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*From the
President*

"Trust men and they will be true to you; treat them greatly and they will show themselves great."
- Ralph Waldo Emerson

Colleagues:

I've had the opportunity to talk to a number of my counterparts at other hospitals about the interactions that they have with their hospital's administrative leadership. It is unusual for them to be able to spend nearly as much time as Bob Murphy, Ed Mullin, and I spend with our hospital's administration. As I've told you previously, we meet with Drs. Sussman, Laskowski, and Mr. Liebhaber every Friday morning for 90 minutes. Our input is actively solicited, and I believe that we have a real impact on decisions that the hospital administration makes. Are the recommendations we make **always** followed? No, but they are followed much of the time. We also have frequent access to members of the Board of Trustees of both LVH and LVHHN where our opinions and recommendations are sought and welcomed.

Recently, I attended a day and a half retreat with Drs. Sussman, Laskowski, Messrs. Liebhaber, Lyons, and Dunleavy to discuss issues important to Lehigh Valley Hospital and its medical staff. This was a great opportunity for me to relay to the hospital's administrative leadership my views about issues that are important to the medical staff. I believe that "Troika" has established an excellent working relationship with the hospital's administration, which allows us to be direct and outspoken in our representation of the medical staff. We also share freely our vision as to where we would like to see the LVH medical staff positioned in the future.

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PROGRESS NOTES
Medical Staff

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I believe that Ed, Bob, and I, as well as past members of "Troika," have come to understand the financial and operational issues that are so important to the hospital's administrative leadership and to the Boards of Trustees. We are better able to see things from "both sides." This has been a learning process for all of us over the past years, and because of this, we are better able to understand the position of the hospital's administration, while at the same time being able to represent important issues of the medical staff.

Recently, it has been suggested that my comments over the past nine months to the medical staff, as its President and previously as the Chairman of the Care Management Committee of the LVPHO, about "care management" issues have been directed to saving Lehigh Valley Hospital money, making the organization more profitable, and depriving patients of needed and appropriate care. Unless we have been living on another planet or in a cave in northern Idaho, it must be apparent to those involved in health care that there has been a major revolution in progress over the past 10 years involving the mechanisms and methods of health care reimbursement. In order for our hospital to survive and be able to provide the highest quality of care to our patients and our community, it must be financially viable. Indemnity insurance, Medicare, and HMO reimbursements have dramatically reduced the income which hospitals and physicians receive for the care of their patients. The congressional "Balanced Budget Act" has further reduced the level of Medicare reimbursement to hospitals. These changes have placed great stress on hospitals nationwide. A recent VHA study found that 70% of hospitals in Pennsylvania and New Jersey are operating at a financial deficit. Many hospitals have closed, reorganized, or been involved in mergers in efforts to maintain their financial viability. It has been estimated that 80% of the costs incurred by hospitalized patients are the result of orders that are written by physicians. I have tried to encourage my medical staff colleagues to continue to provide the highest level of care in the appropriate setting at the appropriate time and at the appropriate cost. A "positive bottom line" will allow the hospital to invest in new equipment, technology, and programs that will be needed by our patients and community in the future. Over the past five years, I have never suggested or implied that we should in any way reduce the quality of care or the level of service that we deliver to our patients and community. We all should be deservingly proud of the care we deliver to our patients.

Many of you have recently read or heard about the problems that are being experienced by the University of Pennsylvania Health System. In *The Philadelphia Inquirer* on October 22, 1999, it was announced that University of Pennsylvania Health System will be eliminating 1,700 employees over the next eight months. The first 975 reductions will occur by November 1,

1999. These 1,700 workers who will be losing their jobs are added to the 1,100 who lost their positions last May. These 2,800 workers represent 20% of the work force in the University of Pennsylvania Health System.

"Penn Health said operating losses totaled \$198 million for the fiscal year that ended June 30. Its finances have been deteriorating since 1996." "The main reasons for the losses are significant government cutbacks in Medicare reimbursement, reduced and delayed payments from insurers, and increasing numbers of uninsured and under-insured patients," said Dr. William N. Kelley, Penn Health chief executive, in announcing the job cuts. Kelley said other teaching hospitals were facing similar woes. But Temple spokesman Bob Villier said the Temple system had a much smaller loss, \$42.5 million, for the fiscal year that ended June 30, and has had no job reductions."

At Lehigh Valley Hospital, we are fortunate that we still have a small positive operating margin to support the growth of new programs and to provide capital dollars for investment in new technology. This is a tribute to the insight and commitment of our hospital's administrative leadership to the financial viability of this hospital, which is a major community resource. It is also a tribute to the members of the medical staff who have actively participated in efforts at cost cutting, increasing efficiency of the care which we deliver to our patients and to cutting "length of stay." Without a doubt, these reductions in length of stay result in a reduction in reimbursement and in increased work for physicians who care for our patients. It also increases the workload on the nursing and ancillary staffs.

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.

Great News! The above message may be having some effect. The Press-Ganey scores for physicians are up for September 1999.

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 a "surrogate," who can read and print out your email messages for you on a daily basis. If you or your staff need help in assigning a "surrogate," please call Information Services at (610) 402-8303.

The Medical Executive Committee is the most important medical staff committee. It meets monthly to review policies, act on credentialing matters, help to insure quality of care,

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represent the medical staff and act on its behalf, enforce the rules and regulations, provide oversight of committee and departmental affairs, and to hear disciplinary actions. Over the next few months, I hope to ask the Medical Executive Committee to become actively involved in reviewing and endorsing recommendations from the Therapeutics Committee and the Care Management Council. "At large" members of the Medical Executive Committee are elected to three-year terms by the medical staff as their representatives on this very important committee. Elected members of the committee represent the entire medical staff. As the representatives of their colleagues, they have a responsibility to participate in the meetings, be prepared to express their views and opinions, and to learn about the operation and functioning of the organization. I'm sure that the present members of the Medical Executive Committee take this responsibility seriously. At the monthly meetings, Drs. Sussman and Laskowski make detailed reports to the committee about the plans and operation of the hospital and health network.

My desire is for all of the members of the Medical Executive Committee to take an active part in both monthly and any special meetings so that they feel the time they spend at meetings is well-spent and productive. As part of this process, "Troika" is planning a retreat for members of the Medical Executive Committee during the winter of 2000. In addition, we will be having an orientation program for future new members of this committee.

By the time you read this, we will have bid farewell to Mary Kinneman whose resignation from Lehigh Valley Hospital was effective as of November 1. Mary served here as Vice President for Patient Care Services for many of the past 17 years. During her tenure, she devoted her time, tremendous effort, and energy toward making Lehigh Valley Hospital the best health care facility in the Lehigh Valley and beyond. We all need to be thankful and appreciative of Mary's efforts. I know we all wish Mary success in whatever new endeavors she undertakes. We'll miss you, Mary. Thank you for all you have done for Lehigh Valley Hospital and Muhlenberg Hospital Center!

As the holiday season approaches, I want to wish all of you a very Happy Thanksgiving. We all have a great deal for which to be thankful. At this time, I wish to thank all of my colleagues for their continued support and encouragement.



David M. Caccese, MD
President, Medical Staff

Senior Management Changes Focus on Customer Needs

A series of changes in senior management personnel and their responsibilities will organize hospital services to better meet customers' needs, according to Lou Liebhaber, Chief Operating Officer, LVHNN.

Terry A. Capuano has been named Senior Vice President, Clinical Services, succeeding Mary Kinneman, whose last day at LVHNN was November 1.

"My goal when I returned to Lehigh Valley Hospital seven years ago was to finish projects we started previously," Mrs. Kinneman said. "Our Professional Practice Model and our Friends of Nursing program now have the strong foundation necessary to move LVHNN into the 21st century. In addition, we successfully implemented work redesign based on our patient centered care philosophy with ongoing evaluation using sound research principles and tools. Patient care services continues to strive to improve customer service and the coordination of care processes."

Others in nursing administration have been named to new roles. Mary Agnes Fox will have special project responsibility for the movement of services from 17th & Chew to Cedar Crest & I-78, and will report directly to Mr. Liebhaber. Kate Quinn O'Hara will have special project responsibility for the move of 17th & Chew services to the Muhlenberg campus, and will also report directly to Mr. Liebhaber.

Mrs. Capuano's responsibilities in her new role will include patient care units and services, the transitional skilled unit (TSU), pharmacy, respiratory therapy, patient representatives, professional development, speech and hearing, physical therapy and occupational therapy. She has named the following to interim leadership appointments in nursing administration:

- Anne Panik, MHC;
- Molly Sebastian, medical/surgical and trauma units;
- Cindy Heidt will remain as nursing administrator for inpatient services, with additional responsibilities for obstetrics/gynecology, pediatrics and NICU units.

Mark Holtz, Vice President for Operations, currently with responsibility for central scheduling and the Diagnostic Care Center, will have additional responsibilities for patient access services, including admitting, registration and the transfer center. Perioperative services, the operating rooms, sterile processing and the PACUs at all sites will also report to Mr. Holtz, and a director of perioperative services will be hired. Jody Porter will remain as administrator in the Department of Surgery.

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Additional changes include the transfer of responsibility for the clinics and medical records to James Burke, Vice President for Operations; biomedical engineering to William Mosser, Administrator for Materials Management; and nursing research to Mark Young, MD, Chair, Community Health and Health Studies.

With Mrs. Capuano's promotion, the following organizational changes will occur at Muhlenberg Hospital Center, according to Stuart Paxton, Senior Vice President for Operations:

- As interim administrator of clinical services, Anne Panik will oversee medical/surgical, critical care, emergency department, psychiatric services, volunteers and transport services. She will be the liaison for pharmacy, laboratory and food services.
- Ruth Davis will retain her current duties at MHC in care management, performance, operations improvement and risk management liaison. In addition, she will become the liaison at MHC for materials management, finance and information systems.
- Mike Mueller will continue in his role as network-wide administrator for rehabilitation services, including Health Works and related business development activities in cardiology and orthopedics. He will also have management responsibilities at MHC for the wound care and vascular centers.
- Mark Holtz will oversee imaging, perioperative services and all patient access services.

"The transition in patient care services gave us the opportunity to consider how to capitalize on the talents of our staff," Mr. Liebhaber said, "and continue to align functions so we can better meet our customers' needs." All changes are effective November 1.

"The scope of Mary's influence has been deep and broad, and the innovations she has introduced into the care of our patients have had a lasting impact," said Elliot J. Sussman, MD, President and CEO. "Of greatest significance has been the creation and implementation of patient centered care throughout our network, probably the most revolutionary development in nursing care ever, and a key to our future success. Our appreciation for Mary's many contributions cannot be overstated."

Mrs. Capuano has been with LVHHN since 1982, except for a one-year position as vice president for operations at Cabot Marsh Corp. in Bethlehem. She returned to LVHHN last April to serve as vice president of operations at MHC. Her previous positions at LVHHN include vice president for patient care services, 1997-1998; administrator for cardiovascular services and care management systems, 1995-1998; patient care

administrator for cardiovascular/psychiatry services, 1989-1995; director of the cardiac division, 1986-1989; and director of patient education, 1982-1985.

"My priority is to provide the highest quality care in a collegial, therapeutic environment, which respects the needs of patients, physicians and staff," Mrs. Capuano said. "I look forward to building on the successes Mary has accomplished, with a continuing focus on patient centered care."

Influenza Vaccination

INFLUENZA can be prevented with a safe, effective vaccine. The trivalent influenza vaccine prepared for the 1999/2000 season will include A/Beijing/262/95-like (H1N1), A/Sydney/5/97-like (H3N2), and the B/Yamanashi/166/98 strain.

INFLUENZA VACCINE is strongly recommended for persons at high risk for complications of influenza as well as healthcare workers (physicians, nurses, personnel in hospital, outpatient and long term care facilities) and household members (including children) in close contact with persons in high risk categories.

High Risk Persons

- All persons 65 years of age or older (represent >90% of all flu deaths)
- Persons >6 months of age with chronic illness
 - Pulmonary
 - Cardiovascular
 - Metabolic disease (including diabetes mellitus)
 - Renal dysfunction
 - Hemoglobinopathies
 - Immunosuppression (including immunosuppression caused by medications)
- Residents of long term care facilities
- Persons 6 months to 18 years receiving chronic aspirin therapy (due to risk of developing Reye Syndrome after influenza)
- Women who will be in the second or third trimester of pregnancy during the influenza season

The National Immunization Program (NIP) has a wealth of information available to aid the clinician and their staff in patient education. Vaccine Safety sheets for a number of vaccines are currently available, some of which are appropriate for public distribution while others are more technical and targeted specifically to the clinician. Materials can be ordered by phone, fax or the Internet.

CDC National Immunization Information Hotline:

1-800-232-2522

Website: www.cdc.gov/nip

E-mail: nipinfo@cdc.gov

1999/2000 Flu Season

The Microbiology/Virology department is beginning its Respiratory Virus Surveillance Program for the 1999/2000 flu season. The value of the surveillance program is to alert physicians which viruses are circulating within the community. The goal is to ensure appropriate immunization of your patients and to activate preventive measures to protect those for whom respiratory viral infections may be life threatening.

This year's vaccine will consist of an A/Beijing/262/95-like (H1N1), A/Sydney/5/97-like (H3N2), and the B/Yamanashi/166/98 strain.

Health Network Laboratories will supply specimen collection kits consisting of a tube of viral transport media, 2 Dacron tipped applicators, case history form, and clinical laboratory requisition form.

Once the specimen is received in the laboratory, it will be tested for Influenza A, using a Rapid Influenza A Screen, test code RFLU. Positive results will be phoned. If the Rapid Influenza A Screen is negative, the specimen will automatically be set up for an Influenza A/B Culture Screen, test code INFL. If the physician does not want the culture backup, please notify the lab by writing "DO NOT CULTURE" on the requisition slip. If ordering in PHAMIS, place "DO NOT CULTURE" in the Special Request field (SREQ). Final reports will be issued as soon as the isolate is identified or when the specimen is determined to be negative. (Five days for Influenza Screen.)

Physician offices wishing to have collection kits on hand should contact the Customer Care Call Center at (610) 402-8170.

Stroke Clinical Pathway Implemented at MHC

On Monday, October 4, a multidisciplinary clinical pathway for stroke patients was implemented at Muhlenberg Hospital Center. The goals of this pathway include Neuro Rehab Team consult on admission, stratifying the plan of care based on patient's condition, and reducing length of stay.

The Neuro Rehab Team, which includes physical therapy, occupational therapy, speech, clinical nutrition, clinical resource management, patient care services, and pastoral care, will be mobilized from the Emergency Department.

Preprinted orders will be available for use when the patient is admitted. Physician champions for this pathway include Brian A. Nester, DO, Associate Vice Chair (MHC), Department of Emergency Medicine; Prasad R. Ancha, MD, Division of Neurology; Pradip K. Toshniwal, MD, Division of Neurology;

and Gavin C. Barr, MD, Vice President, Medical Director (MHC).

All patients presenting with symptoms of a stroke will be cared for utilizing the stroke clinical pathway.

If you have any questions regarding this issue, please contact Dr. Nester at (610) 861-2521 or Michael Mueller, Administrator, Rehab Services/HealthWorks, at (610) 861-2247.

Medical Staff Services Relocates

On October 25, both offices of Medical Staff Services relocated to a new suite located on the first floor of the Jandl Family Pavilion, adjacent to the Medical Staff Lounge. All department and individual telephone numbers remain the same.

Listed below are members of the staff along with phone numbers:

Medical Staff Services, Administration - (610) 402-8980; Fax (610) 402-8938

- John W. Hart, Vice President - (610) 402-8980
- David M. Caccese, MD, President, Medical Staff - (610) 402-8630
- Beth Martin, Executive Secretary - (610) 402-8980
- Janet M. Seifert, Physician Relations Representative - (610) 402-8590

Medical Staff Services, Credentialing - (610) 402-8900; Fax (610) 402-8926

- Rita M. Mest, Director, Medical Staff Services - (610) 402-8975
- Karen L. Fox, Credentialing Coordinator - (610) 402-8957
- Kathy Schaeffer, Credentialing Coordinator - (610) 402-7846

Also, a second entrance and a new, larger coatroom have been added to the Medical Staff Lounge on the first floor at Cedar Crest & I-78.

New MedEvac Helicopter to Arrive in December

To prove how "time flies," it's been more than 18 years since Lehigh Valley Hospital and Health Network's (LVHNN) University MedEvac helicopter first took to the skies to serve our region. And we all know how technology has changed over those years.

To remain on the cutting edge of trauma care technology, LVHNN will soon begin flying a faster helicopter that can also respond in bad weather. University MedEvac director Harold Spatz said he hopes to have the Sikorsky S-76 ready to replace the current BK117 by mid-December.

"The S-76 is 25 percent, or about 35 mph, faster than the current aircraft," Mr. Spatz said. "The additional speed of the new helicopter will provide the enhanced capability to respond to more incidents." For example, a 23 mile flight from Muhlenberg Hospital Center (MHC), where University MedEvac is based, to Monroe County, which now takes 12 minutes, would take just 9 minutes in the S-76 helicopter.

The S-76 has nearly 20 percent more cabin and equipment space, and operates under Instrument Flight Rules (IFR) to allow instrument flying in poor weather which is not possible with the current BK117 aircraft. The new helicopter's range also means it can fly long missions or repetitive missions without refueling.

The S-76 operates at virtually the same cost per mile as the BK117. LVHNN will lease the new aircraft from Keystone Helicopters of West Chester, Pa.

More About the Good Shepherd Specialty Hospital

How is the programming in the Good Shepherd Specialty Hospital (Long Term Acute Care Hospital - LTACH) different from traditional acute care?

Each patient will receive care from a program specific interdisciplinary team of nursing, therapy and physician specialists. Under the direction of the three program medical directors (pulmonary, medically complex, and rehabilitation), additional care providers will be assigned to each patient depending on need. These care providers include respiratory therapists, care managers, physical, occupational, speech and recreation therapists, and psychologists. Pastoral and education services will be available to all patients and their families. The team will meet formally each week to discuss each patient's progress.

Will patients with special needs be managed on the unit?

A six-bed high observation unit (two isolation rooms) for patients requiring cardiac monitors and highly trained nurses will be available for those patients in need of these services. Dialysis will be provided on the unit. Comprehensive respiratory therapy and nursing services will be provided for ventilator patients. In addition to the six fully monitored beds, the remaining 26 beds will have capability of continuous pulse oximetry and pulse wave form.

When and how do I get privileges to practice in the Good Shepherd Specialty Hospital (GSSH)?

All Lehigh Valley Hospital physicians are welcome to join the medical staff in order to provide continuity of care from the hospital into the LTACH. Every effort will be made to make the process and cost minimal. Since the GSSH is a different hospital entity from Lehigh Valley Hospital and Good Shepherd Rehabilitation Hospital, privileges to practice will be required. Applications will be available in the GSSH Administrative Office on the first floor of the hospital, in the space previously occupied by Pre-Admission Testing, beginning November 1. A grace period exempting physicians from the application fee of \$150 will be extended to those physicians submitting completed applications by December 1.

Is the project on target with its deadlines?

Yes, six beds of the GSSH will be ready to receive patients on 6C by mid-January. In mid-June, 2000, the remaining 26 beds will be available.

Who is available to answer my questions about the Good Shepherd Specialty Hospital?

- Stephen C. Matchett, MD, Medical Director - (610) 439-8856 or pager (610) 920-7225
- Jane Dorval, MD - (610) 776-3340 or pager (610) 830-2793
- Joseph Pitingolo, GSSH Administrator - (610) 402-8559 or pager (610) 830-4389
- Linda Dean, GSSH Administrative Consultant - (610) 402-8963 or pager (610) 830-3110
- Nancy Hardick, Medical Staff Affairs - (610) 402-8962

MHC Medical Staff Treasury

Questions have been raised regarding the Muhlenberg Hospital Center (MHC) Medical Staff Treasury. This account continues to be restricted and is kept separate for purposes as decided and approved by the Medical Advisory Committee. This committee is composed of the four MHC Medical Executive Committee representatives and the MHC Vice Chairpersons.

Breast Health Services Program Director Captures Spirit of Women Award

For many women, learning that they have breast cancer is devastating and causes a great deal of anxiety. Having someone to talk to can many times help these women cope and get through this very stressful time. For many of these women, Elisabeth Ladd has been there to offer hope, encouragement, and strength. And for that – and many of her other contributions – she has earned the 1999 Spirit of Women health care provider award.

Mrs. Ladd, director of Breast Health Services, will be honored at the Spirit of Women 1999 Conference on November 9 along with two community winners. She will also be recognized as the national Spirit of Women event in February 2000 and could be chosen as a national winner.

Mrs. Ladd was a driving force behind Support of Survivors, a help-line that connects newly diagnosed women with survivors. She also educates women about breast cancer awareness and early detection and led the Breast Cancer Prevention Trial at Lehigh Valley Hospital to earn a national award. She was also president of Case Guadalupe's board, helping to establish the Vida Nueva Clinic.

According to Gregory R. Harper, MD, PhD, Physician-in-Chief of Cancer Services and Director, Breast Health Services, "Elisabeth Ladd's dedication and devotion are truly an inspiration."

In response, Mrs. Ladd said, "It's a privilege to care for cancer patients. I learn and grow from them."

New IVF Laboratory Set to Open

A new In Vitro Fertilization and Andrology laboratory will open in January at the Muhlenberg Hospital Center. The project, under the direction of Albert Peters, DO, Chief, Section of Reproductive Endocrinology, and Kathryn Worilow, PhD, Scientific Director, IVF Laboratory, will be up to full capacity by early 2000.

The lab will be unique to the Lehigh Valley and will be among few of such a high caliber nationwide. Its unique air handling system will support major advances in patient care.

Ultimately for patients it will lead to:

- An extended culture of human embryos outside of the uterus
- An increased clinical pregnancy rate
- An increase in the number of normal, live births
- A decrease in the number of embryos cryopreserved

- A decrease in multiple gestation rate associated with infertility treatment and, therefore, improved neonatal and obstetrical outcomes

The laboratory will consist of a prep room and an IVF (clean) room. Each area will receive carbon-filtered, ultraviolet bacteriocidal-treated and Ulpa-filtered air with increased air velocities at critical points of process. An extensive filtration system will provide ambient air with both a final negligible particulate and volatile organic compound count. The final air product will meet Class 100 Clean Room specifications. The necessity of the exceptional air quality and independent air handling system is dictated by the progressive development of Advanced Reproductive Technology (ART).

One such advancement is the return of a more mature human embryo, or blastocyst, to the woman's uterus. The blastocyst must be supported and maintained outside the female reproductive tract for five to six days instead of the typical two to three days in standard IVF. In order to have the embryo outside the uterus for extended times, an enhanced culture environment must be present, including laboratory and incubator ambient air and supporting media. A suboptimal laboratory or culture environment will compromise the production of a viable blastocyst and, therefore, successful conception. The return of more mature embryos to the patient means that fewer embryos will be transferred to the woman, thereby reducing the likelihood of multiple births.

MD Consult

The Center for Educational Development and Support has arranged for Lehigh Valley Hospital and Muhlenberg Hospital Center physicians and staff to access 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 through a link from the LVH intranet. (Select "Clinical" from the Resources dropdown menu.) If you have dial-up access to the LVH network, you can dial into the hospital and then launch your Web browser to access MD Consult.

If you have any questions regarding MD Consult, please contact Dean Shaffer at (610) 402-0055 or Ina Ashford at (610) 402-1425.



A Call for Patients with Chronic Conditions

Lehigh Valley Hospital and Health Network is implementing a new educational program for persons with chronic conditions such as arthritis, asthma, back pain, congestive heart failure, diabetes, fibromyalgia, hypertension, lupus, kidney failure, migraine headache, and stroke. The program focuses on the development of self-management skills and increased self-efficacy. Research on the program from Stanford has demonstrated improved health outcomes as well as decreased hospitalization for participants who have completed the program.

The program is six weeks long, two and one-half hours per week. Patients are invited to participate in the program only with a referral from a physician. Patients who meet the following criteria are eligible to participate in the program:

- At least one chronic health condition
- At least three encounters which required an Emergency Department visit and/or admission to the hospital
- Reliable transportation
- Adequate mental function (no dementia)

To refer a patient or for more information about the program, please contact Wendy Robb, RN, MSN, CCRN, Chronic Disease Coordinator, at (610) 402-5015.

Home Care Coordinator Program

Results of previous surveys have indicated that patients were concerned about the lack of information flow between the hospital and home concerning the home care component. In response to this issue and to increase the information flow to the nurses in the field, the Home Care Coordinator Program has been instituted. The program provides for a nurse to work with the case manager on the floor.

The program works in the following manner: When a patient selects Lehigh Valley Home Care for his or her home care needs, a coordinator meets with the patient on the floor and present him/her with the admitting information. This material provides the patient with the information they need to know about the home care program and gives them the opportunity to sign many of the documents that would otherwise be presented on the first visit to the patient's home when the patient is overwhelmed. The presentation of the information at this early stage allows the patient to understand what to expect from home care and to sign up for it.

After this step, vital information about the patient is gathered and insurance information is processed. The home care coordinator then continues to check on the readiness of the patient for home. Meanwhile, a nurse with the appropriate

credentials to care for the patient has been assigned to the case. Thus, when the patient is ready for home care services, there is no delay. Instead, the flow into the home setting is smooth and the care begins. This process is designed to provide a high quality continuum for the transition of patients into the home setting.

Please be assured, however, that a patient's choice of home care provider will always be respected.

For more information regarding Lehigh Valley Home Care, please contact Carol Schaffer, Vice President, at (610) 402-9108.

Coding Tip of the Month

Pathological Fractures vs. Traumatic Fractures

Pathological fractures occur in bone weakened by disease. They can be spontaneous or occur in connection with slight trauma that ordinarily would not result in fracture in a healthy bone. Please specify if compression fractures are pathological or traumatic, especially in a patient with osteoporosis, Paget's disease or bony metastasis.

Blood Donor Program

Several times during the year, Miller Memorial Blood Center brings a bloodmobile to our hospital sites to provide over 8,000 employees, volunteers, and medical staff members an opportunity to donate blood. On the average, only about 40 donors sign up for each of these blood drives.

Over 300 traditional bloodmobiles and self-contained coach bloodmobiles provide more than 25% of our community's blood supply each year. However, each week, the Blood Center needs to schedule over 1,200 donor appointments in order to supply the 1,800 blood components used weekly by patients in area hospitals. Lehigh Valley Hospital and Health Network is the largest user of blood in the Lehigh Valley.

If you are able, please consider donating blood during an upcoming hospital blood drive. A few of the upcoming dates and locations of upcoming bloodmobiles include:

- Monday, December 13, 1999, Cedar Crest & I-78
- Thursday, December 16, 1999, Muhlenberg Hospital Center
- Wednesday, February 9, 2000, 17th & Chew

For more information or to register for one of the blood drives, please contact Betty Anton, Director of Volunteer Services, at (610) 402-8898.

News from Information Services

- Don't let Y2K bring you down! The software that provides computer access to PHAMIS Lastword, e-mail, and other network applications from physicians' home, laptop, and office computers is not completely Y2K compliant. However, Information Services is able to update the software that will continue to allow you to connect to the hospital (LVHNET) next year. The new software requires Windows 95 or 98 or NT as a minimum operating system on your PC. The actual time required to do the upgrade is less than 30 minutes.

What will you get with this update? LVHNET will look somewhat different but give you access to the same systems (PHAMIS, e-mail, etc.) and some others that were not accessible previously, such as IMNET and the Intranet.

To arrange for your systems to be upgraded, please call Bev Peters in Information Services at (610) 402-1453.

- The I/S Customer Service Department is continually striving to improve service. On September 27, a change was made to the automated attendant when calling (610) 402-8303. Physicians and their office staff should select Option #1 (Clin 1 Team) unless the question/issue is IDX related.

For your information, following is a sample of the Customer Service Initiative Information Card with a list of the new selections.

I/S

Customer Service Initiative Information Card

To reach your Team for assistance, dial the help line at **(610) 402-8303** and you will be given the following options:

- Press 1 for the Clin1 Team
- Press 2 for IDX and related systems
- Press 3 for the Clin2 Team
- Press 4 for the Admin Team
- Press 5 Office Automation Issues
- Press 6 for the Vteam
- Press 7 for any Problems not covered

Congratulations!

Paul K. Gross, MD, Department of Psychiatry, has satisfied the requirements of the American Board of Psychiatry and Neurology and has become certified as a Diplomate in the subspecialty of Forensic Psychiatry.

Thomas D. Meade, MD, Division of Orthopedic Surgery, Section of Ortho Trauma, was recently notified by the American Board of Orthopaedic Surgery that he passed the 1999 Recertification Exam which was administered in July.

Francis A. Salerno, MD, Chief, Division of Geriatrics, has been awarded the "1999 Louis Braille Individual Award" at an award ceremony held Wednesday, October 13, at the St. Regis Hotel in Philadelphia. Since 1959, Associated Services for the Blind (ASB) has given this award to honor outstanding individuals and organizations who have made a significant contribution on behalf of those who are blind or visually impaired and have overcome great odds to make a very special contribution to the community. Their courage furnishes an inspiration to others living with a visual disability.

James C. Shaheen, MD, Department of Anesthesiology, was recently informed that he has been awarded certification by the American Board of Anesthesiology.

Papers, Publications and Presentations

Bala B. Carver, MD, Medical Director, Transfusion Medicine & HLA Lab, and **Marjorie Williams**, Supervisor, HLA Lab, recently attended the Annual Meeting of the American Society of Histocompatibility and Immunogenetics which was held in New Orleans, La. A poster that was developed by the HLA Lab staff – **Comparison of Elisa and Extended Complement CDC - AHG** – was presented at the meeting.

Mark A. Gittleman, MD, Division of General Surgery, was an invited speaker at the annual meeting of the American College of Surgeons, held October 10 to 14, in San Francisco, Calif. At the meeting, Dr. Gittleman gave a lecture on "Observation or Intervention for Breast Abnormalities," at the post-graduate course "Image Guided Breast Biopsy." Dr. Gittleman also served on the faculty for the hands-on training in Breast Ultrasound.

In addition, Dr. Gittleman presented a seminar on "Stereotactic Breast Biopsy" on October 2, at the Advanced Radiology Women's Center in East Stroudsburg, Pa.

(Continued on Page 10)

(Continued from Page 9)

Houshang G. Hamadani, MD, Department of Psychiatry, presented "Managed Care and the Doctor-Patient Relationship: Social and Cultural Issues" at the Annual Meeting of the Society for the Study of Psychiatry and Culture held in Charleston, SC, in mid-October.

John W. Hart, MEd, MSA, Vice President, Medical Staff Services, presented "A Tale of Two Medical Staff Mergers" at the VHA - 1999 Physician Leaders Forum held October 14 to 17, in Dallas, Texas.

John D. Harwick, MD, Chief, Division of Otolaryngology-Head & Neck Surgery, co-authored a poster presentation -- "Hypopharyngeal Desmoid Tumors" -- displayed at the annual meeting of the American Academy of Otolaryngology, held in New Orleans, La., September 26 to 29.

Indru T. Khubchandani, MD, Division of Colon and Rectal Surgery, was invited to author a book chapter, "Closed Hemorrhoidectomy," in *Surgical Treatment of Hemorrhoids*, to be published by Springer-Verlag, London Limited Publishers. The editor, from St. Marks Hospital in London, England, is compiling a series of various techniques for hemorrhoidectomy across the world. Dr. Khubchandani was selected to represent the North American prevalent technique.

John G. Pearce, MD, Chief, Section of Mammography, spoke on "Breast Imaging in the New Millennium" at a regional meeting held at Bakersfield Memorial Hospital in California in October.

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, and via teleconference in the First Floor Conference Room of Muhlenberg Hospital Center.

Topics to be discussed in November will include:

- November 2 - Gastroesophageal Reflux Disease - Evaluation and Management
- November 9 - The Brain in Eclampsia
- November 16 - The Use of ACE Inhibitors, Angiotensin II Blockers and Calcium Channel Blockers in Hypertension Complicating Chronic Renal Failure and Cardiovascular Disorders

- November 23 - Dispelling the Myths of the AHCPR Guidelines: Why Physical Examination is Important in the Diagnosis and Treatment of Low Back Pain
- November 30 - Sexual Harassment: Issues and Answers

For more information, please contact Diane Biernacki in the Department of Medicine at (610) 402-5200.

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 November include:

- November 12 - Common Orthopedic Problems and Treatment
- November 19 - Car Seat Restraints

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

Department of Psychiatry

"Sleep Disorder in Mental Illness" will be presented on Thursday, November 18, from 11:30 a.m. to 12:30 p.m., in the Banko Family Community Center on the Muhlenberg Hospital Center campus.

Objectives of the program include:

- Review major physiology of sleep
- Review manifest of sleep disorder in mental illness
- Review sleep effects of psychotropic drugs
- Review management of sleep disorders

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

GLVIPA General Membership Meetings for 2000

Please add the following GLVIPA General Membership meetings to your calendar:

- Tuesday, March 21, 2000
- Monday, June 26, 2000
- Tuesday, September 26, 2000
- Monday, December 18, 2000

All meetings are held at 6 p.m., in the Lehigh Valley Hospital Auditorium at Cedar Crest & I-78.

Reminder: The GLVIPA Annual Membership meeting is scheduled for Monday, January 24, 2000, at 6 p.m., in the Auditorium at Cedar Crest & I-78.

Who's New

Medical Staff

Appointments

Darren G. Brenner, DMD

Amwell Dental Associates
601 Route 206, Unit 30
Belle Mead, NJ 08502
(908) 359-0666 ♦ Fax: (908) 281-7735
Department of Dentistry
Division of General Dentistry
Site of Privileges - LVH & MHC
Provisional Active

Carlos L. Colon, MD

Jay E. Kloin, MD, PC
431 Chestnut Street
Emmaus, PA 18049-3460
(610) 965-6041 ♦ Fax: (610) 966-4801
Department of Medicine
Division of General Internal Medicine
Site of Privileges - LVH & MHC
Provisional Active

Deanna S. Dudenbostel, DMD

Loc Bresler's Cavity Busters
10125 Verree Road
Philadelphia, PA 19116-3611
(215) 677-0380 ♦ Fax: (215) 969-0215
Department of Dentistry
Division of Pediatric Dentistry
Site of Privileges - MHC
Provisional Active

Glenn T. Elliott, DO

Kutztown Primary Care Associates
333 Normal Avenue, Suite 201
Kutztown, PA 19530-1640
(610) 683-8363 ♦ Fax: (610) 683-3532
Department of Family Practice
Site of Privileges - LVH & MHC
Provisional Active

Glenn M. Forman, MD

Orthopaedic Associates of Bethlehem, Inc.
2597 Schoenersville Road, Suite 101
Bethlehem, PA 18017-7309
(610) 691-0973 ♦ Fax: (610) 691-7882
Department of Medicine
Division of Physical Medicine & Rehabilitation
Site of Privileges - MHC
Provisional Active

Kristin S. Friel, MD

College Heights OBGYN Associates, PC
1245 S. Cedar Crest Blvd., Suite 201
Allentown, PA 18103-6267
(610) 437-1931 ♦ Fax: (610) 433-8791
Department of Obstetrics & Gynecology
Division of Primary Obstetrics & Gynecology
Site of Privileges - LVH & MHC
Provisional Active

Timothy J. Friel, MD

Allentown Infectious Diseases Service
1210 S. Cedar Crest Blvd., Suite 2700
Allentown, PA 18103-7991
(610) 402-8430 ♦ Fax: (610) 402-1676
Department of Medicine
Division of Infectious Diseases
Site of Privileges - LVH & MHC
Provisional Active

Debra M. Fullan, DO

Allentown Anesthesia Associates Inc.
1245 S. Cedar Crest Blvd., Suite 301
Allentown, PA 18103-6243
(610) 402-9082 ♦ Fax: (610) 402-9029
Department of Anesthesiology
Site of Privileges - LVH & MHC
Provisional Active

Harsh Gandhi, MD

Northeast Medical Oncology
1740 E. Broad Street
Hazleton, PA 18201-5622
(570) 459-2901
Department of Medicine
Division of Hematology/Medical Oncology
Site of Privileges - LVH & MHC
Provisional Affiliate

Jeffrey D. Gould, MD

Bethlehem Neurological Associates, PC
826 Delaware Avenue
Bethlehem, PA 18015-1190
(610) 882-0284 ♦ Fax: (610) 882-0218
Department of Medicine
Division of Neurology
Site of Privileges - LVH & MHC
Provisional Active

Kevin W. Kramer, DO

LVPG-Emergency Medicine
Lehigh Valley Hospital
Cedar Crest & I-78
P.O. Box 689
Allentown, PA 18105-1556
(610) 402-8130 ♦ Fax: (610) 402-9698
Department of Emergency Medicine
Division of Emergency Medicine
Site of Privileges - LVH & MHC
Provisional Active

Peter A. Symington, MD
Peters, Caccese, Scott & DuGan
Allentown Medical Center
401 N. 17th Street
Suite 201
Allentown, PA 18104-5085
(610) 432-6862 ♦ Fax: (610) 432-9705
Department of Medicine
Division of General Internal Medicine
Site of Privileges - LVH & MHC
Provisional Active

Status Changes

Manassi Antonis, DDS
Department of Dentistry
Division of General Dentistry
From Associate to Provisional Active
Site of Privileges - LVH & MHC

Mark Fabey, DMD
Department of Dentistry
Division of General Dentistry
From Associate to Provisional Active
Site of Privileges - LVH & MHC

Richard V. Hartzell, DDS
Department of Dentistry
Division of General Dentistry
From Associate to Provisional Active
Site of Privileges - LVH & MHC

Thong P. Le, MD
Department of Medicine
Division of Infectious Diseases
From Provisional Associate to Provisional Active
Site of Privileges - MHC

George M. Nassoor, DPM
Department of Surgery
Division of Orthopedic Surgery
Section of Foot and Ankle Surgery
From Affiliate to Associate
Site of Privileges - MHC

Alan M. Parker, DMD
Department of Dentistry
Division of General Dentistry
From Associate to Provisional Active
Site of Privileges - LVH & MHC

Michael A. Renaldo, DDS
Department of Surgery
Division of Oral and Maxillofacial Surgery
From Affiliate to Provisional Active
Site of Privileges - MHC

Mohammad N. Saqib, MD
Department of Medicine
Division of General Internal Medicine
From Provisional Limited Duty to Provisional Active
Site of Privileges - LVH & MHC

Charles D. Saunders, MD
Department of Surgery
Division of Urology
From Associate to Affiliate
Site of Privileges - LVH & MHC

Eugene J. Sheedy, DDS
Department of Dentistry
Division of General Dentistry
From Associate to Provisional Active
Site of Privileges - LVH & MHC

Appointments to Medical Staff Leadership Positions

John E. Castaldo, MD
Department of Medicine
Division of Neurology
Position: Co-Medical Director, 6B (with Drs. Stephen Shore and Mark Lester)

Mark D. Cipolle, MD, PhD
Department of Surgery
Division of Trauma-Surgical Critical Care/General Surgery
Position: Chief, Division of Trauma

Dominic Lu, DDS
Department of Dentistry
Division of General Dentistry/Special Care
Position: Director, Medical and Dental Externship Education,
Department of Dentistry

Address Changes

Victor M. Aviles, MD
Oncology Specialists of Lehigh Valley
Muhlenberg Hospital Center
2545 Schoenersville Road
Third Floor - Cancer Administration Suite
Bethlehem, PA 18017-7384
(610) 317-5733 ♦ Fax: (610) 317-5735

Robert A. Barnes, DO
East Penn Medical Practice, Inc.
723 Chestnut Street
Emmaus, PA 18049-2017
(610) 967-4830

Michele A. Bernardich, DMD
1245 S. Cedar Crest Blvd.
Suite 208
Allentown, PA 18103-6243

Anjam N. Bhatti, MD

Health Center at Trexlertown
 100 Hamilton Blvd., P.O. Box 60
 Trexlertown, PA 18087-0060
 (610) 402-0114 ♦ Fax: (610) 402-0102

Endocrine Associates of the Lehigh Valley, PC

Benjamin J. Quintana, MD
 Marc A. Vengrove, DO
 5230 William Penn Highway
 Easton, PA 18045-2966
 (610) 253-9622 ♦ Fax: (610) 253-9772

LVPG-Medicine

John E. Brndjar, DO
 Jenni Levy, MD
 Michael J. Pistoria, DO
 Lehigh Valley Hospital
 17th & Chew
 P.O. Box 7017, Suite 102
 Allentown, PA 18105-7017
 (610) 402-3390 ♦ Fax: (610) 402-3393

Francis A. Salerno, MD

LVPG-Internal/Geriatric Medicine
 Lehigh Valley Hospital
 17th & Chew
 P.O. Box 7017, Suite 102
 Allentown, PA 18105-7017
 (610) 402-3390 ♦ Fax: (610) 402-3393

Practice Changes

Kishorkumar Nar, MD (Now in solo practice)
 3735 Nazareth Road
 Easton, PA 18045-8338

Michael G. Nekoranik, DO (Now in solo practice)
 224-228 Roseberry Street, Suite 6
 Phillipsburg, NJ 08865
 (908) 213-3433 ♦ Fax: (908) 213-3647

Susan K. Pedott, DMD (Now in solo practice)
 The Courtney Professional Building
 3894 Courtney Street, Suite 105
 Bethlehem, PA 18017-8900
 (610) 317-2400 ♦ Fax: (610) 317-8600

New Fax Number

Weldon E. Chafe, MD
 Fax: (610) 402-0647

Resignations

Jerhat M. Azizlerli, MD
 Department of Medicine
 Division of Nephrology

Michele J. Ferguson, DMD

Department of Dentistry
 Division of General Dentistry

Charles R. Hughes, MD

Department of Surgery
 Division of Colon and Rectal Surgery

Chong S. Lee, MD

Department of Obstetrics and Gynecology
 Division of Gynecology
 Section of Reproductive Endocrinology & Infertility

Rebekah M. Oyler, MD

Department of Medicine
 Division of Dermatology

Caren C. Ruht, DMD

Department of Dentistry
 Division of General Dentistry

Jennifer E. Trottman, MD

Department of Medicine
 Division of Hematology/Medical Oncology

Allied Health Professionals**Appointments****Deborah W. Busch, CRNP**

Physician Extender, Professional - CRNP
 (ABC Family Pediatricians - Scott M. Brenner, MD)
 Site of Privileges - LVH & MHC

Marie R. Kosalko, RN

Physician Extender, Professional - RN
 (Lehigh Valley Cardiology Assoc - Anthony M. Urbano, MD)
 Site of Privileges - LVH & MHC

Carol A. Manspeaker, CNM

Physician Extender, Professional - CNM
 (The Midwives & Associates, Inc. - M. Bruce Viechnicki, MD)
 Site of Privileges - LVH & MHC

Stephen J. Mould, PA-C

Physician Extender, Physician Assistant - PA-C
 (Orthopaedic Associates of Allentown - James C. Weis, MD)
 Site of Privileges - LVH & MHC

Mary Kay Wegman, CRNP

Physician Extender, Professional - CRNP
 (The Heart Care Group, PC - Joseph L. Neri, DO)
 Site of Privileges - LVH & MHC

Resignation**Mary A. Halada, CRNA**

Physician Extender
 Professional - CRNA
 (Allentown Anesthesia Associates Inc.)

Albumin Guidelines

The Therapeutics Committee, along with the Department of Surgery and Department of Medicine, have been reviewing guidelines published by UHC, to serve as consensus guidelines for use at LVH. During Fiscal Year '99 the Pharmacy Department purchased \$466,824 of Albumin. It has been agreed that the UHC Albumin guidelines be used to determine appropriateness of use at LVH.

The following guidelines have been approved for use at LVH:

I. INDICATIONS

1. Hemorrhagic Shock

Crystalloids should be considered the initial resuscitation fluid of choice. Nonprotein colloids may be considered over crystalloids in the following cases:

- Cases when crystalloids (4 liters) have failed to produce a response within 2 hours.
- If nonprotein colloids are contraindicated in these cases, albumin 5% may be used.

Crystalloid and colloid solutions should not be considered substitutes for blood or blood components when oxygen-carrying capacity is reduced and/or when replenishment of clotting factors or platelets are required.

Patients who experience symptoms of shock while undergoing hemodialysis are included in this guideline. These guidelines apply to neonates, however nonprotein colloids must be individually dosed based on weight or

body surface area.

2. Nonhemorrhagic (Maldistributive) Shock

Crystalloids should be considered first line therapy of nonhemorrhagic shock. The use of colloids in the treatment of sepsis has not been shown to be more effective in clinical trials. In the presence of capillary leak with pulmonary and/or severe peripheral edema the administration of up to 4 liters of crystalloids before using colloids. If crystalloids are producing significant problems due to edema, colloids may be used. If nonprotein colloids are contraindicated, albumin may be given. Nonprotein colloids and albumin should be used with caution in patients with systemic sepsis.

3. Hepatic Resection

The use of crystalloid solutions should be used at first-line therapy. If no effect with crystalloids, and anemia and/or coagulopathy are present, then packed red blood cells and fresh frozen plasma should be considered before albumin. The use of albumin to maintain effective circulation volume following major hepatic resection (> 40%) is appropriate. The use of albumin is indicated when clinically important edema develops secondary to crystalloid administration.

4. Thermal Injury

Fluid resuscitation should be initiated with crystalloid solutions. If crystalloid resuscitation > 4 liters, 18-26 hours post-burn and burns

covering greater than 30% of the patient's body surface area, nonprotein colloids may be added. If nonprotein colloids are contraindicated, albumin may be used, however using albumin in these patients may be harmful.

5. Cerebral Ischemia

Crystalloid administration should be the first choice of treatment in maintaining cerebral perfusion pressure for treatment of vasospasm associated with subarachnoid hemorrhage, cerebral ischemia, or head trauma. Patients with elevated hematocrits should receive crystalloids first to replenish intravascular volume. Mannitol should be used to reduce intracranial hypertension. If cerebral edema is a concern, albumin should be used in concentrated form (25%) as a colloid to maintain the cerebral perfusion pressure (CPP). If the hematocrit is < 30 , use PRBC's to increase the intravascular volume and maintain the CPP. If volume alone is ineffective, vasopressors may be needed.

6. Nutritional Intervention

Albumin should not be used as a supplemental source of protein calories in patients requiring nutritional intervention. Patients with enteral feeding intolerance may benefit from the administration of nonprotein colloids if all of the following conditions are met:

- 1) Serum albumin $< 2.0\text{gm/dL}$
- 2) Functioning gastrointestinal tract
- 3) Failed short-chain peptide formulas

7. Cardiac Surgery

Crystalloids should be the fluid of choice as the priming solution for cardiopulmonary bypass pumps. The use of nonprotein colloids in addition to crystalloids may be preferable in cases in which it is extremely important to avoid pulmonary shunting. In the case of postoperative volume expansion, crystalloids should be considered first line, followed by nonprotein colloids (i.e. hetastarch and dextran), and finally albumin.

8. Hyperbilirubinemia of the Newborn

Albumin should not be administered in conjunction with phototherapy. Albumin may be a useful adjuvant to exchange transfusions when administered concurrently with the transfusion of blood. Albumin should not be used prior to exchange transfusion. Crystalloids and nonprotein colloids do not have binding properties and should not be considered as alternatives to albumin.

9. Cirrhosis and Paracentesis

Diet modification (2gm sodium restriction/day) in conjunction with diuretic therapy should be first line therapy in cirrhotic patients with ascites. When these fail or are not tolerated and large volume paracentesis (> 5 liters) is needed, the use of albumin (25%: 6-8gm/L removed) or nonprotein colloids should be considered the solution of choice. Crystalloids should be considered as adjunctive therapy in cirrhotic patients when less than 3 liters are removed and repletion of intravascular volume is of concern. The use of albumin alone in the treatment of ascites without large volume paracentesis or in patients

with non-cirrhotic post-sinusoidal portal hypertension should be avoided.

10. Nephrotic Syndrome

Diuretic therapy alone is treatment of choice. If diuretic therapy fails, then short-term use of albumin and nonprotein colloids in conjunction with diuretic therapy is appropriate for patients with acute severe peripheral or pulmonary edema that failed diuretic therapy.

11. Organ Transplantation

The effectiveness of albumin and nonprotein colloids administration during and after renal transplantation surgery has not been conclusively demonstrated. Volume expanders such as: blood products, nonprotein colloids, and albumin may be required intraoperatively for liver transplants due to excessive blood loss. Albumin and nonprotein colloids may be useful for postoperative liver transplant patients in the control of ascites and pulmonary and severe peripheral edema. Albumin may be used if the following conditions are met:

- 1) Serum albumin < 2.5gm/dL
- 2) PCWP < 12 mmHg
- 3) Hematocrit > 30%

12. Plasmapheresis

The use of albumin in conjunction with large volume plasma exchange (>20ml/kg in one session, or >20ml/kg/week in repeated sessions) is appropriate. Nonprotein colloids and crystalloids may be substituted for some of the albumin in therapeutic plasmapheresis procedures and should be considered as cost-effective exchange mediums.

13. Indications Considered Appropriate Based on the Evidence and Results of the Consensus Exercise

- 1) Erythrocyte Sedimenting Agent
 - a. Granulocytapheresis (nonprotein colloids): As a sedimenting solution for the collection of granulocytes and for acute cytoreduction in leukemia with symptomatic hyperleukocytosis.
 - b. Stem cell separation for major ABO incompatible BMT (nonprotein colloids).
- 2) Cryopreservation
 - a. Cryopreservation solutions for solid organ transplant (albumin or non-protein colloids).
 - b. Stem cell cryopreservation (nonprotein colloids): As part of preservation solutions for frozen storage of hematopoietic stem cells.
- 3) Pretreatment of Dacron Aortic Grafts (albumin): used to make grafts impervious to blood prior to surgery and to decrease bacterial adherence.
- 4) Acute normovolemic hemodilution (non-protein colloids).

14. Indications Considered Inappropriate Based on the Results of the Consensus Exercise

- 1) Hypoalbuminemia
- 2) Impending hepatorenal syndrome
- 3) Increasing drug efficacy
- 4) Acute pancreatitis
- 5) Chronic pancreatitis

- 6) Volume expansion in neonates, unless expansion with 10ml/kg of crystalloids have been unsuccessful
- 7) Acute normovolemic hemodilution in surgery
- 8) Intradialytic blood pressure support

Current acquisition costs for Albumin are as follows:

| | |
|-------------------|----------|
| Albumin 25% 50ml | \$ 55.08 |
| Albumin 25% 100ml | \$110.16 |
| Albumin 5% 250ml | \$ 55.08 |
| Albumin 5% 500ml | \$110.16 |

If you have any questions, please contact Fred J.Pane, R.Ph., Director of Pharmacy at Ext. 8881 or Michael Pasquale, M.D., Chief, Division of Trauma at Ext. 1350.

THERAPEUTICS AT A GLANCE

The following actions were taken at the September 1999 Therapeutics Committee Meeting -Clinical Pharmacy Services - Joseph Ottinger, R.Ph., MS, MBA, Christopher Moore, R.Ph., James Sianis, Pharm.D.

Urokinase Alternatives

Urokinase has been found to be contaminated with various strains of rheovirus and mycoplasma. In addition, the FDA has discovered information regarding the inadequacy of the screening and testing of the mothers of donors and the deceased newborn donors of the human kidney cells. Until product safety can be fully assured, the FDA will not allow the release of any further lots of this agent.

As the availability of urokinase (Abbokinase, Abbott Labs) appears to be no closer to resolution, alternatives for use in catheter clearance and peripheral arterial occlusions were presented to the Therapeutics Committee. The input of Drs. James Jaffe and James Newcomb were instrumental in the development of the recommendations.

The two agents deemed most appropriate for use in either clinical situation are tPA (Alteplase, Activase) and rPA (reteplase, Retavase). The recommendations are based on limited trial data, case reports, and the experiences of Drs. Jaffe and Newcomb.

For tPA:

Central catheter clearance doses- 2mg instilled for 20 minutes into the catheter. Dialysis catheter clearance- doses starting at 10mg have been found to be effective; suggested maximum instillation dose over time is 50mg.

PAO-0.05 mg/kg/hr for 12 hours OR 2mg/hr for upwards of 24 hours, both

regimens should be administered via intra-arterial catheter.

For rPA:

Central catheter clearance doses- 0.5-1 unit instilled for 15 minutes into the catheter. Dialysis catheter clearance- doses of 5-10 units have been found to be effective via a pulse-spray crossed catheter technique. Infusions of 0.5-1 unit per hour over 3-4 hours have also been trialed. PAO- 0.5-1 unit/hr via intra-arterial catheter for upwards of 24 hours.

Individual patient situations may require modifications in dosage and duration of therapy. The Clinical Pharmacy staff will assist you, if you should have any questions in this area.

Hold That Dose!

The sub-committee on "hold dose" parameters has formalized default heart rate and systolic blood pressure demarcations for patients being administered ACE inhibitors/blockers, alpha blockers, beta blockers, calcium channel blockers, and digitalis glycosides. The intent of the policy is to provide guidance to nursing personnel when prescribing directions DO NOT INDICATE a selected minimum assessment point related to heart rate and/or blood pressure. It should be emphasized that written prescribed 'hold parameters' will supersede the proposed default recommendations.

A heart rate less than or equal to 55 BPM and/or a systolic blood pressure less than

90 mm of mercury were determined to be acceptable for the aforementioned group of agents. A November 1st implementation date is planned.

Formulary Change

Norfloxacin (Noroxin), has been removed from the Drug Formulary. All future orders for this agent will be automatically substituted with levofloxacin dosed at 500mg per day. Patients with compromised renal function will need to receive dosing adjustments based on estimated creatinine clearance.

Heparin Protocol Clarification

Recent changes to the 'old' cardiac catheter lab heparin protocol, which were meant to address heparin treatment post glycoprotein 2b/3a use (peri-PTCA intervention), have led to some confusion.

For the present, the 'old' non-weight-based cardiac cath lab protocol will remain under its current nom de plume (Cardiac Cath Lab Heparin protocol). Its targeted therapeutic range is identical to the modified Raschke weight-based approach favored in the treatment of DVT/PE. However, its non-weight-based scheme is intended to provide a more gradual achievement of the targeted therapeutic range, whereas the 'modified Raschke' weight-based heparin plan will generally get patients to the 'therapeutic' level fairly quickly. This is of obvious critical importance where patients are already "hyper-coagulable".

The new weight-based regimen will be referred to as the post 2b/3a heparin protocol. Its aPTT target range is slightly lower than the other two formalized dosing algorithms based on relevant clinical data and the ACCP consensus recommendations published in the November 1998 Chest supplement.

A pre-printed physician order for the modified Raschke protocol is available on all nursing units. . The cardiac cath lab and post 2b/3a heparin protocols are only available via the hospital's computer system.

The titles of the Heparin Protocol are:

1. DVT/PE Weight Based Heparin Protocol
2. Cardiac Cath Lab Heparin Protocol
3. Post 2b/3a Protocol

THE CENTER FOR EDUCATIONAL DEVELOPMENT AND SUPPORT

November, 1999

Symposia:

11/3/99 Angry Students in the Schools: An Interactive Conference will be held from 7:45 - 12noon at MHC, Banko Center, Rooms 1 & 2. Topics covered will be: The Evolution of Mental Health Needs in the Lehigh Valley, Recognizing and Managing Personal Reactions to Students, Identification and Management of Angry Students, Peer abuse, and Related Psychiatric and Behavioral Issues. To register, please contact 610-402-CARE.

11/4/99 Orthopaedics Through The Ages Symposium will be held from 7:30 - 3:45 at LVH-CC Auditorium. Topics covered will be: Treatment of Adult vs. Pediatric Fractures, Adolescent Sports Injuries, Shoulder Therapies: What's New, Non-Operative Management vs. Total Knee Replacement, Home Care Issues for the Orthopaedic Patient, Hot Joints: Some of Them are Infected, Cognitive Impairment in the Orthopaedic Patient: A Research Project. To register, please contact Donna Stout at 610-402-1700.

11/11/99 Disease Management: Empowerment Through Education will be held from 8-4:30 at LVH-CC Auditorium. Topics covered will be: Overview of Disease Management, Managed Care as it Relates to Disease Management, More Than Disease Management for Frail Older Adults, After the Diagnosis When the Prescription is Learning, Physician Leadership in Disease Management, Diagnoses and Treatment Strategies in the Chronic Medically Ill, Measurement Tools in Patient Education, Asthma Disease Management: A Partnership of Care, CHF Disease Management: How to Build an Operation Model, Staged Diabetes Management: Disease Management That Works,

News from the Library

OVID/PubMed TRAINING.

To schedule a one-on-one OVID (MEDLINE) training session, call Barbara Iobst in the Health Sciences Library at 610-402-8408 between 8:30am-5:00pm, weekdays. Barbara can also instruct you in the use of PubMed, a free Web-based service offered by the National Library of Medicine.

New Publications-Cedar Crest & I-78

"Cardiac Emergencies: A Pocket Guide" Author: J. Nolan, et al. Call No. WG 39 N788ca 1998

"State Medical Licensure Requirements and Statistics, 1999-2000" Publisher: American Medical Association Call No. W 1 A512s 1999

New Publications - 17th And Chew

"Breastfeeding: A Guide for the Medical Profession," 5th edition Author: R. Lawrence Call No. WS 125 L4222b 1999

"Synopsis of Gynecologic Oncology," 5th edition Author: C.P. Morrow, et al. Call No. WP 145 M883s 1998

"Obstetrics and Gynecology Clinics of North America" Subject: "Emergent Care" Volume 26, No. 3, September 1999

"Clinics in Perinatology" Subject: "Resuscitation of the Fetus and Newborn" Volume 26, No. 3, September 1999.

New Publications - MHC

"The Dental Clinics of North America" Subject: "Treatment of Patients with Medical Conditions and Complications" Volume 43, No. 3, 1999

MICROMEDEX NOW AVAILABLE AT THE LVHHN INTRANET SITE,
<http://www/lvh.com>

MICROMEDEX is a drug information database. LVHHN subscribes to the following components: DRUGDEX, POISINDEX, IDENTIDEX, EMERGINDEX, and REPRORISK. The "Use a Tool" option includes a way to identify adverse drug interactions (DRUG-REAX) and a convenient way to calculate dosages. In the past, individuals were issued an icon labeled "MICROMEDEX" as the way to access this database. The icon is no longer necessary and will eventually disappear. Instructions for accessing the INTRANET version are as follows:

Click on the word *Departments* on the navigator bar at the top of the LVHHN home page

Select "clinical" from the list of departments

Click on MICROMEDEX.

The first screen provides a way to search several of the components simultaneously, i.e., an integrated approach. To search a specific database, click on the phrase "search by database," and on the following screen, click on a box to specify a particular database.

News from the Office of Educational Technology

MD CONSULT

The Center for Educational Development and Support has arranged for LVH/MHC physicians and staff to access MD Consult, a comprehensive online medical information service. MD Consult is a continuously up-dated tool designed to help you answer clinical questions and stay up-to-date

in medicine - efficiently. MD Consult is available through a link from our Intranet. (Select "Clinical" from the Resources drop-down menu.)

On Wednesday, November 3, Anne DuPont-McNallen from MD Consult will be here to explain and show the features of MD Consult.

- A general information session will be held in the Meyer Cohan Learning Resource Center (in the Health Sciences Library, CC site) from 10 to 11AM.
- Information and hands-on demonstrations will be available in the Anderson Wing lobby from 11 to 1PM.
- At MHC, Anne will be available from 2 to 3PM at the I/S Training Room (just off the main lobby).

Mark your calendar to attend one of these informative sessions.

[Please remember that it is necessary to access MD Consult through our Intranet. Our institutional license requires access from the LVH Internet domain. If you have dial-up access to the LVH network, you can dial into the hospital and then launch your Web browser to access MD Consult.]

For comments or questions, please email Dean.Shaffer or Ina Ashford.

MD Consult Features

Reference Books

37 renowned medical texts online give you just the right 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

Don't settle for abstracts. Retrieve the 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. Our search engine can even find articles so recent that they 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 acclaimed patient education handouts. Then print the handout, complete with your own 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 the 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. The doctor's lounge just got a lot bigger.

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 all the 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. We canvass the popular press each week to let you

know what patients are hearing about medicine, then provide you with full-text, peer-reviewed material on each topic to help you prepare.

In This Week's Journals

Keep up with all the major weekly journals. The key contents of the big five journals are presented each week in an easy-to-scan format, including concise article summaries which help you quickly stay abreast.

Clinical Topic Tours

A new tour each week lets you explore current thought 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):

Computer Based Training (CBT) programs are available for LVHHN staff. Topics covered by the CBT programs include: Access 2.0, PowerPoint 4.0, Windows NT 4, Word 97, Excel 97, Access 97, PowerPoint 97, Lotus 1-2-3 Millennium, WordPerfect 8, PHAMIS LastWord Inquiry Only commands, and E-mail GUI (check with your I/S analyst to see if you have the GUI e-mail)

When I/S upgrades your PCs from Windows 3.11 to Windows NT, your office automation software will also be upgraded. Prepare for this upgrade by attending CBT sessions. Any questions about the NT upgrade should be directed to your I/S analyst.

CBT at LVH-CC takes place in Suite 401 of the Cancer Center (the computer training room).

The schedule for LVH-CC is:

11/02 - 12 pm - 4 pm

11/09 - 8 am - 12 pm
 11/16 -12 pm - 4 pm
 11/23 - 8 am - 12 pm
 11/30 - 12 pm - 4 pm
 12/07 - 8 am - 12 pm
 12/14 - 12 pm - 4 pm

CBT at MHC takes place in the computer training room (in the main hospital building just off the lobby). The schedule for MHC is:

11/11 -12 pm - 4 pm
 11/18 - 8 am -12 pm
 12/02 - 8 am -12 pm
 12/16 -12 pm - 4 pm

At each site, twelve slots are available for each session.

To register, please contact Bonnie Schoeneberger via email or at 402-1210 telling her which session you want to attend. Include a second choice in case your first is already filled. You will receive an e-mail confirming your choice within two business days.

We will be adding more CBT programs to our curriculum. We will announce any additions via e-mail. If you have any questions, please contact Craig Koller at 402-1427 or e-mail.

ANNOUNCEMENTS

The Dorothy Rider Pool Health Care Trust, awarded 14 new grants totaling \$3.8 MM in September. The Trust provided financial support to a variety of health improvement initiatives: Central Elementary School Pediatric Health Center-\$50,000; Communities in Schools Adolescent Health Initiative-\$247,150; Integrated Palliative Care Program-\$300,000; HIV and Managed Care Policy Implications-\$100,000; Healthy Communities Initiative-\$100,000; Medicine in the Community: Learning to Serve & Innovate-\$2,400,000; Creating Excellence Through Advocacy in Health Care-\$50,000; Healthcare Forum's Creating Healthier Communities-Lehigh Valley Fellowship Tam-\$60,000; Diabetes Education and Case

Management in the Primary Care Setting-\$100,000.

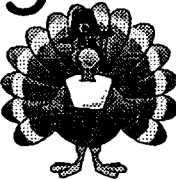
One of the major decisions by the Pool Trustees reaffirmed their commitment to the education of health professionals by awarding a \$2.4MM grant to the Center for Educational Development and Support (CEDS) for "Medicine in the Community: Learning to Serve and Innovate". Since its inception in 1976, the Trust has dedicated a considerable amount of its resources to educational efforts at LVH. The current grant will support education and training of nurses, physicians, allied health professionals, medical residents and medical and nursing students. In addition, it will provide educational outreach to the community including health career awareness and development among high school and college students and educational resources and programs for patients and community members.

Recognizing that health professionals increasingly require a sound understanding of the multiple factors that influence health status, including socioeconomic, educational and geographic factors, and a population-based approach to patient management, this grant will provide training for innovative health services with a community focus. "By taking on the challenge of preparing health professionals to be of service to the community, LVH has assumed a tremendous leadership role in the provision of accountable measurable improvement of the health of citizens we serve," said Edward F. Meehan, executive director of the Dorothy Rider Pool Health Care Trust. "The Trustees are delighted to be of assistance in this major transformational work"

For more information about the Pool Health Care Trust and its funding commitments please contact Courtney Brown, Program Officer at 610-770-9346 or via e-mail at drpool@ptd.net.

Any questions, concerns or comments on articles from CEDS, please contact Bonnie Schoeneberger 610-402-1210

November 1999

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|-----------|---|--|--|---|---|-----------|
| | 1 12 Noon C/R Tumor Board - JDMCC - CR1 A/B | 2 7 am Surgical Grand Rounds - CC-Aud 8am Pediatric Grand Rounds - 17-Aud 12 Noon Medical Grand Rounds CC-Aud | 3 10am CEDS Presents - CC - LRC 2pm CEDS Presents MHC - I/S Training Room 7:45am Angry Students in the Schools - MHC - Banko Ctr R1/2 | 4 7:30am Orthopaedics Through the Ages - CC-Aud 9am Emergency Medicine Grand Rounds - JDMCC - CR8 12 Noon Combined Tumor | 5 7 am GYN Tumor Board/OBGYN Grand Rounds - 17 Aud 12 Noon Breast Tumor Board - JDMCC- CR1 | 6 |
| 7 | 8 | 9 7 am Surgical Grand Rounds - CC-Aud 7am Ambulatory Clinical Guideline dev - SON 715 am Perinatal Grand Rounds- 17 Ctr for Women 8am Pediatric Grand Rounds - 17-Aud 12 Noon Medical Grand Rounds CC-Aud | 10 12 Noon Pulmonary Tumor Board - JDMCC - CR1 A/B | 11 8am Disease Management: Empowerment Through Education CC-Aud | 12 7 am OBGYN Grand Rounds - 17 Aud 12 Noon Pediatric Noon Conf - 17 Aud 12 Noon Breast Tumor Board - JDMCC- CR1 | 13 |
| 14 | 15 12 Noon C/R Tumor Board - JDMCC - CR1 A/B | 16 7 am Surgical Grand Rounds - CC-Aud 8am Pediatric Grand Rounds - 17-Aud 12 Noon Medical Grand Rounds CC-Aud | 17 | 18 12 Noon Combined Tumor Board - JDMCC - CR1 A/B 12 Noon Psychiatry Grand Rounds -17 Aud | 19 7 am OBGYN Grand Rounds - 17 Aud 12 Noon Breast Tumor Board - JDMCC- CR1 | 20 |
| 21 | 22 | 23 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 - CR1 A/B | 24 | 25  | 26 7am OBGYN Grand Rounds -17 Aud 12 Noon Pediatric Noon Conf - 17 Aud | 27 |
| 28 | 29 | 30 7 am Surgical Grand Rounds - CC-Aud - 8am Pediatric Grand Rounds - 17-Aud 12 Noon Medical Grand Rounds CC-Aud | | | | |

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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.