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*From the President*

*"The man who makes no mistakes does not usually make anything."*

- Theodore Roosevelt

Colleagues:

Thanksgiving is over and December, along with its many holiday celebrations, has arrived. The millennium and "Y2K" are just around the corner. Harry Lukens and his staff at Information Services have assured us that Lehigh Valley Hospital is well prepared for January 1, 2000.

The Medical Staff Bylaws require that a written admission note be placed on all patients' charts at the time of admission. This should be a short summary of the admitting diagnosis, the plan of treatment, plans for post-hospital discharge, and a brief note recounting the patient's medical history and pertinent findings from the physical examination. It has been brought to my attention that a number of patients who are admitted for elective procedures have not had such notes placed on their charts at the time of admission. Apparently, these patients have had full "history & physical exam" notes dictated, but the required written note has not been completed. Until the transcribed history & physical has been returned to the patient's chart, it is very difficult for the nursing staff and consultants to provide adequate care for these patients, without any information on the chart as to the patient's history and reason for hospitalization. The lack of a written admission note on a patient's hospital chart represents a "quality of care" issue, which will be reviewed by the Quality Assurance process of the admitting physician's clinical

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**PROGRESS NOTES**  
**Medical Staff**

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department. Continued failure to provide a written admission note will be considered to be in violation of the Medical Staff Bylaws and will be dealt with in the manner provided by those bylaws.

I know that many of my surgical colleagues have been and continue to be very concerned about the functioning of the operating rooms at Lehigh Valley Hospital (LVH), Cedar Crest & I-78. As many of you know, the control and supervision of the operating rooms has recently undergone a change. This change was prompted by concerns expressed by many surgeons and operating room staff. The administrative leadership of the hospital is acutely aware of the problems in the operating rooms and is committed to correcting them. A new operating room director has been hired and will be commencing his duties in early December. This director will report to the Vice President of Operations, who directly reports to our Chief Operating Officer. This reporting structure represents a significant change that has been prompted by the concerns expressed by the operating room staff. Troika has been very forceful in taking these concerns to the highest levels of leadership at the hospital. We have been assured that the efficient functioning of our operating rooms is one of the highest priorities of our hospital's administration. Obviously, it will take some time until the desired improvements are seen. I am asking for your patience and cooperation while these changes are underway. We will continue to make the smooth and efficient functioning of the operating rooms one of Troika's major concerns.

A high level committee, chaired by Dr. Mark Lester with membership including Drs. Robert Murphy and Doug Trostle, has been meeting to address the issues identified by our surgical and nursing colleagues. This committee will continue to meet regularly so that appropriate input from the medical and nursing staffs can be directed to the operating room director and his staff.

Last month, I discussed with you some of the changes that are occurring at the Hospital of the University of Pennsylvania. I've subsequently learned other information that I feel is important and speaks to the effectiveness of the efforts of our medical staff and the hospital's administrative leadership team in helping to control costs at LVH. According to the **Council of Teaching Hospitals and Health Systems**<sup>1</sup>, the Hospital of the University of Pennsylvania has about the same number of beds as LVH and its patients have approximately the same severity of illness as our patients. Their cost/case is almost twice as high as that at LVH. Their "outcomes" are no better than ours. Additionally, their charges/case for a patient admitted to their Trauma Service is approximately \$45,000 compared to \$21,000 at LVH, again with similar outcomes. The above information may explain why the recent well-

publicized changes are occurring in Philadelphia. I have also learned that another problem with the Philadelphia health care market is the significant delay in insurance/HMO reimbursements to these hospitals. Higher costs added to delays in reimbursement for services rendered amounts to significant deficits in the "bottom line". We at LVH still need to work very hard to reduce costs, limit unnecessary testing, shorten length-of-stay for our patients, and learn how to deliver the most "clinically effective" care, but we should be very proud of the progress we have made in the past five years.

I've mentioned before that I would like the Medical Executive Committee to become more actively involved in issues and policies relating to "care management." I envision various hospital medical staff committees making recommendations to the Medical Executive Committee regarding policies relative to treatment, diagnostic testing, protocols, pathways, guidelines, and drug/therapeutics usage. These recommendations may be stimulated by discussions at the Care Management Council and the reorganized Care Management Committee. The Medical Executive Committee would review these policies and after discussion would endorse them, thus making them policies of the LVH/MHC Medical staff.

An example of such a policy would be a recommendation from the Department of Surgery and the Therapeutics Committee regarding the use of albumin in the hospital. Albumin usage has been shown to be excessive at LVH, in spite of having limited therapeutic applications. The Therapeutics Committee has recommended that the use of albumin be limited to selected conditions and situations. This recommendation should be presented to the Medical Executive Committee for review, discussion, comment, and endorsement. This would then become medical staff policy. Albumin usage could then be tracked and monitored. The departmental Quality Assurance Committees could then address inappropriate albumin usage with physicians who were shown to use it outside the guidelines.

I'd like to welcome back to LVH Ms. Terry Capuano as Senior-Vice President, Clinical Services. Many of us know and respect Terry from her previous service at LVH. She is very talented and brings a great deal of administrative experience to this position. I know that Terry is anxious to meet with members of the medical staff to obtain their input regarding the care that is provided to our hospitalized patients.

I would encourage members of the medical staff to take some time each month to read **CheckUp**, the hospital's publication for employees (or access it on the Intranet at <http://www.lvh.com>). **CheckUp** contains a wealth of relevant information about the hospital, its financial situation, new developments relating to policies, personnel, and facilities.

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think members of the medical staff will find **CheckUp** to be a supplement to the monthly reports in **Medical Staff Progress Notes**.

**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.

I'd like to remind all interested members of the medical staff that you are invited to attend the upcoming annual public meeting of the LVHNN Board of Trustees on December 1, 1999 at 5 p.m., in the Lehigh Valley Hospital auditorium at Cedar Crest & I-78.

**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. If you or your staff need help in assigning a "surrogate," please call Information Services at (610) 402-8303.

I have it on good authority that there will be an adequate supply of very good domestic champagne available to celebrate the holidays and ring in the New Year! In conclusion, I would like to wish all of you a very happy, safe holiday season and a prosperous and Happy New Year!



David M. Caccese, MD  
President, Medical Staff

<sup>1</sup>Association of American Medical Colleges, Council of Teaching Hospitals and Health Systems. Survey of Hospitals' Financial and General Operating Data, 1997. Mid-Atlantic Region. Prepared by: C.A. Forman, et.al.

**At-Large Member Needed for Medical Executive Committee**

Due to the resignation of Marc Granson, MD, from the Medical Executive Committee, the Medical Advisory Committee submitted to the Nominating Committee the name of Domenico Falcone, MD, as a Muhlenberg Hospital Center representative on the Medical Executive Committee. The election will be held at the General Medical Staff meeting on Monday, December 13, 1999. As stipulated in the Medical Staff Bylaws, nominations will be taken from the floor.

**MHC Cancer Services Fully Operational**

Lehigh Valley Hospital and Health Network is pleased to announce that the new LVHNN Cancer Services at Muhlenberg Hospital Center (MHC) has become fully operational as of November 1. This beautiful new facility, located on the first floor of MHC's Kolb Ambulatory Center, has been providing oncology services since August 1999. With the recent addition and successful state inspection of the linear accelerator, the final phase of adding radiation therapy, including consultation and treatment, is complete. Patients can now receive the full scope of cancer services on the MHC Campus.

Services offered in the outpatient infusion and treatment areas include:

- Radiation Therapy
- Chemotherapy
- Blood products
- Bone Marrow biopsy/aspiration
- IV Infusions
- Therapeutic Phlebotomy

The department is also approved for clinical trials and has tumor registry and social work services on site. Any additional services necessary can be obtained through the John and Dorothy Morgan Cancer Center at Lehigh Valley Hospital.

For additional information, to tour the new facility, or to schedule an appointment, please call Tina Smith or Leslie Shambo at (610) 317-5810.

**For Your Calendar**

- A meeting of the General Medical Staff will be held on Monday, December 13, beginning at 6 p.m., in the Lehigh Valley Hospital 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., scheduled for Monday, December 20, at 6 p.m., in the hospital's Auditorium at Cedar Crest & I-78, has been CANCELLED.
- The Greater Lehigh Valley Independent Practice Association, Inc. Annual Membership meeting is scheduled for Monday, January 24, at 6 p.m., in the hospital's Auditorium at Cedar Crest & I-78.



## Open House

You are cordially invited to attend  
an Open House  
in the new Medical Staff Services Suite  
located on the first floor of the  
Jaindl Family Pavilion  
(adjacent to the Medical Staff Lounge)  
on Friday, December 10, 1999  
from 7:30 to 10:30 a.m.

Refreshments will be served.



## News from the Health Information Management Department

### Document Imaging/Electronic Signature

The electronic medical record via images at Lehigh Valley Hospital (LVH) has been progressing very well. The database includes Emergency Department records from January 1998 to present, and inpatient, observation and ambulatory records from October 1998 to present.

Following rollout of NT and C-Net 3 (single user sign-on) on December 20, physician training will begin for historical record access and electronic signature. The system is very user friendly with training lasting approximately 15 minutes. Training will be individualized as physicians come to the Health Information Management (HIM) department to complete records. Once trained, physicians will be able to electronically access records from patient care areas within LVH or within the HIM department. Electronic signature/chart completion will be implemented in mid-January 2000 with electronic signature being the only mode of chart completion. Document imaging will be implemented at Muhlenberg Hospital Center beginning in February 2000.

At the December 13 General Medical Staff Meeting, the HIM department will demonstrate document imaging and its benefits to physicians. Representatives from the HIM department will be available following the meeting for individual demos.

## Decedent Affairs

Effective December 6, Jay Gilbert Services has been retained to coordinate all of the events that occur after the death of a patient at Lehigh Valley Hospital. The service will assure that death certificates are completed within 96 hours and regulatory guidelines are followed for autopsy and coroner cases.

Because of illegible handwriting on most of the death certificates, a major change in the death certificate completion process will be implemented. **Physicians will now be asked to sign two (2) death certificates.** The first death certificate should be completed using the current practice. The physician should then sign the second death certificate, and the information from the first death certificate will be typed on the second to provide a legible copy to be filed with the state.

The Office of Decedent Affairs will be located in the Health Information Management department at Lehigh Valley Hospital, Cedar Crest & I-78. Questions may be referred to this service by calling (610) 402-8399.

## Coding Tip of the Month

### Stroke (DRG 14) vs. Transient Ischemic Attack (DRG 15)

The key difference between these two DRGs is that the nature of the neurological impairments of DRG 15 is transient or temporary, while DRG 14 is more severe, permanent damage with diagnosis made with CAT scan, angiography, OR clinically based on the involved areas of the brain.

In order to assign the most specific diagnosis code, the following documentation is required:

- Which artery is contributing to the symptoms?
- Is the artery blocked or occluded?
- Did the occlusion cause any permanent brain damage with neurological side effects?

## **New Jaindl Family Pavilion Links**

### **Innovative Services** by Pamela Maurer

The Jaindl Family Pavilion offers an effective combination of advanced technology, open design and family-centered processes for mothers and babies, diagnostic services, intensive care units, emergency care and heart care. The five-story, 260,000-square-foot pavilion rises up in the center of Lehigh Valley Hospital's Cedar Crest & I-78 campus, linking the Anderson Pavilion to the John and Dorothy Morgan Cancer Center through a naturally lit concourse.

Take a "walk" through the floors and learn more about innovative services in the new Jaindl Family Pavilion:

#### **1<sup>st</sup> Floor -- Diagnostic Care Center**

"Everything about the Diagnostic Care Center points to an 'ideal patient encounter,'" said Sheila Sferrella, radiology administrator and project design team leader of the center, which opened in July.

A computerized central scheduling system coordinates pre-registration between doctors' offices so paperwork is complete before the patients arrive. There's just one request for insurance and clinical information, and multiple tests are done in one visit.

Patients proceed to private exam and treatment rooms, seeing few new faces. Often, tests are brought to the patients and results usually are delivered to physicians' offices.

The Diagnostic Care Center houses nuclear medicine, pulmonary, sleep study, blood draw, heart station, neurophysiology (EEG) and pre-admission testing.

By using the LVHVN patient centered care model and PRIDE customer service -- and borrowing the Disney theme, "Be Our Guest," -- the center is on its way to creating a "wow" experience for patients and physicians.

#### **2<sup>nd</sup> Floor -- Express ER, Burn Center, Intensive Care Units**

The new Express ER, opening in January 2000, treats everything from bumps on the head, simple cuts and broken bones to sore throats, minor lacerations and earaches -- conditions that require attention but are not critical.

The goal of the Express ER is to treat and discharge patients in an hour or less, said Rick Shurgalla, administrative director of emergency medicine. "But if a patient's condition turns out to be more serious, it's comforting to know that the Express ER is connected to the full service emergency department and our Level I Trauma Center."

Also on the second floor, the medical intensive care unit (MICU), surgical intensive care unit (SICU) and trauma-neuro intensive care unit (TNICU) are together in a 28-bed unit that focuses on the patient and family. "We've improved patient privacy by replacing curtain dividers with individual rooms," said Carol Fox, RN, director of the units.

The Burn Center moves from the third floor of Cedar Crest & I-78, adding a large family room and overnight sleeping arrangements to accommodate the many families who travel outside the area to this regional center.

#### **3<sup>rd</sup> Floor -- Labor and Delivery**

Childbirth services moves from 17<sup>th</sup> & Chew to the Jaindl Family Pavilion on January 14, creating the "ultimate birthing experience." Parents will have access to the same high quality physicians and midwives in offices throughout the Lehigh Valley area as well as the same excellent nursing care in a "family-friendly obstetrics area.

"Birthing is in most cases a happy activity, and we wanted to create a birthing place that feels like a living room when you walk in," said Stephen K. Klasko, MD, Chairperson, Department of Obstetrics and Gynecology.

If something goes wrong, the unit is also equipped with every high-tech resource possible. This floor includes 10 suites for mothers with high-risk pregnancies, access to three perinatologists, 12 birthing suites, a massage tub and whirlpool and a cozy day room to relax with visitors.

#### **4<sup>th</sup> Floor -- Mother-baby and Neonatal and Pediatric Intensive Care Units**

The fourth floor offers care for mothers after delivery and a nursery for newborns. There are 27 private family rooms with special bassinets for babies to room with moms, sleeping chairs that open into beds for dads, and seated showers.

The Level 3 neonatal intensive care unit (NICU), the largest and most experienced NICU in the region, will move from 17<sup>th</sup> & Chew, offering convenience near other mother-baby services, overnight sleeping areas and nursing rooms for mothers and babies. This unit also features the Lehigh Valley's first pediatric intensive care unit (PICU), a result of collaboration with The Children's Hospital of Philadelphia.

"We'll provide services for children who otherwise would have to go out of town for treatment," said John VanBrakle, MD, Chairperson, Department of Pediatrics at Lehigh Valley Hospital. "This is a very well-coordinated system, close to the Level 1 Trauma Center, Burn Center and inpatient pediatrics unit."

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### 5<sup>th</sup> Floor – Heart Care Group

The Heart Care Group, the area's largest group of cardiologists and cardiac surgeons, is combining its two offices – scheduled to open in March – in the Jandl Family Pavilion to increase patient convenience.

**Want a preview of the new Jandl Family Pavilion?** You're invited to a community open house on January 8 from 1 to 5 p.m. Call (610) 402-CARE for more details.

## **Transformation of 17th & Chew: A Brand New Clinic Meets Community's Needs** by Pamela Maurer

A smaller waiting room isn't what you'd expect when you walk into the renovated internal medicine, specialty and walk-in clinics at Lehigh Valley Hospital's 17<sup>th</sup> & Chew site. But then you don't feel like you're in a clinic. And that was the point.

"We've created an environment for patients that is much more focused on meeting their needs, said John Fitzgibbons, MD, Chairperson, Department of Medicine at Lehigh Valley Hospital. "We're seeing patients quickly, which is why we didn't need a big waiting room. Patients won't wait."

Now called the Lehigh Valley Physician's Practice, the clinics are designed to feel like a private practice to patients and the 66 medical and surgical residents who practice there.

The new clinic is just one of the improvements to transform outpatient services at 17<sup>th</sup> & Chew, which also boasts a renovated emergency room, adolescent center and a Center for Healthy Aging.

Scheduled to open in June 2000, the Center for Healthy Aging is a place for older adults to visit the doctor, stop by a community agency, research health concerns and participate in an exercise class. The adolescent center, which opened this fall at the former School of Nursing, provides an avenue to bring teens and community together.

The physician practice, which primarily serves underinsured and uninsured patients, also is a place for the community. It includes internal medicine four afternoons a week, walk-in care five mornings a week and rotating specialty clinics, including endocrinology, dermatology, pulmonology, neurology, rheumatology, allergy, immunology, surgical, urology, orthopedics, podiatry and HIV. It provides physicals for schools, drivers' licenses and community members from Hogar

Crea drug rehabilitation center and the Allentown rescue mission.

"This new clinic layout truly feels like a private practice," said second-year resident Steven McCullough, DO. "Patients make appointments, come in, check in at the reception area and are brought back to a private examination room."

Dr. McCullough served on a committee that helped design the model practice, which opened on the building's first floor on October 4. It features computers in each exam room, individualized scheduling so first-year interns get more time with patients than second and third-year residents, and a separate area where residents can consult privately with attending physicians.

In addition to attending physicians who rotate into the practice, four attending physicians have moved to the new practice from Cedar Crest & I-78 – Jon Brndjar, DO, Jenni Levy, MD, Michael Pistoria, MD, and Francis Salerno, MD, Chief, Division of Geriatrics.

"We're improving the teaching process by having the attending physicians at 17<sup>th</sup> & Chew with the residents," Dr. Fitzgibbons said.

Expanding from 13 to 18 rooms, the practice has three pods: one for walk-in patients, another for specialties, and the third for HIV patients and continuity care, a design that teams residents with the same patients during their three-year residency.

"We've tried to create an environment for residents that is closer to what they'll be doing when they go out to a real practice," Dr. Fitzgibbons said, "rather than the traditional hospital clinic where patients take a number and wait."

## **KVO IV Practice to Change**

After investigating various regional and local hospitals, researching literature based on practice, and speaking with physicians, members of a Working Wonders task force presented a practice change idea to the Medical Executive Committee for approval. The practice change idea is: All orders written by physicians for KVO (keep vein open) IVs will be automatically substituted with a heparin lock. The locks are flushed with normal saline solution every eight hours as per nursing policy.

On November 2, 1999, the Medical Executive Committee unanimously approved the practice change idea, which will be presented to the Nurse Practice Council on December 15. Pending approval, an implementation date of January 1, 2000 is anticipated.

## Preoperative Surgical Shower

Beginning December 6, 1999, all surgical patients will be educated by the Preadmission Testing staff about taking a preoperative shower with chlorhexidine (except facial prep). Patients may purchase a four ounce bottle of Hibiclens (\$5.00 each) or a Hibiclens impregnated sponge (\$2.00 each) at Health Spectrum Pharmacies located at Cedar Crest & I-78, 17<sup>th</sup> & Chew, and Muhlenberg Hospital Center.

This practice will not take the place of preoperative prep instructions provided by private surgeons' offices.

This process is being instituted based on recommendations in the Centers for Disease Control's **Guideline for the Prevention of Surgical Site Infection**. In this document, recommendations for the preoperative preparation of the patient include a shower or bath with an antiseptic agent on at least the night before the operative day. This recommendation received a Category 1B designation -- Strongly recommended for implementation and supported by some experimental, clinical, or epidemiological studies and strong theoretical rationale.

If you have any questions regarding this issue, please contact Terry Burger, Manager of Infection Control, or Deborah Fry, Infection Control Specialist, at (610) 402-0680.

## Good Shepherd Specialty Hospital: Preparations for January Opening

**Why is the Good Shepherd Specialty Hospital (GSSH) restricted to a census of six patients for the first six months?**

The first six months is the qualifying timeframe to obtain the HCFA "Deemed status" for all long term acute care hospitals, and during the first six months, the hospital must establish an average length of stay of at least 25 days or greater. Careful selection of patients who will meet admission and LOS criteria are established. Because the hospital opens under DRG's, significant financial losses are incurred. Also, during this time, clinical/financial systems and delivery of contract services must be established and tried out to insure quality and appropriate levels of care are being provided to the patient.

**How are patients referred to the Good Shepherd Specialty Hospital and how are the patients assigned to attendings?**

If you think your patient may be a candidate for the GSSH or are not sure where the patient "fits" in the post-acute continuum of care, simply inform the discharge planner that you would like to have Good Shepherd evaluate your patient.

If you want to attend the patient in the GSSH, also let the discharge planner know. If you prefer to have one of your colleagues (on the GSSH medical staff) attend your patient, again, have the discharge planner inform the GSSH nurse liaison and your wishes will be honored. If you would like the medical director of the program to which your patient is assigned (pulmonary, medically complex, or rehab) attend your patient, he/she is available to admit "all comers."

**If I choose to attend my patients, what are my responsibilities?**

If you choose to attend your own patients, daily medical management is expected. In addition, you are required to attend a weekly team conference to discuss your patient(s) status, goals and plans. Typically, each patient is discussed for 5-10 minutes.

**How do I get privileges to practice in the Good Shepherd Specialty Hospital?**

All Lehigh Valley Hospital physicians are welcome to join the medical staff in order to provide continuity of care from the hospital into the GSSH. Over 70 of your colleagues have already taken advantage of the one month waiver of the \$150 application fee and have applied. **The waiver will only be in effect until December 7, 1999.** All you need to do is stop by the GSSH Administrative Office on the first floor of the hospital and write your name on the application, sign a consent to access your credentials file in the Lehigh Valley Hospital Medical Staff Services Office, and complete the delineation of privileges form. **The application process should take no more than five minutes and is free until December 7, 1999.**

**Is the project on target with its deadlines?**

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

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

The following individuals can answer your questions:

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

## **Register Your Patients NOW! -- Living a Healthy Life with Chronic Conditions: A Self-Management Program**

With two programs completed, patients give the chronic disease self-management program rave reviews! Just look at the following excerpts from patient testimonials:

- "The program has been a real life-saver for me. It has shown me a way to initiate a sensible exercise program; has shown me a way to self-monitor whether that program is too severe or can be advanced. This idea of providing guidance for self-management is, I feel, the "heart" of the program. Over the years I have been subjected to different programs...This is a WINNER!"
- "I would recommend the course to anyone who has to deal with chronic health problems of their own and/or their spouse on a daily basis."
- 100% of the participants rated the information presented in the program at the highest possible rating indicating its usefulness to them.

The Living A Healthy Life With Chronic Conditions Program is a 1½ hour workshop which is lead by trained lay leaders with chronic conditions. The course is run over six weeks and teaches participants the skills required to become active managers of their conditions in their daily lives. Significant others are encouraged to attend at no additional charge.

Registrations are currently being taken for classes starting in January. Although patients who have been high utilizers of LVHHN resources are being targeted, all participants are welcome. You can refer your patients with chronic conditions to this self-management course if they meet the following criteria. Participants must have:

1. At least one chronic condition
2. Reliable transportation
3. Adequate mental function (no dementia)

The following fee structure is effective for this six-week program:

- If participant had at least three encounters with LVHHN in past 12 months: FREE (\$20 deposit/refund at completion of course)
- If participant is a member of ChoicePlus: \$40 (Reimbursable under Wellness Benefit)
- Any community member not meeting above criteria: \$60

For more information, please contact Wendy Robb, RN, Chronic Disease Coordinator at (610) 402-5015.

## **Congratulations!**

At the Annual Meeting of the American College of Osteopathic Internists held in October, **Bruce A. Feldman, DO**, Division of Cardiology, and **James T. Wertz, DO**, Division of General Internal Medicine, were elected to the College of Fellows and are now entitled to put FACOI after their names (Fellow of the American College of Osteopathic Internists).

**Robert W. Grunberg, MD**, Division of Nephrology, and **Nelson P. Kopyt, DO**, Associate Chief, Division of Nephrology, were recently notified by the ASH Specialists Program Inc., which is affiliated with The American Society of Hypertension, that they have been granted the designation, ASH Specialist in Clinical Hypertension, for a 10-year period.

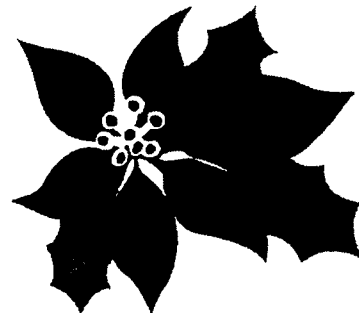
**Marian P. McDonald, MD**, Division of General Surgery, received her Fellowship in the American College of Surgeons at a Convocation during Clinical Congress held in San Francisco, Calif., on October 14.

**Rita M. Mest**, Director of Medical Staff Services, was recently notified by the National Association Medical Staff Services that she successfully passed the November examination for Certified Provider Credentialing Specialist (CPCS).

**James A. Newcomb, MD**, Chief, Section of Trauma/Emergency Medicine Radiology, was recently notified by the American Board of Radiology that he passed the oral examination held on November 7 and 8, and has been granted a Certificate of Added Qualifications in Vascular & Interventional Radiology.

**John P. Pettine, MD**, Division of General Internal Medicine, was recently notified by the American Board of Internal Medicine that he passed the August Certification Examination and is now certified as a Diplomate in Internal Medicine.

**Yelena M. Yermak, MD**, Division of Consultation/Liaison 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.





## Papers, Publications and Presentations

**Richard C. Boorse, MD**, Division of General Surgery, served as Site Moderator for the "Re-Engineering Lap Chole Distance Learning Program" held on September 29 at Lehigh Valley Hospital.

**Mark A. Gittleman, MD**, Division of General Surgery, presented a seminar on "Stereotactic Breast Biopsy" at the Roger Williams Medical Center in Providence, RI, on November 6.

Three abstracts, co-authored by members of the medical and hospital staffs, have been accepted for publication in the Scientific Syllabus of the 153<sup>rd</sup> Annual Meeting of the American Psychiatric Association to be held May 13 to 18, 2000, in Chicago, Ill. The abstracts include:

- 1) "Depression, Hostility, Gender and One Year Prognosis after Myocardial Infarction" co-authored by **Michael W. Kaufmann, MD**, Chairperson, Department of Psychiatry; **Elliot J. Sussman, MD**, President and Chief Executive Officer; **James F. Reed III, PhD**, Evaluation Specialist; and **John P. Fitzgibbons, MD**, Chairperson, Department of Medicine.
- 2) "Care Coordination Reduces Inpatient Costs" co-authored by **Laurence P. Karper, MD**, Medical Director, Behavioral Health Emergency Services; **Michael W. Kaufmann, MD**; **Elliot J. Sussman, MD**; **Donna Stevens**, Program Director, Adult Psychiatry; **Gail Stern**, Administrator, Department of Psychiatry; and **D. James Ezrow**, Manager, Clinical Social Work.
- 3) "Evaluating Payor Type Effects on Adolescent Care" co-authored by **Thomas Lane, PhD**, Program Director, Guidance Program; **Michael W. Kaufmann, MD**; **Elliot J. Sussman, MD**; **Thomas Wasser, PhD**, Biostatistician, Health Studies; and **Kenneth Mead**, Program Director, Adolescent Transitions.

**Glen L. Oliver, MD**, Chief, Division of Ophthalmology, attended the annual East Cost Fluorescein Angiography meeting held at Wills Eye Hospital on November 12, where he presented a paper on Retinal Complications of LASIK Corneal Surgery.

**Howard S. Selden, DDS**, Division of Endodontics, authored a paper, "A Conservative Biopsy Technique for Periapical Lesions," which was published in the November issue of the *Journal of Endodontics*.

**Michael S. Weinstock, MD**, Chairperson, Department of Emergency Medicine, co-authored a book chapter, "Pediatric Exanthems," which was published in *Emergency Medicine: A Comprehensive Study Guide*, 5<sup>th</sup> edition.

## 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 December will include:

- December 7 - Travel Medicine in the New Millennium
- December 14 - The Epidemiology of Urban Asthma

Medical Grand Rounds will NOT be held December 21 or 28, but will resume on January 4, 2000.

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, 17<sup>th</sup> & Chew.

The topic for December will be:

- December 10 - Clinical Approach to Genetic Disorders of Short Stature

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

### Department of Psychiatry

"Team Treatment of Eating Disorders" will be presented on Thursday, December 16, from Noon to 1 p.m., in the Auditorium of Lehigh Valley Hospital, 17<sup>th</sup> & Chew.

Objectives of the program will:

- Discuss the medical and psychiatric complications associated with anorexia and bulimia nervosa
- Discuss the appropriate initial medical evaluation and ongoing medical monitoring
- Discuss treatment goals
- Discuss components of multidisciplinary treatment team
- Discuss the issues relating to treatment with psychotropic medications
- Review of outcome data

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

## Who's New

### Medical Staff Appointments

**Anthony P. Andrews, MD**  
(In practice with Garry J. Thomas, MD)  
522 Delaware Avenue  
Bethlehem, PA 18015-1104  
(610) 865-1184  
Fax: (610) 865-9956  
Department of Surgery  
Division of Ophthalmology  
Site of Privileges - MHC  
Provisional Active

**Mark D. Berkson, MD**  
Coordinated Health Systems  
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(610) 861-8080  
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Division of Orthopedic Surgery  
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Provisional Active

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Department of Obstetrics & Gynecology  
Division of Primary Obstetrics & Gynecology  
Site of Privileges - LVH & MHC  
Provisional Active

**David G. Clymer, MD**  
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Division of Orthopedic Surgery  
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Lehigh Valley Hospital  
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Division of Diagnostic Radiology  
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Provisional Active

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Division of General Internal Medicine  
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Provisional Active

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Fax: (610) 433-4592  
Department of Dentistry  
Division of Periodontics  
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Provisional Active

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Division of Nuclear Medicine  
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Provisional Active

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Fax: (610) 867-7376  
Department of Radiology/Diagnostic Medical Imaging  
Division of Diagnostic Radiology  
Site of Privileges – LVH & MHC  
Provisional Active

### **Address Change**

**Anjam N. Bhatti, MD**  
1726 Sequoia Court  
Allentown, PA 18104-1718  
(610) 530-0087

**Harold J. Goldfarb, MD**  
Liberty Square Medical Center  
501 N. 17<sup>th</sup> Street  
Suite C  
Allentown, PA 18104-5044

### **Leave of Absence**

**John S. Papola, MD**  
Department of Surgery  
Division of Otolaryngology-Head & Neck Surgery  
From Active to Active/LOA

**Michael S. Werner, DPM**  
Department of Surgery  
Division of Orthopedic Surgery  
Section of Foot and Ankle Surgery  
From Active to Active/LOA

### **Additional One-Year Leave of Absence**

**Christopher C. Dankmyer, MD**  
Department of Medicine  
Division of Physical Medicine/Rehabilitation

### **Resignation**

**Claire E. Bolon, MD**  
Department of Pediatrics  
Division of General Pediatrics  
Active

### **Appointments to Medical Staff Leadership Positions**

#### **Department of Medicine**

**Victor M. Aviles, MD**  
Department of Medicine  
Division of Hematology/Medical Oncology  
Position: Associate Chief, Division of Hematology/Medical Oncology

#### **John and Dorothy Morgan Cancer Center**

**Gregory R. Harper, MD, PhD**  
Department of Medicine  
Division of Hematology/Medical Oncology  
Positions: Physician-in-Chief of Cancer Services  
Senior Medical Director for Medical Oncology

**Victor R. Risch, MD, PhD**  
Department of Radiation Oncology  
Position: Senior Medical Director for Radiation Oncology

**Herbert C. Hoover, Jr., MD**  
Department of Surgery  
Division of General Surgery  
Position: Senior Medical Director for Surgical Oncology

### **Allied Health Professionals**

#### **Appointments**

**Bonita L. Budura, CRNA**  
Physician Extender  
Professional - CRNA  
(Allentown Anesthesia Associates Inc. - Alphonse A. Maffeo, MD)  
Site of Privileges - LVH & MHC

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

**Maria B. McNally, RN**  
Physician Extender  
Professional - RN  
(Orthopaedic Associates of Allentown - Thomas D. Meade, MD)  
Site of Privileges - LVH & MHC

**Danielle M. Palmieri, PA-C**  
Physician Extender  
Physician Assistant - PA-C  
(LVPG-Emergency Medicine - Michael S. Weinstock, MD)  
Site of Privileges - LVH & MHC

***Change of Supervising Physician***

**Lisa M. Fraine, CNM**  
Physician Extender  
Professional - CNM  
(Center for Women's Medicine)  
From: James Balducci, MD  
To: Ernest Y. Normington II, MD  
Site of Privileges - LVH & MHC

***Resignations***

**Lisa A. Lederer, CNM**  
Physician Extender  
Professional - CNM

**Thomas R. Zalewski, MS**  
Associate Scientific  
Audiologist

# THE CENTER FOR EDUCATIONAL DEVELOPMENT AND SUPPORT

December, 1999

## 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. She can also instruct you in the use of PubMed, a free, Web-based MEDLINE service offered by the National Library of Medicine.

### Library Hours

CC & I-78 Library - 8:30 a.m.-5:00 p.m.,  
Mon.-Fri. (telephone: 610-402-8410)

17 & Chew Library - 9:30 a.m.-3:30 p.m.,  
Mon.-Fri. (telephone: 610-402-2263)

MHC Library - 9:00 a.m.-1:00 p.m.,  
Mon.-Fri. (telephone: 610-861-2237)

## News from the Office of Educational Technology

### Know Your Intranet

If you haven't taken the time to look at the LVH intranet lately (or ever), why not take just a few minutes to familiarize yourself with some of its valuable features now?

In case you didn't know, the intranet home page ([www.lvh.com](http://www.lvh.com)) is available from any of the hospital's network-connected computers. It is also available when you dial in to the hospital's network from your office or home. Simply launch (click on) one of the your Web browsers - Netscape Communicator or Internet Explorer.

Here we've highlighted three major features you may find useful in your daily practice.

## MICROMEDEX

*(From the intranet home page, select RESOURCES, then CLINICAL, and then MICROMEDEX)*

MICROMEDEX publishes clinical decision support databases and tools. The MICROMEDEX® Healthcare Series provides a wide range of databases tailored to meet the needs of healthcare professionals, including information related to drugs, acute care, toxicology, and patient education.

Here are the databases that are currently available:

**DRUGDEX® System** - Designed to deliver unbiased drug information for those who prescribe, order, dispense, or administer medications, the DRUGDEX System provides independently reviewed data gathered from major drug centers and pharmacology services worldwide. FDA-approved and investigational drugs, along with over-the-counter and non-U.S. preparations, are covered with regard to dosage, pharmacokinetics, cautions, interactions, clinical applications, and comparative drug efficacy. Information is reviewed by the MICROMEDEX editorial board and can be retrieved by generic name, manufacturer brand name, or indications.

**DRUG-REAX® System** - The DRUG-REAX System allows clinicians to check for interacting drug ingredients, their effects, and their clinical significance. It provides drug-drug (including additive adverse effects), food-drug, drug-disease, drug-ethanol, and drug-laboratory assay interactions.

**DRUG-REAX** System information is drug-specific rather than class-specific, which helps to more accurately interpret interaction data. The System program contains a dictionary of more than 8,000 unique drug terms, and distinguishes between trade names and equivalent generic names, eliminating possible duplication of interaction data on the screen. Up to 128 concurrent clinical conflicts can be reviewed. In addition, the response speed of this database demonstrates no detectable degradation in data retrieval as the number of drugs being screened increases.

**EMERGINDEX® System** - The EMERGINDEX System is designed to provide treatment protocols and guidelines for use in acute care settings. Database features include pertinent clinical presentations, laboratory and diagnostic findings, therapeutic modalities, and answers to patient-specific questions. Pre-hospital protocols are included and information is retrievable using a 40,000 key-word thesaurus.

**IDENTIDEX® System** - The IDENTIDEX database identifies pharmaceutical tablets and capsules by imprint code and secondary characteristics, such as color and shape. Prescription and over-the-counter drugs (both trademarked and generic) are listed, along with manufacturers' telephone numbers and logo descriptions. Many international and street drugs are included, as is an extensive index of drug-related slang terms.

**IV Compatibility® System** - (NOTE: Only available for a short time as a free trial). IV INDEX™ System with Trissel's Tables presents over 35,000 test results for two-drug combinations in three different infusion solutions specifically for Y-site application of 145 commonly used parenteral medications. The system provides instant answers to help make accurate, confident, intravenous (IV) compatibility decisions. You must search IV INDEX individually, via the IV Compatibility link, located on the main page.

**Patient Leaflets** - Patient Education documents

are a computerized resource from MICROMEDEX designed to assist healthcare professionals in educating patients about their immediate condition, treatment, follow-up care, and continuing health concerns. Documents cover a wide range of subjects, including cardiovascular and thoracic surgery, dental and oral surgery, OB/GYN, infectious diseases, pediatrics, gastroenterology, and respiratory concerns. The patient leaflets offer the necessary patient-centered medical information to help improve care and achieve the most successful outcomes.

The Patient Education documents are continually reviewed and updated. To maintain accuracy and ensure completeness, MICROMEDEX has a dedicated editorial board of clinical experts and education professionals representing each specialty area.

**POISINDEX® System** - The POISINDEX System identifies ingredients for hundreds of thousands of commercial, pharmaceutical, and biological substances. Each substance is linked to one or more management documents providing information on clinical effects, range of toxicity, and treatment protocols for exposures involving the substances.

**REPRORISK® System** - The REPRORISK System is a unique collection of reproductive risk information databases. It provides information covering full-range health effects that is helpful when assessing reproductive risks of drugs, chemicals, and physical and environmental agents. Risks to females, males, and unborn children are discussed.

**Summary Documents** - The Clinical Points System provides brief highlights of treatment, diagnosis, and key point information. The Clinical Points System delivers answers quickly and efficiently in a user-friendly browser interface. The System also links directly to the more in-depth EMERGINDEX® Clinical Review documents (available only with a current EMERGINDEX subscription).

You can search the Clinical Points® System via the Integrated Index search feature or the

search by database (Summary Documents) search option.

Decision support tools, shown below, are distinct from the Integrated Index™, Search by category, or Search by database search options. These tools and product indices are available from the links located at the bottom of each main search page.

#### Drugs and Substances

- Use the Toxicology link to retrieve comprehensive information on commercial products, preparations and substances from the POISINDEX® System. Also identifies tablets and capsules by imprint code from the IDENTIDEX® System.
- Use the Trade/Generic Drugs link to retrieve extensive lists of commercial drugs, products, and preparations from the DRUGDEX® System and from Martindale: The Complete Drug Reference.

#### Tools

- Use the Drug Interactions link to access the DRUG-REAX® System for information on interactions between drugs and other substances and foods.
- Dosing Tools provides answers to a wide range of questions to assist in making dosing calculations and decisions for treating patient-specific problems. Dosing tools presents fast, accurate dosing of emergency drugs for adults and children. Features JCAHO and AHA established equations with easy, fill-in format.
- The IV Compatibility link takes you to the IV INDEX® System with Trissel's Tables. IV INDEX presents over 35,000 test results for two-drug combinations in three different infusion solutions for 145 commonly used parenteral medications. Information is presented to provide instant answers to help make accurate intravenous compatibility decisions.

#### Patient Education

- Patient Leaflets provide comprehensive, yet concise, easy-to-understand patient education

documents designed to address all aspects of a patient's care and health. Overviews for the most frequently administered prescription and nonprescription drugs are also provided.

Volume 102 includes the new online tutorial to introduce users to the MICROMEDEX® Healthcare Series! For more information, follow the Learning Center link. This section provides user education materials to help you learn more about the MICROMEDEX® Healthcare Series, as well as continuing education materials.

**PRIMARY CARE ONLINE** by Lippincott, Williams & Wilkins (*From the intranet home page, select RESOURCES, then CLINICAL, and then Lippincott-Raven*)

Primary Care Online is another valuable resource. It is well-illustrated and includes the following databases:

- Primary Care Medicine
- Manual of Nursing Practice
- Textbook of Internal Medicine
- Review of Internal Medicine
- Laboratory and Diagnostic Tests
- Lippincott's Nursing Drug Guide
- Nursing Care Plans
- Interpretation of Diagnostic Tests
- Facts and Comparisons Pocket Drug Guide

**Medical References and Information Links** (*From the intranet home page, select RESOURCES, then EDUCATION & TRAINING, and then Medical Resources*)

This compilation, assembled by the Center for Educational Development and Support, has links to valuable resources available on the Internet. Most of these resources are free. For the Web novice, the Finding Medical Information section includes an introduction to the Internet and tips for effective literature searching. You'll also find links to specialized medical search engines and databases and lists of online journals.

The Medical Information Links section includes areas on:

- Consumer Health
- Featured Medical Sites
- Government Organizations
- Health-Related Data Websites
- HIV/AIDS Information
- Links Grouped by Specialty
- News Services
- Professional Associations and Organizations

You may find the Medical References section useful, too. It includes:

- Calculations and Conversion Tables
- Dictionaries and Encyclopedias
- Diagnostic Decision Support
- Drug References
- General Medical References
- Herbal Drug References

Other sections of this site include:

Professional and Personal Development

Faculty Development

(CME, Workshops and Programs, Grant Resources, and Web Sites)

Medical Education

(Case Studies/Teaching Files, Competency-based Criteria, Conferences, Programs and Workshops, Curriculum Development, CME, Discussion Groups, Designing Instruction, Distance Learning, Online Course Development, Medical Education Resources, Problem-based Learning, and Teaching Tips)

Evaluating Web Information

Technology and Medical Informatics


(Includes weekly ONLINE LEARNING NEWS)

The above sites are just three of the many useful tools available through our intranet. Check 'em out at [www.lvh.com](http://www.lvh.com). Happy surfing!

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



# December 1999

			1	2 9am Emergency Medicine Grand Rounds - JDMCC - CR8 12 Noon G.I. Tumor Board - JDMCC - CR1 A/B	3 7 am GYN Tumor Board/OBGYN Grand Rounds - 17 Aud 12 Noon Breast Tumor Board - JDMCC- CR1	4
5	6 12Noon Colon/Rectal JDMCC - CR1 A/B	7 7 am Surgical Grand Rounds - CC-Aud 8am Pediatric Grand Rounds - 17-Aud 12 Noon Medical Grand Rounds CC-Aud	8 12 Noon Pulmonary Tumor Board - JDMCC - CR1 A/B	9 12 Noon Combined Tumor Board-JDMCC -CR1 A/B	10 7 am OBGYN Grand Rounds - 17 Aud  12 Noon Pediatric Noon Conf - 17 Aud 12 Noon Breast Tumor Board - JDMCC- CR1	11
12	13	14 7 am Surgical Grand Rounds - CC-Aud 7am Ambulatory Clinical Guideline dev-SON 8am Pediatric Grand Rounds - 17-Aud 12 Noon Medical Grand Rounds CC-Aud	15	16 7:15 am Perinatal Grand Rounds - Ctr for Women's Med - 2 <sup>nd</sup> floor - 17th 12 Noon E. N. T. Tumor Board - JDMCC - CR1 A/B	17 7 am OBGYN Grand Rounds - 17 Aud  12 Noon Breast Tumor Board - JDMCC- CR1	18
19	20 12Noon Colon/Rectal JDMCC - CR1 A/B	21 7 am Surgical Grand Rounds - CC-Aud -  8am Pediatric Grand Rounds - 17-Aud	22	23 12 Noon Combined Tumor Board- JDMCC -CR1 A/B	24	25 
26	27	28 8am Pediatric Grand Rounds - 17-Aud 12 Noon Urology Tumor Board - JDMCC -CR 1 A/B	29	30 12 Noon Combined Tumor Board - JDMCC - CR 1 A/B	31	

# LEHIGH VALLEY

HOSPITAL AND  
HEALTH NETWORK

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## Medical Staff Progress Notes

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*Managing Editor*

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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 15th of each month. If you have any questions about the newsletter, please call Mrs. Seifert at (610) 402-8590.