



September, 1999 • Volume 11, Number 9

In This Issue . . .

CHOP Oncologist to Practice at LVHHN
Page 4

More Questions You May Have About LTACH,
But Are Afraid to Ask!
Page 4

An Important Reminder – Discharge Summaries
Page 5

Health Center at Trexlertown Provides
Convenience for You and Your Patients
Page 5

Update: Helwig Diabetes Center
Page 5

Identification/Marking of Extremities/Surgical
Site Policy Revised
Page 5

MHC Projects Position Network for 21st Century
Pages 6 & 7

Carol Schaffer Named Vice President of
Home Health
Page 7

LVHHN Celebrates a Century of Caring with a
Trio of Events
Page 8

OIG Update
Page 8

News from CEDS
Pages 11-14

News from Health Network Laboratories
Page 15



*From the
President*

“The sovereign invigorator of the body is exercise, and of all the exercises walking is the best.” - Thomas Jefferson

Over the past month, I've had two disturbing telephone conversations with patients' families. The first occurred when I called a patient's daughter to tell her that I was planning to discharge her elderly father. She immediately became abusive and threatened to "call her lawyer and sue me" if I discharged her father in violation of his 'patients' bill of rights.' The second call occurred a week later when I received a call from a nursing home about a patient who had taken a "turn for the worse." This patient's daughter picked up the phone and immediately told me that if I didn't admit her father to the hospital she would "call her lawyer and have me sued." How far have we degenerated when the first thing people think of is that physicians are bad and need to be punished and will only do what is appropriate if they are threatened with legal action? Is this what we expected when we decided to become physicians? How can we combat this pervasive perception that the only way to get satisfaction from a doctor is to make a threat. How likely is it that the physician will suddenly be compassionate, cooperative, and understanding after he or she has been threatened?

I've discussed this with Dr. Joe Antonowicz from the Liaison Psychiatry Service. He points out that patients and their families also feel a significant loss of control when dealing with the health care system. One of the ways to regain some control when either they or their families are vulnerable is to try to get some help from the legal system.

(Continued on Page 2)

PROGRESS NOTES
Medical Staff

(Continued from Page 1)

They view the legal system as being one of their potential defenders. One way to address these concerns with patients or their families is to address this issue up front. "Mr./Mrs. _____, I know you feel that the situation is out of your control, and that you are very dependent on the medical care delivery system and me. I assure you that we want to provide the best care for you or your family. Please give us a chance to evaluate the situation and make our recommendations to you about the problem at hand. We can then discuss the issues in a more collaborative manner and hopefully will be able to arrive at a mutually acceptable solution to your problem."

After talking with Joe, I understand that both physicians and patients and their families feel a similar loss of control when dealing with the health care delivery system. We need to recognize this so that we can deal with our feelings of insecurity and their feelings of anger.

• Recently we have learned of patients who have been placed in potential jeopardy by the rapid infusion of large volumes of fresh frozen plasma. When ordering fresh frozen plasma, physicians **need to specify an infusion rate** for this blood product. Just as we write orders for infusion rates for other blood products, the hospital rules and regulations specify that an infusion rate be ordered for the administration of fresh frozen plasma.

• Previously, I had asked members of the Medical Staff to remember that the Dorothy Rider Pool Health Care Trust is available to provide funding for physicians who have proposals to improve the health of the Lehigh Valley community. I've been encouraged by members of the Pool Trust Board to remind the Medical Staff that help is available in preparing grant requests for interested physicians who have ideas which would improve the health of our community. Please take advantage of this opportunity. Mr. Pool's legacy to our community is our hospital and the funds provided through the Trust to improve the health of our entire community. If you have ideas you'd like to discuss, please contact Courtney J. Brown, Program Officer, at the Dorothy Rider Pool Health Care Trust at (610) 770-9346.

For example, recently Drs. Keith Doram, Chief, Division of General Internal Medicine, and Jack Nuschke, Division of General Internal Medicine/Geriatrics, have submitted a "letter of intent" to the Pool Trust requesting support for a project to improve the availability and to publicize the importance of screening for colon and rectal cancer for members of our community.

There are approximately 40 million Americans who have regular jobs but have no health care coverage. I've introduced in past issues of *Medical Staff Progress Notes* the

possibility of developing a volunteer program to help provide health care services to the over 40,000 working but uninsured members of our Lehigh Valley community. Dr. Jack McConnell initiated a program in Hilton Head, SC., which provides health care services for workers at Hilton Head resorts who have no health care coverage. Dr. Dianne Montello, one of our former medical residents and a graduate of our Internal Medicine residency program, has been actively involved with Dr. McConnell in developing this program. This program has grown into an organization called the Volunteers in Medicine Institute. I can envision such a program in the Lehigh Valley developing as a cooperative effort among the medical staffs of the Lehigh Valley Hospital, St. Luke's Hospital, and Sacred Heart Hospital. Dr. Mark Young, Chair, Department of Community Health & Health Studies, has submitted a grant request to the federal government to develop a program in our community. I'd like to take this opportunity to solicit interest from our physicians so we can move ahead with such a program. If any of you are interested in pursuing such an effort, please contact either Ed Mullin, Bob Murphy, or me at (610) 402-8980 to express your ideas and interest.

• The Care Management Council of the Lehigh Valley Hospital and the LVPHO has begun to take a much more active role in developing policies and recommendations regarding the use of drugs, procedures, and diagnostic tests at LVH. These policies and recommendations will be directed to the appropriate committees or departments for input and discussion. I have asked Drs. John Jaffe and Robert Laskowski, co-chairs of the Care Management Council, to make a report at Medical Executive Committee each month and at the quarterly General Medical Staff meetings. I have also asked that the Medical Executive Committee endorse policies and recommendations that have been developed at the direction of the Care Management Council. One of the new approaches proposed by the Care Management Council, and one I support, is to begin to distribute relevant clinical data to members of departments and divisions in an "unblinded" fashion. Details of this process will be forthcoming in the near future at department and division meetings. This entire effort is designed to help us "take work out of the system" and to help develop systemic approaches to "care management."

"The quality of health care can be precisely defined and measured with a degree of scientific accuracy comparable with that of most measures used in clinical medicine. Serious and widespread problems exist throughout American medicine. These problems, which may be classified as underuse, overuse, or misuse, occur in small and large communities alike, in all parts of the country, and with approximately equal frequency in managed care and fee-for-service systems of care. Very large numbers of Americans are harmed as a direct result. Quality care is the problem, not managed care."

(Continued on Page 3)

(Continued from Page 2)

Current efforts to improve will not succeed unless we undertake a major, systemic effort to overhaul how we deliver health care services, educate and train clinicians, and assess and improve quality." (Chassin, M.R. & Galvin, R., JAMA, 280:1000-1005, 1998).

I believe that many physicians subscribe to the concepts which the Care Management Committee of the LVPHO have tried to encourage over the past five years, but are unsure as to what they need to do to change their practice patterns to become more clinically efficient in their care delivery. The efforts of the Care Management Council are designed to provide a mechanism to answer the comment that I've heard repeatedly: "Now that you've shown me the data, tell me what I need to do to be better."

• The Medical Staff Bylaws require that hospital discharge summaries be dictated upon the patient's discharge. There have been problems recently with the Medical Record Department coding charts inaccurately because the information in the chart when it arrived in the record room was inadequate and incomplete. This appears to be one of the reasons that LVH was listed as having a higher than predicted mortality for "medical myocardial infarctions" in the data recently released by the Pennsylvania HC⁴. The coders in the record department based their diagnosis on death certificates in the charts. Discharge summaries had not been dictated at the time of coding for many of these patients. The Medical Executive Committee has endorsed the Medical Staff Bylaws requiring the timely completion of hospital discharge summaries, which is ideally upon discharge.

• Speaking of charts, we are still plagued by illegible handwriting, which makes it difficult for nurses and our physician colleagues to read our written thoughts and orders. I'm just as guilty as are many others in this regard. However, one thing I have learned to do is to print my name and pager number after my signature, so that if a nurse or physician colleague cannot read what I wrote, they at least know who wrote the note/order and know who to call. I understand that many of us are rushed and don't take the time to (or can't?) write legibly. What good is the information we write in the chart if no one can read it? If you are like me and have difficulty writing clearly, please, at least, write or print your signature so that it is legible.

Sit, Answer and Touch!

Remember, when you are making hospital rounds to sit at your patient's bedside, ask for their questions, answer their questions, and make physical contact with the patient.

The above monthly appeal may be having some effect. Last month, the Press-Ganey scores for physicians were higher

than they have been for many months. Congratulations to all of us! Keep up the good work and remember the above admonition.

EMAIL

As before, I'd like to encourage all members of the Medical Staff to read their email regularly or to designate a staff member to be your appointed "surrogate" who can read and print out your email messages for you on a daily basis.

Finally, I'd like to apologize to the staff of the Neonatal Intensive Care Unit at 17th & Chew. In my report in last month's *Medical Staff Progress Notes*, I discussed the move of several services from 17th & Chew to the new Jandl Family Pavilion at Cedar Crest & I-78. I failed to mention the Neonatal ICU, which will also obviously be moving to its new home in the Jandl Family Pavilion. The Neonatal Intensive Care Unit, which has been caring for over 350 critically ill newborns per year for nearly 20 years at 17th & Chew provides a critical service to our community and to the surrounding area. We appreciate the wonderful and life saving work that they perform on a daily basis and it was an oversight on my part to fail to mention them.

Have a great month of September, stay active, and enjoy the upcoming fall.

"Thomas Jefferson may have been correct about walking being a great form of exercise, and I agree that it is, but he wrote this before the invention of the multi-speed road bicycle with index shifting!" - David Caccese



David M. Caccese, MD
Medical Staff President

• A meeting of the General Medical Staff will be held on Monday, September 13, beginning at 6 p.m., in the hospital's Auditorium at Cedar Crest & I-78. All members of the Medical Staff are encouraged to attend.

• The quarterly General Membership meeting of the Greater Lehigh Valley Independent Practice Association, Inc., will be held on Tuesday, September 28, 1999, beginning at 6 p.m., in the hospital's Auditorium at Cedar Crest & I-78. Agenda items will include: Report on LVPHO/PennCARE Risk Sharing Model; Continuation of Community Choice Discussions; and a USHC Update. To receive credit for your attendance toward the Incentive Plan, please remember to sign in when you arrive at the meeting.

CHOP Oncologist to Practice at LVHHN

The partnership between Lehigh Valley Hospital and Health Network and the Children's Hospital of Philadelphia (CHOP) will reach its first milestone in September – the establishment of pediatric cancer and hematology care in the Lehigh Valley.

On September 1, pediatric oncologist/hematologist Julie Stern, MD, of the CHOP medical staff, will open a full-time practice at the Allentown Medical Center, 401 N. 17th St., Suite 311, in cooperation with LVHHN.

It will be the first time service of this kind will be offered in the region. At least 20 local children with cancer and blood diseases who now receive care at CHOP have been identified to receive ambulatory and inpatient care close to home. Care will be available 24 hours a day, with a CHOP physician always on call.

"We not only want to help these children get well, but help make their lives as normal as possible – and that doesn't include riding down to Philadelphia on a daily basis," Dr. Stern said. "We'll be able to provide outpatient chemotherapy and radiation at 17th Street and inpatient care at Cedar Crest."

Dr. Stern, a graduate of Northwestern University Medical School, completed her pediatric residency at St. Christopher's Hospital for Children in Philadelphia and a fellowship in pediatric oncology and hematology at CHOP. She is certified by the American Board of Pediatrics and is an associate member of the American Association for Cancer Research.

"Children with cancer should receive care by experts who participate in national collaborative programs designed to improve care and outcomes," said John D. VanBrakle, MD, Chairperson of the Department of Pediatrics at LVHHN. "CHOP is a recognized national leader in caring for children with cancer. The program will significantly enhance the scope of children's health care in our community."

By the year 2000, a full range of services will be offered at The Children's Hospital of Philadelphia Specialty Care Center of the Lehigh Valley, to be built at Muhlenberg Hospital Center, and a new inpatient intensive care unit at Cedar Crest & I-78. The shared goal between LVHHN and CHOP is to complement and support existing pediatric services and provide new services.

More Questions You May Have About LTACH, But Are Afraid to Ask!

Where will the temporary administrative office for the LTACH be located?

On the first floor, off the main lobby in the space previously occupied by Pre-Admission Testing.

Do I need privileges to practice in the LTACH if I already have privileges at Good Shepherd and/or Lehigh Valley Hospital?

Since the Good Shepherd owned/managed LTACH is an entirely new entity, you will need to apply for privileges. If you are a member of Good Shepherd's Medical Staff or Lehigh Valley Hospital's Medical Staff, you will still need privileges to practice as a member of the LTACH.

How do I obtain privileges to practice in the LTACH?

After October 1, 1999, you can stop by the administrative office to obtain an application.

Will I be required to attend all my patients in the LTACH if I am on staff?

No. There will be three designated medical directors to cover any patients you wish to refer or for any unassigned patients. The medical director selection is currently underway. Upon the LTACH's opening, the three programs will be 1) pulmonary, including ventilator patients, 2) medically complex, and 3) rehabilitation.

When, where, and how many beds will there be in the LTACH?

By mid January, 2000, six beds will be available to accept patients on 6C. Six months after the opening date, all 32 beds will be available.

Stay tuned next month for more information...

If you have any questions regarding LTACH, please contact Jane Dorval, MD, at (610) 776-3340 or pager 610-830-2793; Stephen C. Matchett, MD, at (610) 439-8856 or pager (610) 920-7225; or Linda Dean, LTACH Hospital Operations, at (610) 776-3395 or pager 610-830-3110.

Coding Tips of the Month

Please be aware that anemia can only be coded when the physician documents it as such. It is important to distinguish between anemia due to chronic blood loss and anemia due to acute blood loss because the two conditions have different codes.

Transfusions given for preventive measures must be documented as well to alert the coding staff that a code is not necessary.

An Important Reminder – Discharge Summaries

According to the Medical Staff Bylaws/Rules & Regulations, Part II, Section E. – Records, # 16, "...Discharge Summaries are to be dictated by the attending physician or designee at the time of discharge." Incomplete Discharge Summaries on charts received in Medical Records will be considered a medical record deficiency and placed in the weekly Wednesday cycle for medical record suspensions.

Health Center at Trexlertown Provides Convenience for You and Your Patients

No one knows better than physicians that most people want to be healthy. With today's hectic lifestyles, however, finding the time to exercise and obtain routine health services is often difficult. Patients wish that it could be easier and more convenient.

That's the premise behind the Health Center at Trexlertown (HCT). By providing health promotion and diagnostic services under one roof in a residential shopping area, LVHHN has made it easier for your patients to receive routine health care.

Under your direction, your patients who live or work in the Trexlertown area can take advantage of a number of services including:

- Laboratory
- X-ray
- Mammography screening
- Exercise classes
- Health screenings
- Access to medical specialists
- Massage therapy
- Nutritional counseling

In addition, you can send your patients to the **Health Library and Learning Center** and a registered nurse can assist them in researching a health-related issue through the lending library and computers with Internet access.

The **Convenience Care Center** at HCT provides you an option when your patients need prompt medical care for non-emergency injuries or illnesses during your practice's non-routine office hours. Offering walk-in health care from 11 a.m. to 7 p.m., seven days a week, the Convenience Care Center can assist you in encouraging the appropriate use of the Emergency Department.

The October issue of **Medical Staff Progress Notes** will include additional information describing the services at the Health Center at Trexlertown in more detail. In the meantime, please contact Deborah Cherney, HCT site director, at (610)

402-0151 with any questions. To make a referral, please contact HCT at (610) 402-9355.

Update: Helwig Diabetes Center

In order to provide diabetes education which is both timely and easily accessible to patients, some recent changes have been made at the Helwig Diabetes Center. The addition of a Certified Diabetes Educator to the education team, along with some program reorganization, has enabled patients to be seen on a more timely basis. Appointments to see a Certified Diabetes Educator can be made within one week, and three weeks for a dietitian. The Helwig Diabetes Center staff is working to shorten the wait time for the dietitian appointments through future program changes. An expansion of the program will offer education at multiple locations. In mid-September, education will be offered at the Health Center at Trexlertown in addition to the current location at 17th & Chew. The goal of the Helwig Diabetes Center is to have education available at the three hospital sites and the Health Center at Trexlertown.

For more information or to schedule a patient, contact the Helwig Diabetes Center at (610) 402-4082.

Identification/Marking of Extremities/Surgical Site Policy Revised

The revised Identification/Marking of Extremities/Surgical Site policy was implemented on August 2, 1999, at all sites. The significant changes to the policy include:

- Marking of both the affected and non-affected extremity site.
- Verification of the surgical site by all members of the surgical team prior to handing the surgeon local anesthesia or scalpel.
- Documentation on Surgery Record by the physician – identification of patient and surgical site.
- Documentation on Surgical Record in nursing notes by the circulating nurse that entire team verified surgical site.
- Documentation by anesthesia provider that surgical site was verified prior to administering any anesthesia outside the operating room (blocks/etc.).

This policy was discussed at Surgical Executive Committee and reviewed by Chairs Troika. A copy of the formal policy is available at each operating room or by request from the Department of Surgery Office. If you have any questions regarding this policy, please contact Jody Porter, Administrator, Patient Care Services, Department of Surgery, at (610) 402-8255.

MHC Projects Position Network for 21st Century

The dramatic transformation of the MHC campus that began last month will bring new, improved and expanded services and facilities that better position the hospital and Lehigh Valley Health Network to deliver high-quality, affordable and accessible health care in the new century.

"The development that we see on the MHC campus underscores the network's commitment to build on the hospital's legacy of providing its community with solid medical services," said Elliot Sussman, MD, LVHNN's president and CEO. "Only because of Muhlenberg's core clinical strengths and talented staff are we able to bring new services and partnerships to the campus to create a regional resource so vital to our future."

Cancer Services

The first new service is the cancer facility at MHC, which saw its first patients last month in a renovated facility on the first floor of the Kolb Ambulatory Center. As a satellite of the John and Dorothy Morgan Cancer Center (JDMCC) at LVH, the MHC cancer center will provide chemotherapy and radiation therapy.

The chief of MHC oncology and hematology and associate director of the JDMCC, Victor M. Aviles, MD, will serve as director of the medical oncology services. He recently joined LVHNN from the faculty of the University of Pennsylvania. Comprehensive radiation oncology services, under the direction of Victor R. Risch, MD, PhD, Chairperson, Department of Radiation Oncology, will be introduced in October.

According to Gregory R. Harper, MD, PhD, director of the JDMCC, collaboration between the facilities' staffs has been critical. "This new cancer center is fully integrated with the John and Dorothy Morgan Cancer Center and with LVH's cancer services. It will provide on-site access to the highest quality cancer care for patients and families served by Muhlenberg Hospital Center."

Psychiatry Services

Groundbreaking is slated for early September for the two-story wing that will house the network's combined inpatient psychiatry units. The decision to consolidate the MHC and LVH programs resulted from a study that showed that integrating them in MHC's central location would improve the high-quality of care, decrease costs and improve patient and family access to the services.

"This consolidation of inpatient psychiatric services also allows us to bring together a talented staff, enhance the continuum of

psychiatric care across our network and position us to compete more effectively in the region," said Michael W. Kaufmann, MD, LVHNN's Chairperson of the Department of Psychiatry.

Children's Services

A partnership forged last year between LVH, MHC and Children's Hospital of Philadelphia will bring a pediatric outpatient specialty medical center to MHC's campus next summer. The Children's Hospital of Philadelphia Specialty Care Center of the Lehigh Valley, as the new MHC facility will be called, will be built on the north side of the hospital near the outpatient entrance. Its specialists will provide pediatric and adolescent services currently unavailable locally. MHC's ambulatory surgery unit will relocate to the first floor of this new building, as will a pediatric surgery unit.

"More than 1,000 children and their families must travel outside our area each year for specialized medical care," said John D. VanBrakle, MD, Chairperson of the Department of Pediatrics. "Our goal is to provide most of the pediatric resources these children need within their own community, a tremendous benefit to the children and their families."

Through this partnership, cancer services for children are being provided by Julie Stern, MD, the first CHOP pediatric oncologist/hematologist based in the Lehigh Valley. She currently sees patients at 401 N. 17th Street, Suite 311, Allentown, but will move her practice to MHC when the new center is complete.

Infertility Services

Later this year, couples struggling with infertility will welcome the opening of a reproductive endocrinology and infertility lab on the third floor of the Kolb Ambulatory Center. "This new invitro fertilization facility, one of only two in the US, ensures an optimal environment for developing embryos, thereby maximizing pregnancy rates while minimizing the risk of multiple births," said Albert J. Peters, DO, LVHNN's Chief of the Section of Reproductive Endocrinology and Infertility. Dr. Peters will collaborate in the new facility with embryologist Katie Worriow, PhD.

Additional Physician Office Space

The hospital's plans to build a three-story medical office building (MOB) north of the existing MOB meets a dual need and is another example of the value of partnering. With completion of the construction more than a year away, the MOB is well on its way to being fully occupied. Much of the first floor is already designated for a fitness center, and the entire second floor has been leased to Lehigh Valley Cardiology Associates.

(Continued on Page 7)

(Continued from Page 6)

This magnitude of renovation and construction will require utility upgrades and the construction of a new central utilities building, as well as improved campus roads and parking changes, all which may be inconvenient to people who come to the campus to receive care, work or volunteer.

But the improvements will be well worth the months of challenges and sacrifices, said Stu Paxton, Senior Vice President of MHC operations. "These new clinical services will enhance the care options of the citizens of Northampton County and the entire Lehigh Valley, who take advantage of Muhlenberg's central location. These benefits become critical with the growth of regional approaches to health care and increases in managed care."

Dr. Sussman agrees: "This transformation reflects LVHNN's commitment to improving the health of the community. It is exciting to see these projects take shape and realize the implications they have for improving the quality of life across our region."

As a result of discussions at the Clinical Case Review Committee, the recommendation was made to reiterate the policy, "Blood and Blood Components, Administration of," located in the Patient Care Services Patient Care Manual on each unit.

Specifically, the rate of IV infusion must be specified by the physician unless the patient is involved in a massive volume resuscitation. "ASAP" is not acceptable.

For additional information or clarification of the policy, please contact William W. Frailey, MD, Vice President, Care Management Systems, at (610)-402-1770, or Mary Kinneman, Senior Vice President, Patient Care Services, at (610) 402-7510.

Carol Schaffer Named Vice President of Home Health

Carol Schaffer, RN, MSN, JD, MBA, was recently appointed Vice President of Home Health. With advanced degrees in nursing, business administration and law, and experience as the former president of a \$120 million post-acute care subsidiary of the Cleveland Clinic Foundation, Ms. Schaffer was being recruited by organizations throughout the country, including a major academic medical center. She was attracted to Lehigh Valley Hospital because of the level of commitment to the community. "LVHNN is staffed by a lot of talented people, making it a very progressive institution."

The community focus and progressive attitude are particularly important during a period of reductions in reimbursement in the home health industry.

"Some organizations in the country are reducing their home health services," Ms. Schaffer said, "but home health will remain a significant part of the hospital's continuum of care."

Ms. Schaffer will lead Lehigh Valley Home Care, Lehigh Valley Hospice and Health Spectrum Medical Products and Pharmacy.

"I am pleased with the quality of the home health staff, their commitment to their patients and their strong work ethic," she said.

With this strong foundation, Ms. Schaffer is confident she'll achieve her initial goal: improve operating efficiencies while maintaining the focus on the delivery of high-quality patient care.

Before joining LVHNN, she was president and chief operating officer of Metrix Health Resources Inc., a management services organization that worked with home health agencies nationwide. Prior to establishing Metrix, Ms. Schaffer was president and chief executive officer of CCF Health Care Venture Inc., a subsidiary of Cleveland Clinic Foundation.

"LVHNN is very fortunate to recruit a home health professional of Carol's caliber," said James Dunleavy, senior vice president. "She's an excellent addition to the Health Services management team."

LVHHN Celebrates a Century of Caring with a Trio of Events

Lehigh Valley Hospital and Health Network is 100 years old this year, and it's time to celebrate. Celebration of Community, the year-long observance of the hospital's 1899 founding, jumps into high gear this month with a trio of special events slated for Agricultural Hall, located at the Allentown Fairgrounds in Allentown.

Leading the lineup will be two free events: a "walk-through-history" exhibit featuring The Allentown Hospital and its community, and Seniors' Horizons, the Lehigh Valley's information and entertainment fair for people 50 and over. Both events will take place September 15, 10 a.m. to 8 p.m., and September 16, 10 a.m. to 4 p.m. The festivities culminate on September 18 with Puttin' on the Ritz Nite Lites, LVHHN's fourth annual black-tie gala.

The Celebration of Community historical display will take viewers back to turn of the century where the streets were unpaved, transportation was by horse and buggy, and The Allentown Hospital was brand new. People will enter the historic tribute through a replica of the hospital's original facade. Inside, modular displays will feature hospital founders, nursing, and an iron lung that was used to treat people with polio in the 1950s. The story will come to life through a time line of historic photographs and newspaper articles, hospital memorabilia, antique uniforms and outmoded medical equipment. The display will include an outstanding collection of historic automobiles from a local private collection.

"Our hospital has a century-long tradition of caring for the community," said Sheryl Hawk, public affairs manager. "Over the years, we have collected an amazing array of medical memorabilia, and the 100th anniversary provides the perfect opportunity to share it.."

A high point of the birthday bash will be a swinging tour of hit tunes, as Bobby Mercer's Orchestra presents "100 Years of American Music" on September 15, from 5 to 8 p.m. The performance marks another LVHHN milestone — the 10th anniversary of the Department of Community Health and Health Studies.

Held in conjunction with LVHHN's centennial celebration, the sixth annual Seniors' Horizons promises participants a healthy dose of information, education and entertainment.

"Seniors' Horizons encourages healthy independent living," said Susan Hoffman, executive director of Vitality Plus. "It is a tremendous community resource for the area's older adults and will be particularly exciting this year with many more vendors, historical displays as part of the "walk-through-

history," great entertainment, and forums to help heighten awareness of key legislative issues for older adults."

The event will feature a legislators' forum and the Seniors' Horizons volunteer awards, as well as more than 100 exhibits with information on products, housing options, support groups and other services for older adults. Health and fitness experts will be on hand to answer questions, share resources and offer advice. Other highlights include fashion and fitness shows, magic, music and a wildlife demonstration. The event is sponsored by Vitality Plus, the American Association of Retired Persons, and Lehigh and Northampton Area Agencies on Aging.

Everyone who attends the two-day celebration is eligible to win a trip for two to Cancun, Mexico. The four-day, three-night holiday, including airfare, was donated by AAA Vacations, The Travel Store.

The festivities will culminate on September 18 with Nite Lites, LVHHN's annual black-tie fund-raiser. This year's Nite Lites theme — Puttin' on the Ritz — will feature the walk-through-history exhibit during the cocktail hour and silent auction. Guests will then proceed down a replica of New York's Broadway & 42nd Street before entering Radio City Music Hall. "In keeping with our Nite Lites tradition, we're planning a simply superb evening!" Ms. Hawk promised.

This year's beneficiary of Nite Lites, the Department of Community Health and Health Studies (DCHHS), is dedicated to education and community service projects that directly benefit the citizens of the Lehigh Valley. The funding will enable the DCHHS to measure health status and to evaluate LVHHN's efforts to improve health in the communities it serves.

OIG Update - "PKTY"

The Office of the Inspector General will consider requests for and responses to consultations designated only as "Patient Known To You" as fraudulent. Referring physicians must make the reason for a consultation clear at the time of the request. The consulting physician must insure that the purpose of the consultation is specified before responding. If this condition is not met, BOTH parties can be held culpable.

Congratulations!

William F. Bond, MD, Division of Emergency Medicine, has successfully fulfilled the necessary requirements for board certification and is now a Diplomate of the American Board of Emergency Medicine.

Peter A. Keblish, Jr., MD, Chief, Division of Orthopedic Surgery, served as an examiner for Part II certification and recertification for the American Board of Orthopaedic Surgery (ABOS) in Chicago. Certification and recertification is a requirement of the ABOS. The examination consists of direct examination of all candidates with case reviews.

Dr. Keblish is certified and has been voluntarily recertified by the American Board of Orthopaedic Surgery. This was the second year he served as an examiner for the ABOS. Initial certification requirements for candidates include passing the Part I (written) examination and a minimum two year practice evaluation period. Recertification every 10 years is an ABOS requirement for Diplomates of the Board since 1987.

Stephen K. Klasko, MD, Chairperson, Department of Obstetrics and Gynecology, was elected to the position of Region II Representative to the CREOG Council.

Donald L. Levick, MD, Division of General Pediatrics and Associate Medical Director of the Lehigh Valley Physician Group, recently received his MBA from the University of Phoenix.

Papers, Publications and Presentations

Richard C. Boorse, MD, Division of General Surgery, presented "Laparoscopic Approach Using the BAK/Proximity Lumbar Interbody Fusion System" at the Annual Meeting of the Venezuelan Spine Society in Caracas, Venezuela on June 25 and 26.

Mark A. Gittleman, MD, Division of General Surgery, recently presented a training seminar to surgeons on "Stereotactic Breast Biopsy" and "The Surgeon and Breast Ultrasound" at St. Dominics Hospital in Jackson, Miss., on July 31.

Houshang G. Hamadani, MD, Department of Psychiatry, was a participant at the 11th World Congress of Psychiatry held August 6-11 in Hamburg, Germany. Dr. Hamadani made an oral presentation on "Long Term Effects of Clozaril Therapy on Schizophrenia" and a poster presentation titled "The Impact of Managed Care on Private Practice in the USA."

Gregory R. Harper, MD, PhD, Director, John and Dorothy Morgan Cancer Center, co-authored a chapter – "Estrogen

Therapy in Breast and Endometrial Cancer Survivors" – which was published in the book, *Clinical Management of the Perimenopause*, which was recently released.

Stephen K. Klasko, MD, Chairperson, Department of Obstetrics and Gynecology, and **Gregory P. Shea**, healthcare consultant, co-authored a book, *The Phantom Stethoscope*, which was recently published. The book discusses medical issues seriously while using the unique framework of a science-fiction novella to illustrate the complexities of this million-dollar industry.

Upcoming Seminars, Conferences and Meetings

Medical Grand Rounds

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

Topics to be discussed in September will include:

- September 7 – The Functional Somatic Syndromes and the Sociogenesis of Illness
- September 14 – Anticytokine Therapy in the Treatment of Rheumatoid Arthritis
- September 21 – The Home Visit: And Its Place in Patient Evaluation
- September 28 – Health Care: Lessons Learned From Out West

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

Department of Psychiatry

"Diagnosis and Treatment of Bipolar I Disorder vs. Bipolar II Disorder: Adolescent Focus" will be presented on Thursday, September 16, from 11:30 a.m. to 12:30 p.m., in the Banko Family Community Center on the Muhlenberg Hospital Center campus.

The objectives of this program include:

- Define the controversy surrounding juvenile bipolar disorder.
- Examine traditional approaches to validation of diagnosis (clinical phenomenology, clinical course, family history, biological markers, and medication response).
- Examine data on phenomenology, medication response and family history relevant to this controversy.

To register, please call (610) 402-CARE.

Who's New

Medical Staff

Address Changes

Ann K. Astolfi, DMD
Scott A. Gradwell, DMD
1245 S. Cedar Crest Blvd.
Suite 200
Allentown, PA 18103-6267
(610) 770-1050
Fax: (610) 770-6592

Judith N. Barrett, MD
(No longer associated with Primary Care Associates in the LV, PC)
2421 Greenleaf Street
Allentown, PA 18104
(610) 437-1177
Status change to Affiliate

M. Carol Greenlee, MD
Health Center at Trexlertown
6900 Hamilton Blvd.
P.O. Box 60
Trexlertown, PA 18087-0060
(610) 402-0177
Fax: (610) 402-0132

Sophia C. Kladias, DMD
1245 S. Cedar Crest Blvd.
Suite 210
Allentown, PA 18103-6243
(610) 289-2416
Fax: (610) 289-2419

Practice Changes

Panebianco-Yip Heart Surgeons has been dissolved.
Changes include:

Antonio C. Panebianco, MD
Antonio C. Panebianco, Cardiac Surgeon, PC
1240 S. Cedar Crest Blvd.
Suite 308
Allentown, PA 18103-6218
(610) 402-1026
Fax: (610) 770-1530

David A. Gordon, MD
Farrokh S. Sadr, MD
Luke CK Yip, MD
Sadr and Gordon Heart and Lung Surgeons
451 Chew Street
Suite 409
Allentown, PA 18102-3485
(610) 770-3130
Fax: (610) 770-3452

Thomas L. Carter, Jr., MD
Thomas L. Carter, Jr., MD
2061 Fairview Avenue
Easton, PA 18042-3953
(610) 252-9727
Fax: (610) 252-9757

Fax Number Correction

Douglas F. Turtzo, MD
Fax: (610) 863-1995

THE CENTER FOR EDUCATIONAL DEVELOPMENT AND SUPPORT

September, 1999

Announcements:

Family Practice Residency and Lehigh Valley Hospice have teamed up to give residents a new elective.

The program goals are multifaceted. They include:

- 1) developing a repertoire of palliative skills to offer terminally ill patients;
- 2) developing language and communication skills to help people with the very difficult act of dying or letting a loved one die;
- 3) coming to grips with their own emotional issues with death, so they can be more available to the needs of their patients;
- 4) understanding the team approach to health care and appreciate the skills and services offered by the hospice program;
- 5) beginning to appreciate the intricate legal, ethical and cultural aspects of dying;

Each resident will spend time working with providers in the hospice program over a two month period. They will work with one nurse and her panel of patients. This is to develop a personal relationship as each person goes through the process of dying. Residents will participate in all levels of care from helping to communicate with the primary care physician to spending time with the home health aids and social workers. They will be involved with both the in patient and in home aspects of care.

In addition, careful attention will be paid to the important roles of grief and bereavement and time is set aside to work with the

chaplain and the bereavement group volunteers.

The first resident has started the program and has come back with rave reviews. The hospice staff is quite excited to help in the training of physicians around the work hospice does so well...helping people live in hope and die in peace.

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 - Cedar Crest & I-78

"The Otolaryngologic Clinics of North America" Subject: "Otitis Media: Surgical Principles Based on Pathogenesis"
June 1999 - Vol. 32, No. 3

"The Dartmouth Atlas of Health Care"
Call No. WA 900 AA1 D226

"Operative Anatomy"
Call No. WO 517 S42o 1993

Medical Staff Progress Notes**New Publications - 17th And Chew**

"Obstetrics and Gynecology Clinics of North America" Subject: "Controversies in Labor Management" June 1999 - Vol. 26, No. 2

"Manual of Emergency Medical Treatment for the Dental Team" Author: R.J. Braun, et al. Call No. WU 49 B825m 1998

"Reproductive Endocrinology: Physiology, Pathophysiology, and Clinical Management," 4th edition Author: S. Yen, et al. Call No. WQ 205 R4287 1998

New Publications - Muhlenberg Hospital Center

"Emergency Medical Clinics of North America" Subject: "Ethical Issues in Emergency Medicine" May, 1999-Vol 17, No. 2

"Cardiology for the Primary Care Physician," 2nd edition Author: J. Alpert Call No. WG 210 C2677 1998.

News from the Office of Educational Technology**MDCONSULT—FREE ACCESS NOW AVAILABLE !**

CEDS has arranged for LVH/MHC to receive MD Consult, a comprehensive on-line medical information service. MD Consult is a continuously updated tool designed to help you answer clinical questions and stay up-to-date in medicine - - efficiently. MD Consult is 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 Resources, and select Clinical, and then MDConsult. Each user will need to complete a one-time registration process 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.

Under our licensing agreement, MD Consult provides free access to LVHHN users only from the LVHHN network. That means that if you are trying to access MD Consult from home using your own Internet Service Provider (ISP), you will not be able to access MD Consult for free. If you have dial-up access to the LVH network from home, you can then log into MD Consult using your Web browser.

For comments or questions, please email Dean.Shaffer.

INTRANET

If you haven't explored the Intranet yet, why not try it out?

Start by selecting RESOURCES on the navigation toolbar at the top of your screen.. The Clinical section has links to:
Lippincott-Raven Publishers Primary Care On-line
MDConsult
Patient Care Services
Press Ganey Reports
CancerNet National Cancer Institute (NCI)
Health Sciences Library
Internet Grateful Med
PubMed - MEDLINE
Clinical Pathways
Clinical Guidelines
Micromedex and UpToDate will be available on-line soon!!

Also under RESOURCES, there is a world of medical information available in the Education and Training Section. Just click on Medical Resources! Here is a sample:

Finding Medical Information :

- Introduction to the Internet
- Literature Searching
- Specialized Medical Search Engines and Databases
- General Search Engines w/ Health and Medicine Sections
- On-line Journals

Medical Information Links:

- Featured Medical Sites
- Professional Associations
- Government Organizations
- Links Grouped by Specialty
- News Services
- Schools

Medical Reference:

- Textbooks and References
- Dictionaries and Encyclopedias
- Drug References
- Herbal Drug References
- General References

For comments or questions, please email Dean.Shaffer.

Computer-Based Training (CBT):

CBT has replaced 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 97, Windows NT 4, Word 97, Excel 97, PowerPoint 97, WordPerfect 8, Lotus 1-2-3 Millennium, PHAMIS Lastword Inquiry only, & E-mail GUI

At LVH, 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.

At MHC, CBT takes place in the computer training room in the main hospital, just off of the lobby. Sessions are available on:

- September 9 - 8:00 - 12:00
- September 23 - 12:00 - 4:00
- October 7 - 8:00 - 12:00

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

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

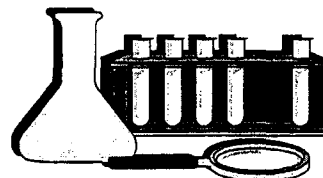
September

1999

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				9 am Emergency Medicine Grand Rounds- JDMCC-CR8 12 Noon Pulmonary Tumor Board - JDMCC - CR1 A/B	7am OBGYN Grand Rounds -17 Aud 12 Noon Breast Tumor Board - JDMCC- CR1 A/B	
5	Labor Day	6 7 am Surgical Grand Rounds - CC-Aud - 8am Pediatric Grand Rounds - 17-Aud 12 Noon Medical Grand Rounds CC-Aud	7 12 Noon Pulmonary Tumor Board - JDMCC - CR1 A/B	8 12 Noon Cancer Committee - JDMCC - CR1 A/B	9 7 am GYN Tumor Board/OBGYN Grand Rounds - 17 Aud 12 Noon Pediatric Noon Conf - 17 Aud 12 Noon Breast Tumor Board - JDMCC- CR1 A/B	11
12		13 7 am Surgical Grand Rounds - CC-Aud - 7am Ambulatory Clin Guideline Dev - SON 8am Pediatric Grand Rounds - 17-Aud 12 Noon Medical Grand Rounds CC-Aud	14 715pm Perinatal Grand Rounds - 17 Ctr for Women's Medicine	15 1130am Psychiatry Grand Rounds - MHC Banko Ctr 12 Noon Combined Tumor Board - JDMCC - CR1 A/B	16 7am OBGYN Grand Rounds -17 Aud 12 Noon Breast Tumor Board - JDMCC- CR1 A/B	18
19	12 Noon C/R Tumor Board - JDMCC - CR1 A/B	20 7 am Surgical Grand Rounds - CC-Aud - 8am Pediatric Grand Rounds - 17-Aud 12 Noon Medical Grand Rounds CC-Aud	21	22 12 Noon Combined Tumor Board - JDMCC - CR1 A/B	23 7 am GYN Tumor Board/OBGYN Grand Rounds - 17 Aud 12 Noon Pediatric Noon Conf - 17 Aud 12 Noon Breast Tumor Board - JDMCC- CR1 A/B	25
26		27 7 am Surgical Grand Rounds - CC-Aud - 8am Pediatric Grand Rounds - 17-Aud 12 Noon Urology Tumor Board - JDMCC - CR1 A/B 12 Noon Medical Grand Rounds CC-Aud	28	29 12 Noon Combined Tumor Board - JDMCC - CR1 A/B	30	



Health Network
LABORATORIES



Effective August 23, 1999, we will be updating our Cerebral Spinal Fluid (CSF) PROTEIN analysis methodology. With this change, we will be reporting the data without a "correction" factor as was previously the practice. A higher reference range will result.

	<u>Age</u>	<u>Reference Range</u>
Our new CSF Protein reference ranges will be:	neonate	30 - 170 mg/dL
	1 - 6 months	30 - 100 mg/dL
	> 6 months	12 - 60 mg/dL
Our previously used reference ranges were:	neonate	40 - 120 mg/dL
	14 days	20 - 80 mg/dL
	1 month	15 - 40 mg/dL
	10 years	15 - 50 mg/dL

Two major approaches to the analysis of protein in CSF exist. The more common utilizes the precipitation of protein with sulfosalicylic acid or other protein precipitating reagents. The second general method, which HNL employs, utilizes copper ion complexed to proteins and polypeptides. It is found that copper based methods are more sensitive to short chain peptides commonly found in CSF than are precipitant methods. Thus, the reference ranges for copper based CSF protein analyses tend to be higher than the ranges for precipitant methods.

If you have any questions, please call Norman Coffman, Ph.D., at 610-402-8219 or the HNL Customer Care Call Center at 610-402-8170.

Cedar Crest & I-78
P.O. Box 689
Allentown, PA 18105-1556

Non-Profit Org.
U.S. Postage
PAID
Allentown, PA
Permit No. 1922

Medical Staff Progress Notes

David M. Caccese, MD
President, Medical Staff
Edward M. Mullin, Jr., MD
President-elect, Medical Staff
Robert X. Murphy, Jr., MD
Past President, Medical Staff
John W. Hart
Vice President
Rita M. Mest
Director, Medical Staff Services

Janet M. Seifert
Physician Relations
Managing Editor

Medical Executive Committee

Linda K. Blose, MD
Karen A. Bretz, MD
David M. Caccese, MD
Luis Constantino, MD
Thomas D. DiBenedetto, MD
John P. Fitzgibbons, MD
Larry R. Glazerman, MD
Michael W. Kaufmann, MD
Mark A. Kender, MD
Stephen K. Klasko, MD
Robert Kricun, MD
Robert J. Laskowski, MD
Richard L. London, MD
Alphonse A. Maffeo, MD
John A. Mannisi, MD
John W. Margraf, MD
Eric J. Marsh, DMD
James L. McCullough, MD
William L. Miller, MD
Edward M. Mullin, Jr., MD
Brian P. Murphy, MD
Robert X. Murphy, Jr., MD
John D. Nuschke, MD
Michael D. Pasquale, MD
Harvey B. Passman, DO
Victor R. Risch, MD
Michael Scarlato, MD
John J. Shane, MD
Elliot I. Shoemaker, MD
Elliot J. Sussman, MD
Hugo N. Twaddle, MD
John D. VanBrakle, MD
Michael S. Weinstock, MD

Medical Staff Progress Notes is published monthly to inform the Medical Staff of Lehigh Valley Hospital 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 20th of each month. If you have any questions about the newsletter, please call Mrs. Seifert at (610) 402-8590.