratulations!

James Balducci, MD, Chief, Division of Obstetrics, was recently selected by the Penn State College of Medicine to receive the "Award for Excellence in Clinical Teaching" for the Department of Obstetrics and Gynecology. This award was based on nominations and voting by the Class of 1999.

Claire E. Bolon, MD, Co-Director, Pediatric Unit, was recently recertified by the American Board of Pediatrics.

Indru T. Khubchandani, MD, Division of Colon and Rectal Surgery, was elected to the Council of International Pelvic Floor Dysfunction Society, which includes a mix of individuals from the disciplines of gynecology, urology, sexology, and colon and rectal surgery.

Orion A. Rust, MD, Chief, Section of Clinical Obstetrics, was recently notified by the American Board of Obstetrics and Gynecology that he fulfilled all of the requirements and recommendations of the Division of Maternal-Fetal Medicine and, therefore, has now become certified in Maternal-Fetal Medicine.

Papers, Publications and Presentations

John A. Altobelli, MD, Division of Plastic and Reconstructive Surgery, and **Indru T. Khubchandani, MD**, Division of Colon and Rectal Surgery, were invited guests of the University and the City of Palma, Majorca, in March. During their visit, Dr. Altobelli shared his experiences with newer agents for augmentation being developed.

George A. Arangio, MD, Associate Chief, Division of Orthopedic Surgery, authored an article, "The Analysis of Stress in the Metatarsals," which was published in ***Foot and Ankle Surgery***. This study identified the location and load direction of maximal stress along the second, third, fourth, and fifth metatarsal bones of the foot. The study adds a pathophysiologic basis for stress fractures of the metatarsal bones. It also adds scientific rationale to orthoses, which reduce vertical shock, and physical therapy, which increases foot muscle strength, endurance, and proprioception.

Richard C. Boorse, MD, Division of General Surgery, was the preceptor for a BAK implant procedure at Princeton University Hospital, Princeton, NJ, on March 30.

Dr. Boorse and **James C. Weis, MD**, Division of Orthopedic Surgery, served on the faculty to present the laparoscopic approach using the BAK/Proximity Lumbar Interbody Fusion System which was featured as Tele-Surgery from Lehigh Valley Hospital to VA Medical Center, Milwaukee, WI, on February 19.

On April 9, Drs. Boorse and Weis traveled to George Washington University Medical Center in Washington, DC, where they served on the faculty to present the laparoscopic approach using the BAK/Proximity Lumbar Interbody Fusion System.

Mark A. Gittleman, MD, Division of General Surgery, was an invited guest speaker at the American Society of General Surgeons Annual Meeting and Scientific Session on March 14, in San Francisco, Calif. Dr. Gittleman presented lectures on "Image Assessment, Risk and Indication for Intervention," in dealing with breast abnormalities, and "Interventional Breast Ultrasound."

Arvind K. Gupta, MD, Internal Medicine resident, presented two papers at the 9th Annual European Congress of Clinical Microbiology and Infectious Diseases, which was held March 20-25, in Berlin, Germany. The first paper – "Increasing Incidence of Hepatitis C (HCV) and Human Immunodeficiency Virus (HIV) – HCV Co-Infection, Significance for the Future" – was co-authored by **Margaret L. Hoffman-Terry, MD**, Division of Infectious Diseases, and **Najum M. Saqib, MD**, Internal Medicine resident. The second paper – "In Vitro Comparative Activity of Trovafloxacin Tested Against Aerobic, Anaerobic and Penicillin-resistant Strep, Pneumo. Using E Test Method" – was co-authored by **Dr. Saqib, Gina Archer, DO**, former Internal Medicine resident, **Deepak Patel, MS**, Microbiologist, and **Van Chau, PharmD**.

Indru T. Khubchandani, MD, Division of Colon and Rectal Surgery, was an invited speaker at the Second International Congress of Pelvic Floor Disorders, held March 10-13, in Barcelona, Spain. He moderated a panel on incontinence and lectured on his experience with management of rectal prolapse at Lehigh Valley Hospital.

Nelson P. Kopyt, DO, Associate Chief, Division of Nephrology, was an invited visiting professor at Touro University College of Osteopathic Medicine, San Francisco, Calif., where he taught a symposium on Renal Pathophysiology from January 18-29.

Winnie Leung, MD, Colon and Rectal Surgery resident, and **Lester Rosen, MD**, Associate Chief, Division of Colon and Rectal Surgery, presented "The Reliability of Stage III Colonrectal Cancer Survival Data. No Confidence Without Confidence Limits" at the March 18 meeting of the New York Society of Colon and Rectal Surgeons held in New York City, NY. This paper, which was co-authored by **James F. Reed II, PhD**;, Department of Community Health, **Thomas E. Wasser, PhD**, Director of Health Studies; **Robert D. Riether, MD**,

(Continued on Page 9)

(Continued from Page 8)

Director, Colon and Rectal Surgery Residency Program; and **John J. Stasik, MD**, Chief, Division of Colon and Rectal Surgery, compared the five-year survival of patients with colon and rectal cancer to that of the National Cancer Data Base. The National Cancer Data Base allowed the authors to have access to survival data on 40,000 patients. Comparative survivals were presented, as well as statistical analysis required to compare Cancer Centers to the National Cancer Data Base.

Lawrence P. Levitt, MD, Division of Neurology, and **Alexander D. Rae-Grant, MD**, Chief, Division of Neurology, are co-authors of the 6th Edition of ***Neurology***, recently published in Lippincott-Williams and Wilkins' ***House Officer*** series. First published in 1973, the book has become America's most popular neurology text. In the forward, Martin Samuels, Professor of Neurology at Harvard and Chair of the Department of Neurology at Brigham and Women's Hospital, notes "an entire generation has learned its basic neurology from this remarkable little book."

Upcoming Seminars, Conferences and Meetings

Medical Grand Rounds

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

Topics to be discussed in May include:

- May 4 – Alcohol & Drug Use in the Elderly
- May 11 – Management of Musculoskeletal Conditions in Dancers & Other Creative Artists
- May 18 – Medicine in the Community – Learning to Serve & Innovate
- May 25 – Therapeutic Role of Bile Acid Therapy in Liver Diseases

For more information, please contact Evalene Patten in the Department of Medicine at (610) 402-1649.

Department of Pediatrics

The Department of Pediatrics conferences are held on Fridays beginning at Noon in the Auditorium of Lehigh Valley Hospital, 17th & Chew.

Topics to be discussed in May include:

- May 14 – Supplementing Polyunsaturated Fatty Acids to Premature Infant Formulas and Its Effect on Growth – Results of a Multi-Center Study
- May 28 – No Conference

For more information, please contact Kelli Ripperger in the Department of Pediatrics at (610) 402-2540.

Living with Hypertension and/or Heart Failure

Educational Patient Information and Group Discussions

Third Tuesday of Every Month
at
6:30 p.m.
Location to be announced

Join experts and patients for this Support Group Program to discuss topics such as diet, exercise, drug therapy, new treatments, and cardiac rehab, to name a few.

Open to the Public

Patients and Family Members Welcome!

Light Refreshments Provided

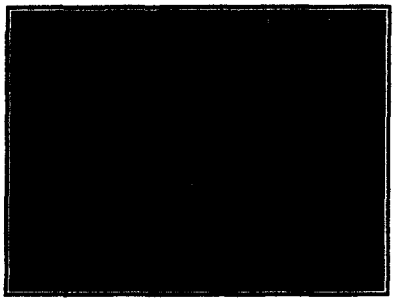
For more information, please contact
Wendy Robb, RN, MSN,
Chronic Disease Coordinator,
Lehigh Valley Hospital,
at (610) 402-5015

Who's New

The Who's New section of Medical Staff Progress Notes contains an update of new appointments, address changes, status changes, etc. Please remember to update your directory and rolodexes with this information.

Medical Staff

Appointments



Rena B. Rengo, MD
Health Network Laboratories
2024 Lehigh Street
Allentown, PA 18103-4798
(610) 402-5586
Fax: (610) 402-1670
Department of Pathology
Division of Dermatopathology
Site of Privileges – LVH & MHC
Provisional Active

L. Kyle Walker, MD
LVPG-Pediatrics
Lehigh Valley Hospital
Cedar Crest & I-78
P.O. Box 689
Allentown, PA 18105-1556
(610) 402-1336
Fax: (610) 402-1677
Department of Pediatrics
Division of General Pediatrics
Site of Privileges – LVH & MHC
Provisional Active

Address Change

Sophia C. Kladias, DMD
1245 S. Cedar Crest Blvd.
Suite 210
Allentown, PA 18103
(610) 289-2416
Fax: (610) 289-2419

Practice Name Change

Old Name: Lehigh Valley Orthopedics
New Name: **Lehigh Valley Orthopedic Group, PC**
- Barry J. Hennessey, DO
- Randy Jaeger, MD
- Barry A. Ruht, MD
- Leo J. Scarpino, MD
- Vinh B. Tran, MD

Status Change

Houshang G. Hamadani, MD
Department of Psychiatry
From: Associate
To: Affiliate
Site of Privileges: LVH & MHC Sites

Appointment to Medical Staff Leadership Position

Department of Family Practice
Julie A. Dostal, MD
Vice Chairperson

Resignations

Olga Goldfarb, MD
Department of Pediatrics
Division of Neurology
(Martha A. Lusser, MD)

Robert M. Griffin, Jr., DO
Department of Medicine
Division of Internal Medicine
(Robert Griffin, Jr., DO)

Ross M. Orr, Jr., MD
Department of Surgery
Division of Vascular Surgery
(Bethlehem Surgical Center, PC)

(Continued on Page 11)

(Continued from Page 10)

Allied Health Professionals

Appointments

Jennifer M. Knights, PA-C
Physician Extender
Physician Assistant – PA-C
(Orthopaedic Associates of Allentown – Thomas D. Meade, MD)

Lorraine M. Smith, CRNP
Physician Extender
Professional – CRNP
(John J. Cassel, MD, PC – John J. Cassel, MD)

Change of Supervising Physician

Lori G. Butz, RN
Physician Extender
Professional – RN
From: Lehigh Valley Pain Management Inc. – Yasin N. Khan, MD
To: Jay E. Kloin, MD, PC – Jay E. Kloin, MD

Ellen L. Fairchild, CRNP
Physician Extender
Professional – CRNP
(LVPG-Pediatrics)
From: Charles F. Smith, MD
To: Kimberly C. Brown, MD

Pamela K. Prisaznik, CRNP
Physician Extender
Professional – CRNP
(LVPG-Pediatrics)
From: Charles F. Smith, MD
To: Kimberly C. Brown, MD

Resignations

Kristin M. Flora, CPNP
Physician Extender
Professional – CPNP
(Department of Pediatrics)

Susan B. Holecz, CRNP
Physician Extender
Professional – CRNP
(Ambulatory Pediatric Unit)

Lenore J. Rutman
Physician Extender
Technical – Anesthesia Tech Assistant
(Allentown Anesthesia Associates Inc)

Terry A. Smith, PhD
Associate Scientific
Psychologist

Phamis LastWord Implementation at Muhlenberg Hospital Center

Beginning April 30 through May 3, 1999, the HBOC computer system at Muhlenberg Hospital Center (MHC) will be converted to the Phamis LastWord system. As a result of the processes necessary for the conversion of data and implementation, significant events are outlined below:

Date	Time	Event
April 30, 1999	10 p.m.	HBOC system at MHC will go down
April 30, 1999	11:15 p.m.	LastWord system at LVH will go down
May 2, 1999	4 a.m.	LastWord system available at LVH
May 2, 1999	10 a.m.	LastWord system implementation will be phased in from 10 a.m. to 1 p.m.
May 3, 1999	1 p.m.	LastWord system will be fully available at MHC

During the implementation phase, both hospitals will be on computer downtime procedures to assure that all processes continue without interruption in patient care. Lab, ancillary results, and transcription will be manually processed and distributed to units during downtime. All other computer systems will be available during this downtime.

Following implementation at both LVH and MHC sites, there are some significant changes that will be apparent to the users:

Data Base – LastWord will contain demographic and clinical information for three facilities (CC, 17, MHC).

Medical Record Number – The medical record number will be expanded from six (6) to eight (8) digits at all facilities (CC, 7, MHC).

FACC Command – This command will allow the user to change facilities to view information at another facility.

Lab Results – General lab, microbiology, blood bank, and Pathology results will be available for all facilities (CC, 17, MHC).

NOTE: Printed report formats have changed for consistency between sites and ease of reading results.

Ancillary Results – Radiology, Heart Station (except EKG's), Neurodiagnostic and Vascular Lab results will be available for all facilities (CC, 17, MHC).

Autopsy Results – Final results will be available for all facilities (CC, 17, MHC).

Transcription – Transcribed reports (H&P, OP, DS, Consults, etc.) will be available for all facilities (CC, 17, MHC).

NOTE: The dictation system at CC/17 will be down on 4/30/99 to prepare for the medical record number increase from 6 to 8 digits. When this is completed, if you do not have an 8-digit medical record number, simply add 00 in front of the 6-digit number. Downtime dictation instructions will be posted.

MYCENSUS Command – This physician command displays physician census across all facilities where the physician has patients admitted, displayed in bed order (CC first, 17 second, and MHC third).

Printers – Printers are available throughout all facilities and have been more effectively organized to allow more efficient access. If printer numbers are unknown, field help may be utilized listing printers by department and location.

Physician offices with access to the Phamis system are similar to the above in that users can now just enter the P# in the "at printer" field. Printers and fax print designations are listed under the departments of "Physician Offices" or "LVPG" as appropriate. Fax prints continue to be listed under their previous naming convention under these departments.

If you have any questions regarding Phamis LastWord implementation at Muhlenberg Hospital Center, please contact I/S Customer Service at (610) 402-8303.

Changes in Medical Records

As a result of the elimination of the HBOC system at Muhlenberg Hospital Center, a new Incomplete Chart Control system (Softmed) will be implemented, resulting in some physical and process changes in the Medical Record Department's incomplete chart control and suspension process. Following is an overview of the new system:

Incomplete Charts

1. Chart deficiencies will be indicated on computer generated form in inside cover of chart.
2. Incomplete/delinquent chart listings will be mailed to physician offices at both LVH and MHC sites every Wednesday for charts due the following week.
3. Telephone calls/reminders will be made to physician offices on Tuesday prior to suspension day as a reminder of potential delinquent records.
4. Suspension day is being changed to Wednesday to be consistent at both LVH and MHC.

Suspension Process

1. Suspension of privileges applies to both LVH and MHC.
2. H&P/OP's not completed at the time of discharge/end of encounter will be eligible for suspension of privileges by the next suspension date (within one week).
3. Discharge summaries and other deficiencies must be completed within 15 days after chart is made available to the physician.

If you have any questions regarding this issue, please contact Zelda Greene, Director, Health Information Management, at (610) 402-8330.

A supplement to medical records briefing April 1999

a minute for the medical staff

OIG investigation highlights need for good documentation

By Thomas Sills, MD
Clinical Financial Resource, Inc.

The efforts by Medicare to identify inappropriate and fraudulent billing continue to expand in all areas of health care. Hospitals and physicians as well as nursing homes, medical equipment, and other providers are under increasing scrutiny to justify their claims for payment.

The key to defending against fraud investigations is to have the clinical documentation required by Medicare to justify both medical necessity and appropriate coding. The maxim "if it isn't documented it didn't happen" is especially true with regard to coding and billing.

A current Office of Inspector General (OIG) investigation illustrates how the OIG is proceeding in many of its fraud and abuse investigations. This investigation is described in the report, *Medicare Payments for DRG 475*, released last month.

DRG 475 is assigned to patients who are admitted with a principal diagnosis of a respiratory disease and who are on ventilators during their hospital stays. Payment to the hospital for this diagnosis-related group (DRG) averages around $18,000.

The OIG has so far examined discharge statistics of 3,700 acute care hospitals. This examination has identified 46 hospitals that had a higher proportion of DRG discharges compared to total discharges in 1996 or that had a marked increase in their number of DRG 475 between 1993 and 1996.

All of these hospitals have been referred to the OIG's office of investigations where they will undergo record reviews to determine whether the coding and billing was appropriate.

In a separate investigation that mirrors the OIG's probe of DRG 475, the OIG is continuing to scrutinize hospitals for the appropriate coding of DRG 79, complex pneumonia.

In this investigation, the OIG is identifying hospitals whose proportion of DRG 79, complex pneumoniae, to DRG 89, simple pneumoniae, deviates significantly from national or regional statistics.

After hospitals with a higher proportion of DRG 79 are identified, their medical records are audited to determine whether there had been inappropriate coding of DRG 79.

What can physicians do to avoid being named in an investigation of fraudulent or abusive billing? The answer to this question is straightforward: Document thoroughly and accurately.

The following examples illustrate the effect of documentation on coding:

Example 1:
A 73-year-old male was admitted through the emergency department with respiratory failure. The patient had increasing dyspnea over the previous 12 hours, with associate symptoms of ankle edema and increased production of yellow sputum.

The patient had a history of COPD, CHF, atrial fibrillation, and repeated bouts of pneumonia.

MRB, P.O. Box 1168, Marblehead, MA 01945. Telephone 781/639-1872. Fax 781/639-2982.

His medications include: digoxin, Lasix, bronchodilator inhalers, and prednisone.

On admission, the patient was in severe respiratory distress. He had wheezes and rales. His CXR showed early pulmonary edema. He was treated with IV furosemide, nebulized bronchodilators, and oxygen. He continued to deteriorate and was intubated.

He was admitted to the ICU where he was mechanically ventilated while being treated with IV solumedrol, bronchodilators, antibiotics, and diuretics. He improved and was extubated after five days and transferred to the floor. He was ruled out for an MI. No pneumonia was found. He was discharged on day 14 of his stay.

Documentation and coding

If this case is documented by the attending physician as respiratory failure secondary to CHF, the principal diagnosis must be assigned (according to official coding rules) to congestive heart failure, 428.0. This results in DRG 127, CHF, which has a hospital payment of approximately $5,000.

If the documentation states respiratory failure is secondary to COPD, then respiratory failure, 518.81, must be assigned as the principal diagnosis. This results in DRG 475 with an approximate payment of $18,000.

If the documentation states respiratory failure secondary to both COPD and CHF, then (according to official coding rules) the coder may choose to assign either CHF or respiratory failure as the principal diagnosis resulting in either DRG 127 or DRG 475.

Example 2:
An 81-year-old female nursing home resident is admitted with pneumonia. She has a history of prior strokes, seizures, and repeated bouts of pneumonia. She was started on IV ceftriaxone but failed to improve. Sputum cultures were negative. Clindamycin was added on her fourth hospital day and she began to make steady improvement. Swallowing studies were performed and showed difficulty with effective swallowing without frank aspiration. She was discharged on oral antibiotics back to the nursing home on the seventh hospital day.

Documentation and coding

If this case is documented as "pneumonia," then it should be coded to a principal diagnosis of Pneumonia NOS (not otherwise specified), 486, resulting in DRG 89, which pays the hospital approximately $5,000.

If the case is documented as "pneumonia, suspected aspiration," then it should be coded to Aspiration Pneumonia, 507.0, resulting in DRG 79, which pays the hospital approximately $7,500.

Summary
Physician documentation should be as accurate and specific as possible. This will result in more accurate coding and greater compliance with the coding guidelines.

Many issues of potential fraud and abuse will go away once medical record reviews demonstrate that there is adequate documentation to support the coding and billing.

Editor's note: For more information, see the OIG report Medicare Payments for DRG 475 *on the OIG's Web site at* www.hhs.gov/progorg/oig.

Tom Sills, MD, is president of Clinical Financial Resource, Inc., in South Dartmouth, MA.

If you have an idea for A Minute for the Medical Staff, *write to Sills, c/o* **Medical Records Briefing,** *100 Hoods Lane, Marblehead, MA 01945.*

Medical Staff Progress Notes

The Center for Educational Development and Support

May, 1999

Mark your Calendar:

On Friday, June 11, 1999, Resident Graduation will be held at the Holiday Inn in Fogelsville beginning at 6:30 pm. Invitations will be forthcoming.

Continuing Education:

See the following calendar for grand rounds and tumor boards.

News from the Library

OVID/PubMed TRAINING.

To schedule one-on-one OVID (MEDLINE) training session, call Barbara Iobst in the Health Sciences Library at 402-8408. Barbara can also instruct you in the use of PubMed, a free, Web-based MEDLINE service offered by the National Library of Medicine (NLM). MEDLINE can be searched directly using PubMed.

New Publications - Muhlenberg Hospital Center.

"Emergency Medicine: Concepts and Clinical Practice," 4th edition, Author: P. Rosen, et al Call No. WB 105 E555 1998

"Otorhinolaryngology, Head and Neck Surgery," 15th edition, Author: J. Ballenger, et al. Call No. WV 100 O874.

New Books - Cedar Crest & I-78.

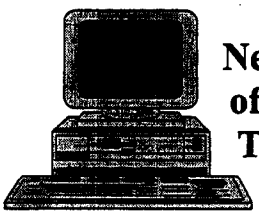
"The Radiologic Clinics of North America" Topic: "Cardiac Radiology" Guest Editor: L. Boxt Vol. 37, No. 2 - March 1999

"Infectious Disease Clinics of North America" Topic: "New Vaccines and New Vaccine Technology" Guest Editor: L. Lutwick Vol. 13, No. 1 - March 1999.

"PDR for Herbal Medicines" (Reference Section) Call No. QV 767 P569h 1998.

New Books - 17th & Chew.

"PDR for Herbal Medicines" (Reference Section) Call No. QV 767 P569h 1998.



News from the Office of Educational Technology

MDCONSULT Now Available!

CEDS has arranged for LVH/MHC to receive a two month (April and May) unrestricted simultaneous user trial of MD Consult, a comprehensive online medical information service. MD Consult is a continuously updated tool designed to help you answer clinical questions and stay up-to-date in medicine. MD Consult will be available to physicians and medical

professionals at LVH/MHC through a link from our intranet.

To access MDConsult:
Open the LVH intranet (www.lvh.com), click on Center for Education, and select MDConsult.

Each user will need to complete a one-time registration process in order to personalize the service and identify him/herself as a user. After that, the LVH user will only have to login using the user name and password created during the registration process.

MDConsult Features:

References 37 renowned medical texts online to give you resources to answer clinical questions. Search the entire collection at the same time, then pinpoint the information you need within the consummate text on the subject.

Journal Search: Retrieve complete text of articles from 48 trusted medical journals and Clinics of North America online. Search MEDLINE plus other key databases simultaneously to find full-text articles. The search engine can find articles so recent that hey are not yet listed in MEDLINE.

Practice Guidelines: The concise guide to accepted practice. Over 600 peer-reviewed clinical practice guidelines contributed by more than 25 medical societies and government agencies.

Patient Education: Add your own comments to any of 2,500 patient education handouts. Then print the handout, complete with your special instructions, practice name, and contact information. Your supply of accessible handouts is never depleted.

Drug Information: Regularly updated prescribing information on over 30,000 medications from leading independent drug reference source. Rapidly find alternative medications by category, cost of therapy data, and unspecified uses.

Discussion Groups: Exchange views with peers around the world on current topics in medicine. Get an online consult, or respond to the questions of other members.

Personal Summary: The short list of what's new in medicine right now within your selected interest areas, updated each weekday morning.

Today In Medicine: Stay informed about the newest developments in medicine. Today in Medicine reviews new developments from major journals, government agencies, and medical conferences, and provides you with concise clinical summaries and links to related information.

What Patients Are Reading...and what you need to know about it: MDConsult canvasses the popular press each week to let you know what patients are hearing about medicine, then provides you with full-text, peer-reviewed material on each topic to help you stay informed.

In This Week's Journals:. Key contents of the big five journals are presented each week in an easy-to-scan format, including concise article summaries.

Clinical Topic Tours: A new tour each week lets you explore current thoughts and accepted wisdom on consequential topics in medicine. Chart your own path through a focused collection of information from journal articles, books, drug data, practice guidelines, educational materials, to useful web sites.

CME Center: Study and receive your Continuing Medical Education credits on-line.

For comments or questions, please email Dean.Shaffer.

Computer-Based Training (CBT):

CBT is replacing instructor-led classes previously held at LVH. A proctor will be in the room with the learner while s/he takes the CBT, but the learner will control the pace and objectives of the learning.

Topics covered by CBT include:
Access 2.0 & 97
Windows NT 4
Word 97
Excel 97
PowerPoint 97
PHAMIS Lastword Inquiry only commands
E-mail GUI

CBT takes place in JDMCC, Suite 401. From April through December 1999, there will be two CBT sessions every Tuesday. The morning session is 8:00 am to noon. The afternoon session is 12:30 to 4:30 pm.

Twelve slots are available for each session

To register, please contact Bonnie Schoeneberger via email or at 402-1210. If you have questions regarding CBT, please contact Craig Koller via email or at 402-1427.

PC Basics, Windows NT/95 & Email:
The following classes will be held at Muhlenberg Hospital Center in the I/S Training Room off the lobby of the main building. Please call 317-4771 to register. Registration is required.

PC Basics
May 7 - 9-11am
May 21 - 9-11am

Windows NT/95
May 7 - 1-3pm
May 21 - 1-3pm

Email Intro.
May 14 - 9-11am
May 28 - 9-11am

Any questions, concerns or comments on articles from CEDS, please contact Sallie Urffer 402-1403

Medical Staff Progress Notes

Grand Round and
Tumor Board Schedule

1999 *May* 1999

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
30	31					1
2	3 12 Noon C/R Tumor Board - JDMCC - CR1 A/B	4 7 am Surgical Grand Rounds - CC-Aud - 8am Pediatric Grand Rounds - 17-Aud 12 Noon Medical Grand Rounds CC-Aud	5	6 9 am Emergency Medicine Grand Rounds- 1251SCC, Suite 308C 12 Noon ENT Tumor Board - JDMCC - CR1 A/B	7 7 am GYN Tumor Board/OBGYN Grand Rounds - 17 Aud 12 Noon Breast Tumor Board - JDMCC- CR1 A/B	8
9	10	11 7am Ambulatory Clin Guideline Dev - SON 7 am Surgical Grand Rounds - CC-Aud 8am Pediatric Grand Rounds - 17-Aud 12 Noon Medical Grand Rounds CC-Aud	12 12 Noon Pulmonary Tumor Board - JDMCC - CR1 A/B	13 12 Noon Combined Tumor Board - JDMCC - CR1 A/B	14 7am OBGYN Grand Rounds -17 Aud 12 Noon Pediatric Noon Conf - 17 Aud 12 Noon Breast Tumor Board - JDMCC- CR1 A/B	15
16	17 12 Noon C/R Tumor Board - JDMCC - CR1 A/B	18 7 am Surgical Grand Rounds - CC-Aud - 8am Pediatric Grand Rounds - 17-Aud 12 Noon Medical Grand Rounds CC-Aud	19	20 12 Noon Combined Tumor Board - JDMCC - CR1 A/B	21 7am OBGYN Grand Rounds -17 Aud 12 Noon Breast Tumor Board - JDMCC- CR1 A/B	22
23	24 HOLIDAY MEMORIAL DAY	25 7 am Surgical Grand Rounds - CC-Aud - 8am Pediatric Grand Rounds - 17-Aud 12 Noon Medical Grand Rounds CC-Aud 12 Noon Urology Tumor Board - JDMCC - CR1A/B	26	27 12 Noon Endo Tumor Board - JDMCC - CR1 A/B	28 7am OBGYN Grand Rounds -17 Aud 12 Noon Pediatric Noon Conf - 17 Aud 12 Noon Breast Tumor Board - JDMCC- CR1 A/B	29

LEHIGH VALLEY
HOSPITAL AND
HEALTH NETWORK

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Medical Staff Progress Notes

Medical Executive Committee

Medical Staff Progress Notes **is published monthly to inform the Medical Staffs of Lehigh Valley Hospital and Muhlenberg Hospital Center and employees of important issues concerning the Medical Staffs.**

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.