LEHIGH VALLEY
HOSPITAL AND
HEALTH NETWORK

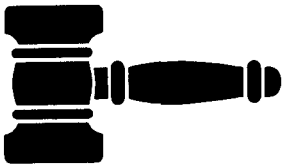
PROGRESS NOTES

Medical Staff

Lehigh Valley Hospital ❁ Muhlenberg Hospital Center

March, 2000 ♣ Volume 12, Number 3

In This Issue . . .



From the President

"If I were given the opportunity to present a gift to the next generation, it would be the ability for each individual to learn to laugh at himself." -- Charles Schultz

Colleagues:

Just a reminder -- **The next general Medical Staff meeting will be held on Monday, March 13, in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78, beginning at 6 p.m.**

By the time you read this issue of ***Medical Staff Progress Notes,*** you will have received the letter addressed to all of the members of the combined Medical Staff which is signed by Troika, Drs. Laskowski and Sussman regarding the current financial situation in which the hospital finds itself. I have already received a number of thoughtful and creative suggestions from members of the Medical Staff addressing these issues.

The hospital's current adverse financial position is the result of several processes which have been going on both nationally and now locally. Although we have been fairly successful over the past five years in reducing the "cost/ discharge" for each patient admitted to the hospital, the level of reimbursement from payers has fallen at a faster rate. This includes the reimbursements from managed care providers, commercial insurance, and Medicare. The decrease in Medicare reimbursements has accelerated due to the effects of the federal "Balanced Budget Act."

In order for our hospital to provide the new equipment, treatments, and facilities which will be needed in the future for us to deliver the appropriate level of care for our patients

(Continued on Page 2)

(Continued from Page 1)

and our community the hospital must maintain a positive "bottom line." Our institution needs the help, suggestions, and commitment of our Medical Staff to help reduce costs. This effort will require the dedication of all of the members of the Medical Staff as well as the administrative leadership of the hospital to achieve the necessary goals.

One of the relatively quick ways to reduce costs is to try to reduce the length of stay (LOS) of our hospitalized patients. Obviously, there is some ultimate limit to the decrease in LOS, which is possible. The hospital administration understands that we physicians have been making a valiant effort to expedite patients' discharges and that some of the problems are related to systems issues that are beyond the control of individual doctors.

These system problems include the limited availability of beds on the TSU and the difficulty in getting patients to skilled nursing facilities. The Care Management Systems Department is working very hard to try to solve some of these systemic problems. Many of us have repeatedly stressed the difficulty that results due to the lack of alignment in incentives existing in the methods of reimbursement for physicians and the hospital. Unfortunately, the federal government has ruled that any "gainsharing" arrangements which might have been developed between hospitals and physicians are illegal.

We also need to think about the new equipment and drugs that we ask the hospital to purchase for our patients. Most of these new items are expensive. Unless the added expense for new equipment and drugs can be shown to improve efficiency of care and reduce length of stay, we should seriously consider avoiding these new technologies for the present until the current financial situation is corrected.

Dr. John Jaffe is chairing a committee to address revisions to the hospital formulary. This committee will be meeting on a regular basis to make recommendations to the Therapeutics Committee of the Medical Staff and then to the Medical Executive Committee. The ultimate goal of this committee is to develop an "evidence based formulary" which will allow for the most effective but least expensive drugs to be used to treat particular clinical problems. Consideration of a computerized physician order entry system is still underway.

I would encourage my colleagues on the Medical Staff to ask themselves each day when they are on their hospital rounds to ask themselves these two questions:

- **Will the result of the test or procedure I am ordering change the way I manage my patient?**
- **Could my patient receive the same level of care he is receiving now in another facility or location at a lower cost and in more comfort?**

In spite of the above discussion regarding the hospital's financial difficulties, I want to assure the members of the Medical Staff that Troika sees as one of its major responsibilities the maintenance of the highest quality of care for our patients. These are our patients, too. We want them to receive the best care possible, and hopefully, to achieve the best outcomes as compared to national benchmarks. Bob Murphy, Ed Mullin, and I attend many meetings where we support the highest quality of care for our patients. I am convinced that the hospital's administrative leadership and the Board of Trustees also share these same goals. Although we all want our patients to receive the best care possible, the financial constraints under which the hospital operates dictates some changes which relate to staffing and available services. Our job as a Medical Staff is to develop creative approaches to patient care recognizing the financial implications of that care and to assist the hospital in becoming more efficient.

♣ ♣ ♣

I want to thank the many active and retired members of the Medical Staff who have called or written me expressing their support for a program that I have discussed previously to provide care for the working uninsured through a voluntary program. Although there are no definite plans for such a program in the immediate future, Ed Mullin and I are actively pursuing discussions as to the feasibility of such a program. It may take some time and perseverance for such a program to become operational, but we certainly have not abandoned the concept.

Dr. Joseph Vincent has been working for well over a year to develop a program to provide consultations for **"Palliative Care"** for patients who are not hospice candidates, but are in need of palliation for chronic conditions for which there is no cure. This program has been supported by a grant from the Dorothy Rider Pool Health Care Trust. Dr. Vincent and his team are ready to accept requests for consultations for patients who are in need of palliative care. Many of you may remember that Dr. Vincent made a presentation at the General Medical Staff meeting last summer about this program. In this issue of ***Medical Staff Progress Notes***, Dr. Vincent and his staff have written a brief article describing the **Palliative Care Program**. I appreciate Dr. Vincent's efforts in developing this program. Hopefully, it will provide help to a significant group of patients. A number of members of the Medical Staff have been active in working with Joe as this process has proceeded from the conceptual stage to what has now become an operational program.

♣ ♣ ♣

(Continued on Page 3)

(Continued from Page 2)

I have heard many complaints about the hospital paging system especially related to the delays in reaching the paging operators. The new 4th edition of the ***Medical Staff Handbook*** has been published and is now available to members of the Medical Staff (call Janet Seifert at 610-402-8590 for a copy). I would encourage all of the members of the staff to carry and use this book. It contains available pager numbers of members of the Medical Staff. By dialing the physician's pager number directly, you will not have to wait for the page operator to answer the phone. This will reduce the burden on the page operators making them more available when their services are really needed. ***Please use the Medical Staff Handbook to page your colleagues directly***! If you are not sure whether they are available on page -- call their office first.

♣ ♣ ♣

Thank you to the members of the Medical Staff who have donated copies of old **PDR's** to the Medical Staff Office for distribution to the medical/surgical units. All of the donated volumes have been distributed. The nursing staff appreciates having these references available. I would remind members of the Medical Staff that they can now access ***Micromedex*** on the LVH web site. This provides up-to-date drug information about thousands of drugs in an easy to use format. To access, open the **Netscape Communicator** on your PC desktop. When the LVH web site appears, click on the box titled "Departments." Select "Clinical" from the menu. Then click on **Micromedex**. You can then type in the name of the drug for which you are searching.

♣ ♣ ♣

Dr. William Gee has resigned as the first and only director of the Vascular Laboratory at Lehigh Valley Hospital. Bill has dedicated himself to the development and operation of our "state-of-the art" vascular laboratory. The OPG (Gee) is Bill's invention. This technique for hemodynamic assessment of the patency of the internal carotid arteries represented a revolutionary development in the non-invasive evaluation of the carotid arteries. Bill has devoted his professional efforts at Lehigh Valley Hospital to the non-invasive evaluation of both venous and arterial diseases. He has been a valuable member of our teaching faculty and has been a respected consultant to our vascular surgeons. We will miss Bill's ever presence, devotion, and thoughtful assessment of our patients' problems. Thank you, Bill, for your dedication to the Lehigh Valley Hospital, the members of our Medical Staff, our patients, and community. Good luck in whatever you do in the future.

♣ ♣ ♣

I believe that more people are beginning to use their hospital (GUI) e-mail. I think we will all find that this technological development will enhance our ability to communicate with each other more quickly and effectively, and will reduce the mounting volume of paper which confronts us each day.

E-MAIL

Once again, 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.

♣ ♣ ♣

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.

Hopefully, next month I'll be able to report on new initiatives that will help to reverse the financial situation confronting the hospital. These initiatives will need your input, support, and understanding.

March is here; spring and biking weather will soon follow.

I will miss Charlie Brown, Lucy, Snoopy, and Linus. We will all miss Charles Schultz who through his cartoon characters commented on life and our difficulties in dealing with the challenges we face each day. He also made us laugh and maybe helped us a little to laugh at ourselves.

David M. Caccese, MD
Medical Staff President

A meeting of the General Medical Staff will be held on Monday, March 13, beginning at 6 p.m. in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78. All members of the Medical Staff are encouraged to attend.

We are Part of the Solution to a Worsening Problem

(Reprinted from ***CheckUp this Month***, Vol. 13, No. 2, Issues & Initiatives)

In his recent State of the Union address, President Clinton had good news for the U.S.: For the first time in recent history, the federal government's budget is balanced, and, with the planned surplus, it will repay its debts in 13 years.

What the President didn't reveal was this: 70 percent of the government's cost reductions over the past three years came from slashing payments to health care providers. U.S. hospitals' "profits" today are one-third to one-half less than two years ago. And it's unlikely politicians or voters in our country will ask for tax increases so Medicare payments to hospitals can be raised.

Although we are a "not-for-profit" institution, we must make a "profit" (surplus) in order to have the financial ability to: 1) sustain us in bad times; 2) reinvest in new people, programs, facilities and information services that meet the needs of our community; and 3) reduce the interest payments we have to make on our debts.

Unfortunately, our suppliers of services and products continue to raise their prices, so their profits grow. What's the outlook for hospitals?

We'll continue to see declining revenues -- no question about it. On the other hand, we want to be able to continue to pay staff at competitive rates and offer modern, vital services to our community. If we face continued declines in revenues and want to continue providing top-quality services, our only choice is to find new, creative ways to reduce expenses.

Over the past six years, we have reduced $80 million from LVHHN's operating costs. Hospitals around the country have been doing the same or paying a huge price, including bankruptcy.

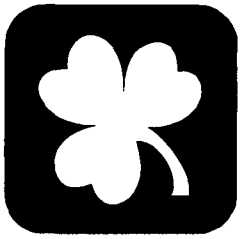
Unfortunately, government, businesses and other payers have been cutting payments for care twice as fast as we've been cutting our costs. Imagine the hardship you would feel if your income was cut by $2 for each dollar you reduced from your personal bills. You would be heading for personal financial disaster.

While we've generally kept a healthy bottom line over the past six years, we can't keep reducing staffing in essential patient care areas. We have lowered our length of stay, but found that we have been providing the same amount of tests, medication and treatments in a shorter period. That's right, **we've been spending more money in less time!**

This problem calls for a multi-part plan to identify sources of revenue and further cost reductions:

- Reduce length of stay and patient care costs.
- Change practice patterns that are not "best practices" and help carry out prompt, appropriate discharge plans.
- We also need to explain to our patients that they will be in the hospital for a limited stay and then be discharged or moved to another setting for their care.
- Reduce unproductive staff activities, such as having to interpret illegible handwriting and track down physicians to clarify medical orders.
- Renegotiate discounts with our 50 largest suppliers of products.
- Make touch choices about which items we use based on costs and scientifically proven value.
- Find ways to eliminate unnecessary work, redundant work and rework.
- Redouble our Working Wonders efforts.
- Management will try to convince our insurers to pay us fairly for the care we give.
- Staff are encouraged to remind our physician colleagues that the best care for their patients is provided by LVHHN.
- We can all act as advocates for our network with our family, friends and neighbors.
- We can keep informed and involved in the special work teams engaged in our 60-day turnaround effort by reading "The Balance Sheet" on the intranet, and giving encouragement and advice to the group leaders.

The nation's economy has never been stronger, but 44 million people in the U.S. have no health insurance, senior citizens fear the rising cost of medicines and Medicare coverage, and hospitals are nearing financial disaster. This is no way to run a country, so we have to become part of the solution to a worsening problem.



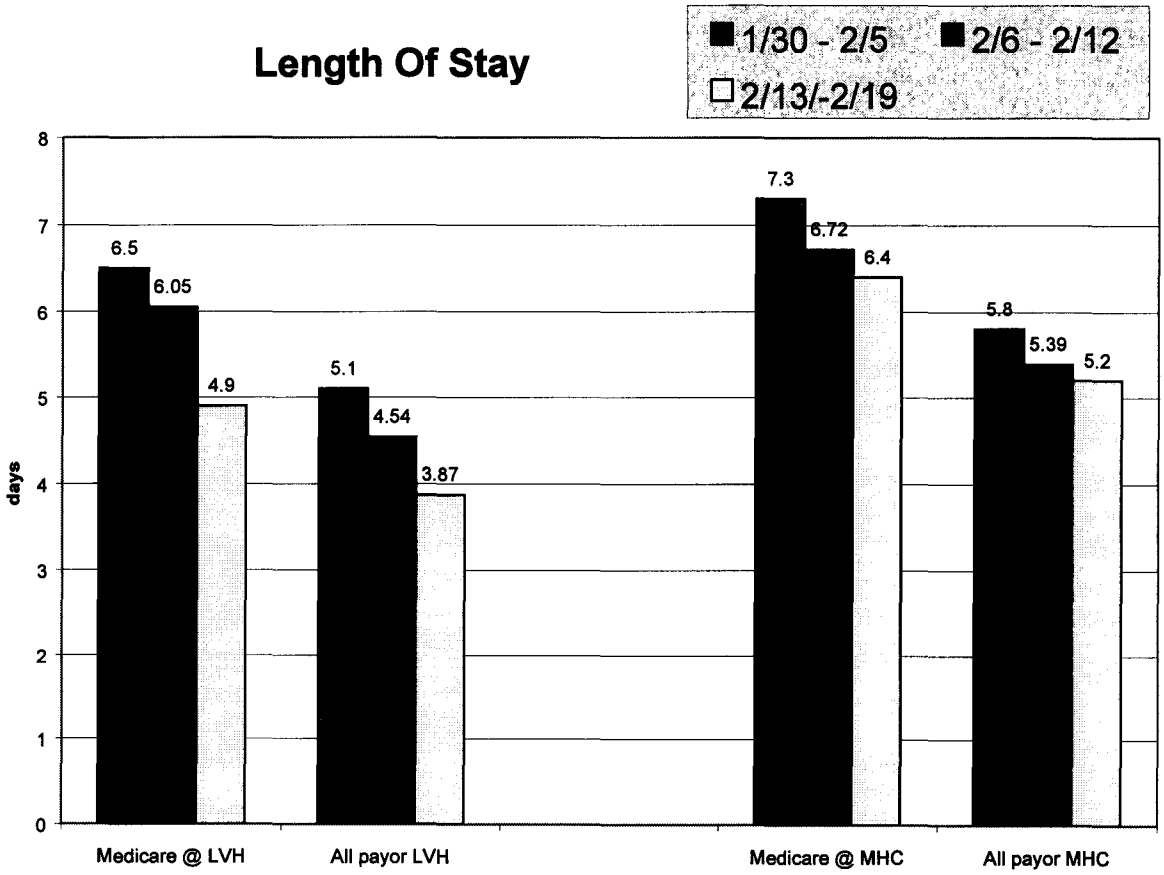
An Update Regarding Length of Stay

Colleagues:

Thanks to everyone for all of your efforts to help decrease length of stay (LOS) of our hospitalized patients. Our goal is to provide the highest quality care while remaining sensitive to real financial issues. To achieve this, we want to help place patients in the setting most appropriate to their level of acuity. With input from members of the medical and nursing staff and our case managers, we have identified a number of barriers to discharging patients. These include obvious systemic problems such as lack of nursing home and SNF beds, weekend delays in ordering studies, delays in moving patients out of intensive care units, etc.

We are working hard to eliminate these barriers but WE NEED YOUR HELP! Please contact the case manager assigned to your patient if you need any assistance. Both of us are also available as a back up.

The following graph displays the changes in LOS over the past three weeks. The data looks terrific and hopefully we will continue the trend.



Thank you.

Sincerely,

R.J. Laskowski

Robert J. Laskowski, MD
Chief Medical Officer

Paula L. Stillman MD, MBA

Paula Stillman, MD
Senior Medical Director
Care and Resource Management

New Telephone Numbers Coming to Muhlenberg Campus

Due to the significant growth that has occurred on the Muhlenberg campus and future plans that include additional facilities and services, **beginning March 1, all phone numbers previously dialed utilizing area code 610 and exchanges 882, 861, or 317 will be converted to a new area code -- 484 -- and three digit exchange -- 884.** The present numbering plan does not allow room for growth and necessitates users to remember different exchanges for different services on the Hospital's campus.

The new system provides customers and employees with the advantage of one area code and exchange for the entire campus and makes available, not only adequate numbers for current projects, but additional phone numbers for future projects. Another advantage of the program is that it will allow us to keep the last four digits of our present numbers. For instance, if the current number is (610) 861-2306, it will become (484) 884-2306.

As part of the changeover, the telephone company will allow a 30-day grace period in which dialing either the old number or the new area code and exchange will connect you with your intended party. After that, beginning April 1, if you dial the old exchange you will get a recording that states that the number you have dialed is no longer in service. The new Bell Atlantic telephone books that will be distributed in April will reflect the new area code and exchange as will the yellow page ads.

Understanding the impact of this change and in an effort to serve our public and customers, a group of numbers will have access to an extended grace period of 60 days and a voice message that will supply them with the new number when they call the old exchange. The numbers chosen for this option will include emergency numbers and the most frequently called numbers as decided upon by department managers and telecommunications.

If you have any questions regarding this issue, please contact Don Davies, Director of Telecommunications, at (610) 402-1810.

The quarterly general membership meeting of the Greater Lehigh Valley Independent Practice Association will be held on Tuesday, March 21, at 6 p.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78. Agenda items will include: AUSHC update and PennCARE initiatives presented by Dr. Kenneth Coburn. To receive credit for your attendance toward the Incentive Plan, please remember to sign in at the meeting.

LVH Doctors Pioneer Innovative Repair of Abdominal Aortic Aneurysm

by Rob Stevens, Public Affairs

Robert Kolar is thankful that Lehigh Valley Hospital is committed to medical innovation.

The 73-year-old Allentown man was the first person in the Lehigh Valley to have an abdominal aortic aneurysm (AAA) repaired with a new, less invasive surgical procedure.

On December 23, Mr. Kolar underwent minimally invasive treatment of AAA, which is a major improvement over traditional repair of the condition. Vascular surgeons Victor J. Celani, MD, and John F. Welkie, MD, and Interventional Radiologist James W. Jaffe, MD, performed the two-hour operation at Lehigh Valley Hospital.

AAA is an enlargement of the aorta, the body's main artery, resulting from a weakening of the vessel wall. If untreated, this enlargement can lead to aortic rupture, which results in death in 80 percent of all cases. It is believed that 1.5 million people in the U.S. have AAA, with about 200,000 new cases diagnosed each year.

The doctors positioned a Dacron tube, called an ANCURE Endograft, inside the aneurysm to exclude it from further blood flow. The graft was inserted through a small incision in Mr. Kolar's left groin artery using a new delivery device. Both the ANCURE Endograft and the delivery device are made by the Guidant Corp. They were approved by the Food and Drug Administration in September, 1999.

Traditional repair requires an incision from the bottom of the sternum to the pubic bone and takes about 12 weeks for recovery following a week's hospital stay. Mr. Kolar left the hospital 36 hours after his surgery and had returned to normal activity the next week.

"Minimally invasive repair of abdominal aortic aneurysms is the most exciting innovation in the treatment of this condition," Dr. Celani said. "This technique results in less pain and faster recuperation for the patient, which translate into better quality of life."

Dr. Celani added that only about 30 percent of AAA patients are currently eligible for the less invasive surgery, but he believes this number will increase quickly to 50-60 percent as the device and technique are improved.

"This is an amazing development that should revolutionize the treatment of abdominal aortic aneurysms in most patients within the next three to five years," he added.

Vaccine Information Statements -- Legal Requirements for Use

Vaccine Information Statements (VIS) must be provided for any vaccine that is covered by the *Vaccine Injury Compensation Program.* As of June 1999, VIS must be used for the following vaccines:

Tetanus	**Measles**
Pertussis	**Mumps**
Polio	**Rubella**
Hepatitis B	**Varicella**

***Haemophilus influenzae* type B**
Rotavirus (this vaccine has been withdrawn from the market)

All providers of vaccines must give out a VIS at the time of each vaccination, prior to the administration of the vaccine. A VIS is a one- page (two-sided) information sheet, produced by the CDC, informing vaccine recipients (or their parents or legal representatives) of the benefits and risks of the vaccine. This is a requirement of the *National Childhood Vaccine Injury Act* of 1986.

Every time one of these vaccines is given – regardless of what combination it is given in – regardless of whether it is given by a public health clinic or a private provider – regardless of how the vaccine was purchased – **regardless of the age** of the recipient – the appropriate VIS must be given out at the time of the vaccination.

VIS's exist for several vaccines not covered by the National Childhood Injury Act. These VIS's must be used when the vaccine given has been purchased under CDC contract. The legal basis for this is not the Vaccine Injury Act, but the "Duty to Warn" clause in CDC's vaccine contracts. VIS's in this category (as of January 2000), and the dates they were issued, are:

Influenzae: 6/1/99
Hepatitis A: 8/25/98
Pneumococcal Polysaccharide: 7/29/97
Lyme disease: 11/1/99

After giving the VIS prior to vaccination, the provider must document in the patient's permanent medical record the following:
- Which VIS was given
- Date of publication of the VIS
- Date the VIS was given.

The following information must also be documented either in the patient's permanent medical record or in a permanent office log:
- The name, address, and title of the person who administered the vaccine
- The date of administration
- The vaccine manufacturer
- The vaccine lot number

VIS's can be obtained from one of the following:

- **The Internet**. All current VIS's are available on the Internet at two websites – the National Immunization Program (www.cdc.gov/nip/), and the Immunization Action Coalition (www.immunize.org/) .

- **State Health Department**.

- **National Immunization Information Hotline**. Call 1-800-232-2522

- **CDC's "Fax-Back" System**. Anyone wanting a single copy of a VIS can call 1-888-232-3299 and, when prompted, enter document number 130011. A NIP "Resource Request List" will be faxed to you, from which you can order VIS's as well as other NIP documents.

If you have any questions concerning the use of VIS's, please call the Infection Control Department at (610) 402-0680.

LVH/MHC Medical Staff Reappointment

On March 2, this year's reappointment process will be put into motion when Reappointment Packets will be mailed to over 1,000 members of the Medical Staff. *Please be on the alert for this important information.* Your prompt attention in reviewing, completing, and returning the reappointment application with all required documents is both requested and appreciated.

If you have any questions regarding the reappointment process, please contact Karen Fox, Credentialing Coordinator, in Medical Staff Services at (610) 402-8957.

News from the Health Information Management Department

Document Imaging Update

Historical Medical Record Access - Clinical workstations are located throughout the clinical units of Lehigh Valley Hospital at Cedar Crest & I-78 and 17th & Chew. These limited access workstations will allow clinicians access to historical medical record information. A mass user upload for clinical access will be done by March 1, 2000. Medical Record staff will be available in the Medical Record Department at both Cedar Crest & I-78 and 17th & Chew to do training. *Remember that training entails a maximum of 15 minutes of your time.*

The database consists of approximately 1 1/2 years of medical records for inpatient, ambulatory, observation and emergency department patients. In addition, current records are added to the database as outlined below:

Inpatients (CC/17)
Day #1 - Patient discharged from hospital unit
Day #2 - Medical record received in the HIM Department by 3 p.m.
Day #3-4 - Medical Record available on line for review

Emergency Department (CC/17)
Day#1 - Patient discharged from the ED
Day #2 - Medical records received from the ED after 9 a.m.
Day #3 - Medical record available on line for review

Ambulatory/OBV (CC/17)
Day #1 - Patient Discharged from unit
Day #2 - Medical Record received in the HIM Department at Noon
Day #3 - Medical Records available on line for review

Electronic Signature – All testing has been completed for the implementation of electronic signature to the medical staff. The Emergency Department physician group has agreed to pilot electronic signature. The pilot will run from February 28 through March 15. During this time, the Medical Record staff will work with the Emergency Department to assure that everything is working properly. The Emergency Department physicians will also help to work out any process issues that might arise during the pilot.

Once this process is complete, electronic signature will be rolled out to the remainder of the physician user population. The next issue of ***Medical Staff Progress Notes*** will include further details on rollout and training.

If you have any questions regarding this issue, please contact Susan Cassium, Document Imaging Coordinator, at (610) 402-4451. Individualized or departmental training sessions should also be coordinated through the Document Imaging Coordinator.

LVHHN Flies Faster, More Advanced Helicopter

On February 2, in order to provide swifter transport of trauma patients, Lehigh Valley Hospital and Health Network (LVHHN) began flying a faster University MedEvac helicopter that can also respond in bad weather.

According to Harold Spatz, LVHHN's University MedEvac director, the Sikorsky S-76 model replaces the BK117, the aircraft that has served the community for most of the 19 years LVHHN has provided medical air transport as a cornerstone of its Level I trauma program.

"The S–76 travels at about 175 mph, 35 mph faster than the previous aircraft," Mr. Spatz said. "The additional speed of the new helicopter will provide the enhanced capability to respond to more incidents much faster."

Based on more than 1,000 flights a year by University MedEvac in the Lehigh Valley, it is anticipated that the upgraded helicopter will handle up to 50 additional flights a year. The speed of the new aircraft also will mean quicker response. 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 new helicopter.

"Time is critical in trauma care," said John McCarthy, DO, University MedEvac's medical director. "Anything we can do to reach the scene and transport a patient to the trauma center more quickly can mean survival and the best chance for optimal recovery."

The S-76 allows instrument flying in poor weather, which was not possible with the BK117 aircraft. The S-76 also has nearly 20 percent more cabin and equipment space, providing more room for patient care, especially when transporting two patients at one time.

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 previous aircraft. LVHHN is leasing the new aircraft from Keystone Helicopters of West Chester, Pa.

Palliative Care Program

A Palliative Care Program for Lehigh Valley Hospital started on October 1, 1999, when a two-year grant was awarded by the Dorothy Rider Pool Health Care Trust. The grant provides monies for a full-time nurse practitioner to work with a part-time medical director and a panel of physicians who will be available to do palliative care consultations for patients at the request of the attending physician. The availability of the consultative service began on February 15, 2000.

The grant proposal has three main goals: education, consultation, and outreach. The education will be centered around the AMA's program, EPEC (Education for Physicians on End-of-Life Care). This educational resource is best presented in a two-day retreat or conference format. It has four plenary sessions and 12 modules designed for smaller group presentations and discussions. The modules include sessions ranging from advance planning to pain and symptom control to physician-assisted suicide. To date, about 60 persons have participated in two of these two-day retreats. Just like the palliative care program, the endeavor is multidisciplinary and team-oriented.

A core group of clinicians has been formed to be advocates, mentors, educators and consultants in palliative care. This group meets regularly for planning, discussion, and educational sessions and welcomes others who might be interested in this kind of commitment to the palliative care program.

The consultation portion of the program began on February 15, and provides a multidisciplinary team to assess and advise in the care of patients who have incurable illnesses complicated by physical, emotional, familio-social, or spiritual problems as a result of their illness. Rather than the statement -- "There's nothing more we can do," -- the palliative care service wants to promote the concept -- "There's a lot more we can do" -- for patients and their families as they struggle with chronically progressive decline in a person's health status. A panel of physicians from the "core group" along with the nurse practitioner, Gretchen Fitzgerald, will fulfill the consultations meant to supplement the services of the primary care team. Consults should be ordered by the attending physician by calling (610) 402-5213.

The outreach portion of the grant provides for the core group to help nursing homes or other healthcare agencies to develop their own multidisciplinary palliative care team. We will help those who wish to do this, to arrange educational opportunities for their staffs, and to assist them in planning how to provide these services to their residents as part of the daily care.

For more information about or involvement in the palliative care program, please contact Joseph E. Vincent, MD, Division of Pulmonary, at (610) 439-8856 or pager (610) 920-7220, or Gretchen Fitzgerald at (610) 402-5213 or pager (610) 830-8358.

Helwig Diabetes Center Improves Educational Process

On January 16, the Helwig Diabetes Center assumed responsibility for inpatient diabetes services that were formerly handled by the patient education department of CEDS. Services will be provided in a similar manner, with the primary focus for inpatient education to be survival skill education.

Survival skill education will continue to be the primary responsibility of the unit based RNs. The Helwig Diabetes Center team will continue to work with staff so that they can provide basic education independently (i.e., insulin administration, hypoglycemia, foot care, etc.). This allows the expertise of the inpatient certified nurse diabetes educator to be focused on addressing more complex educational needs that cannot be addressed by a generalist RN. A Certified Diabetes Educator (CDE) is available for consultation Monday through Friday to handle complex situations.

Nutrition Education Services will continue to be provided from registered dietitians from Clinical Nutrition Services. As always, the inpatient CDE will work collaboratively with the registered dietitians.

Since inpatients are overwhelmed with a tremendous amount of information while experiencing fatigue, pain, and many other emotions, please consider diabetes education early in a patient's stay so they have more time to learn through reinforcement and practice. In addition, when educational needs are identified that could be better met as an outpatient, the Helwig Diabetes Center staff will collaborate with you to obtain outpatient referrals.

Effective patient education is truly the cornerstone to diabetes management. Thank you for your support in helping patients to more effectively manage their disease. For more information regarding diabetes services, please call the Helwig Diabetes Center at (610) 402-4082.

Convenience Care Center Closes
Health Center Still Offers a Variety of Services

On January 31, the Convenience Care Center at the Health Center at Trexlertown closed its doors – a move in response to insufficient public demand and substantial financial losses.

The Convenience Care Center was established to enable physicians to offer a fast, easy and high-quality alternative for health care when schedules could not accommodate an urgent situation.

"We feel our financial resources can be better used in other way to address key health needs of our community," said Lou Liebhaber, LVHHN's chief operating officer.

The decision is "by no means a reflection on the quality of health services offered by the Convenience Care Center staff during the center's operation, and we have offered positions elsewhere in the health network to those individuals," Mr. Liebhaber said.

If patients stop by in search of convenient care services, they will be seen by a physician at Trexlertown Medical Center or at Candio, Kovacs and Lakata -- if appointments are available and visits are permitted by their insurance plan. Patients in need of minor emergency care will be evaluated by a physician and referred to the Express ER at Cedar Crest & I-78 or Muhlenberg Hospital Center.

When patients call first, LVHHN will refer them back to their primary care physicians or to the Express ER. Patients without a primary care physician will be directed to (610) 402-CARE for assistance in finding one.

"The Health Center at Trexlertown remains a vital part of the community as a unique, attractive location with a variety of services under one roof," said Kate Haney, director of the Health Center at Trexlertown. "In fact, several new services are being added over the next month, including urology, gastroenterology, orthopedics and general surgery.

Today, patients can sip a café latte while they wait for a doctor's appointment, surf the Web for health information in the Health Library and Learning Center, attend a health program or exercise class, get a mammogram, enjoy an aromatherapy massage and more.

Along with several health-related retail stores, medical and health services already available include family practice, endocrinology, mammography, eye care, obstetrics and gynecology, nurse practitioners, Healthy You programs, behavioral health services, internal medicine and urology.

Living A Healthy Life with Chronic Conditions

Lehigh Valley Hospital and Health Network owns the license to implement this Stanford University program for patients with chronic conditions. The program was successful in California at reducing hospitalizations and emergency rooms visits, while improving health status and health behaviors. Participants also reported better relationships with their physicians after completing the program.

Lehigh Valley Hospital is only the second hospital in Pennsylvania to offer this program to its patients! Since October, 1999, LVH has successfully conducted consecutive six week workshops for patients with chronic conditions. Although six-month readmission data is not yet available, participants comments and actions have been extremely positive. Courses are offered at various campus locations during both evening and daytime hours.

For more information about the Chronic Disease Self-Management Program or to refer a patient, please call Wendy Robb, RN, Chronic Disease Coordinator, at (610) 402-5015.

Operative Consent and Request Form Revised

In an effort to standardize the forms at each site, the Operative Consent and Request form was merged by the Department of Surgery under the direction of Michael D. Pasquale, MD, Acting Chairperson, and Gregory Brusko, DO, Vice Chairperson (MHC). The new form (MRD-04-M) is now available for use and may be obtained through the hospital's Print Shop (610-402-8562) by completing a Request for Photocopying (Form MM10) or by completing a Photocopying Request on hospital e-mail.

This form should be utilized for all outpatient and inpatient surgical procedures, diagnostic procedures, and invasive procedures. In Pennsylvania, it is the operating physician's responsibility and duty to obtain the patient's informed consent, which includes discussing the risks, benefits and alternatives of the procedure. It is recommended that the Operative Consent and Request form be signed by the patient during the pre-procedure office visit rather than immediately prior to the procedure.

Radiology File Room

The hours of operation for the Radiology File Room at Cedar Crest & I-78 are from 6:30 a.m. to 11:30 p.m. If you need to pick up films after hours, please call (610) 402-8080 or page (610) 402-5100 1297 to request film pick-up. If the radiology technician is involved in patient care at the time of the request, you will be paged when the films are ready for pickup.

Good Shepherd Specialty Hospital-Allentown: The First Patients . . .

On January 20, 2000, the Good Shepherd Specialty Hospital-Allentown (GSSH-A) admitted its first patient. The goals for this patient, as with all patients admitted to this hospital, are to provide intensive care nursing services along with rehabilitation services for an extended period of time.

The following case studies should give you a better idea of how this hospital can serve your patients.

Case #1 is a 45-year-old Caucasian male post gunshot wound to the head with trach, multi system failure and left hemiplegia. After 20 days in the Trauma Neuro Unit, the patient was admitted to GSSH-A where he received aggressive pulmonary care, rehabilitation therapies, and wound care. The patient coded x1 and was placed in the High Observation Unit for 10 days of his total 36-day length of stay in GSSH-A. He was discharged to Good Shepherd Rehabilitation Hospital for an additional 21 days of rehabilitation, cognitive retraining and wound care.

Case #2 is a 67-year-old African American female admitted to GSSH-A with a diagnosis of congestive heart failure, cellulitis of the left lower extremity, and diabetes (out of control). The patient's plan includes 3-4 weeks of IV antibiotics and conditioning to prepare her for CABG. After 25 days in the GSSH-A, she was transferred to LVH for her cardiac surgery.

These cases illustrate the value of having this new level of care conveniently available for our medically stable patients in need of a high level of nursing care. This option makes it possible to discharge your patients earlier, with the knowledge that their complex medical needs will be efficiently managed at the Cedar Crest site. It is important to remember, however, that over a one-year period, only 5% of the GSSH-A patients can be transferred back to acute care. You have the choice to continue following your patients (if you have medical staff privileges) or you can refer them to one of the Medical Directors.

Good Shepherd is pleased to provide another option for care of your patients in the post acute continuum of care at GSSH.

If you have any questions or would like a tour of GSSH-A (on 6C & 6A), please contact:

- Stephen C. Matchett, MD, GSSH-A Medical Director, at (610) 439-8856 or pager (610) 920-7225
- Jane Dorval, MD, GSSH-A Medical Staff President, at (610) 776-3340 or pager (610) 830-2793
- Joseph Pitingolo, GSSH-A Administrator, at (610) 402-8559 or pager (610) 830-4023
- Linda Dean, Administrative Consultant, at (610) 402-8963 or pager (610) 830-3110
- Nancy Hardick, Medical Staff Affairs, at (610) 402-8962

Medication Form Changes at MHC

As of February 14, the Medication Administration Record, Medication Stop Times, and Medication Administration Times at Muhlenberg Hospital Center have changed.

Coumadin administration time has changed to Noon instead of 8 p.m.

During this transition time, you may experience additional calls from the nursing staff regarding INR/PTT. Your cooperation is greatly appreciated.

If you have any questions regarding this issue, please contact Lynn Kuster, RPh, Pharmacy Manager, Muhlenberg Hospital Center, at (610) 861-2549. As of March 1, please call (484) 884-2549.

MHC Central Scheduling Hours

Effective February 5, the Central Scheduling Department at Muhlenberg Hospital Center will no longer be staffed on Saturdays. This change was based on data collected over a four-month period that showed a very small volume of calls being made to this area on Saturdays. The Central Scheduling Department will be open Monday through Friday, from 7 a.m. to 7 p.m. Any STAT tests required for patients on Saturday or Sunday should be scheduled directly with the department.

Coding Tip of the Month

Pneumonia is a common diagnosis requiring special attention to code correctly. In order to appropriately code pneumonia, the coder needs to know if the pneumonia is caused by bacteria, viruses, aspiration, parasites, or other organisms. When the diagnostic statement is pneumonia without any further specification, the coder may be asking the physician for a more definitive diagnosis, if known.

Computer Based Training

Computer Based Training (CBT) programs are currently available for members of the hospital and medical staff through the Center for Educational Development and Support (CEDS). 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
- E-mail GUI

CBT programs replace the instructor-led classes previously held at Lehigh Valley Hospital. A proctor will be in the room with the learner while he/she takes the CBT, but the learner will control the pace and objectives of the learning.

Computer Based Training takes place in **Suite 401 of the John & Dorothy Morgan Cancer Center** (the computer training room) and in the **Muhlenberg Hospital Center computer training room** (off the front lobby). The schedule of upcoming dates is as follows:

Suite 401 - J&DMCC
March 7 - Noon to 4 p.m.
March 21 - Noon to 4 p.m.
March 28 - 8 a.m. to Noon
April 4 - 8 a.m. to Noon
April 18 - Noon to 4 p.m.
April 25 - Noon to 4 p.m.
May 2 - Noon to 4 p.m.
May 16 - 8 a.m. to Noon
May 23 - Noon to 4 p.m.
June 6 - 8 a.m. to Noon
June 27 - 8 a.m. to Noon

Muhlenberg Hospital Center
April 11 - 8 a.m. to Noon
May 9 - 8 a.m. to Noon
June 13 - Noon to 4 p.m.

Twelve slots are available for each session.

To register for a slot, please contact Suzanne Rice through e-mail or by phone, (484) 884-2237, with the following:
- The date of the session you wish to attend
- Your second choice in case your first choice is filled
- Your department
- A phone number where you can be reached in case the class is cancelled due to inclement weather

You will receive an e-mail confirming your choice within two business days.

If you have any questions regarding course content, please contact Craig Koller in the Center for Education at (610) 402-1427 or through e-mail.

Process for Cancer Staging to Change

On March 15 at Lehigh Valley Hospital, and on July 1 at Muhlenberg Hospital Center, the process for cancer staging will change. On the effective dates, the Tumor Registry staff will review pathology reports and ICD-9 discharge lists for newly diagnosed cancer cases.

When a new cancer diagnosis is discovered, the "attending" physician will be notified by letter that a staging sheet must be completed and returned to the Tumor Registry (Attention: Brenda Dwinal) within two weeks. The appropriate staging sheet will accompany the notification letter and will contain the patient's name, address, Phamis encounter number and return date.

If the completed staging sheet is not received in the Tumor Registry by the return date, a second notice will be sent to the physician. The completed staging sheet is to be returned to the Tumor Registry within two weeks.

If a staging sheet is outstanding after second notification, the Tumor Registry staff will alert Medical Records that the physician in question has a record that will become delinquent for a cancer staging form. Medical Records will manage this as other chart delinquencies are managed.

Upon receipt of a completed cancer staging sheet, the Tumor Registry staff will forward the completed form to Medical Records. The cancer staging sheet will be scanned and incorporated into the patient's permanent record.

Cancer staging is required by the Commission on Cancer (American College of Surgeons) for 46 organ sites and must be included in the patient's medical record. Cancer Staging Sheets are used as the method of documentation. Staging sheets can be ordered from the hospital's Print Shop (610-402-8562) by completing a Request for Photocopying (Form MM10) or by completing a Photocopying Request on hospital e-mail. Please refer to the list of Cancer Staging Sheets on Page 13.

If you have any questions regarding this issue, please contact Andrea Geshan, Manager, Tumor Registry, at (610) 402-0526.

CANCER STAGING SHEETS
5TH EDITION, CANCER STAGING MANUAL
ORDERING INFORMATION

SITE	FORM #	SITE	FORM #
Ampulla of Vater	CCTR-39	Orbit (sarcoma)	CCTR-55
Anal Canal	CCTR-35	Ovary	CCTR-13
Bone	CCTR-41	(Exocrine) Pancreas	CCTR-23
Breast	CCTR-19	Paranasal Sinuses	CCTR-31
Cervix	CCTR-15	Penis	CCTR-46
Colon/Rectum	CCTR-25	Pharynx	CCTR-61
Conjunctiva (carcinoma)	CCTR-51	Pleural Mesothelioma	CCTR-40
Conjunctiva (melanoma)	CCTR-52	Prostate	CCTR-09
Esophagus	CCTR-33	Renal Pelvis & Ureter	CCTR-47
Extrahepatic Bile Ducts	CCTR-38	Retinoblastoma	CCTR-54
Eyelid (carcinoma)	CCTR-39	(Major) Salivary Glands	CCTR-32
Fallopian Tube	CCTR-63	Skin (excluding eyelid, vulva, penis)	CCTR-43
Gallbladder	CCTR-37	Small Intestine	CCTR-34
Gestational Trophoblastic Tumor (GTT)	CCTR-64	Soft Tissue Sarcoma	CCTR-42
Hodgkin's Disease	CCTR-58	Stomach	CCTR-27
Kidney	CCTR-05	Testis	CCTR-45
Lacrimal Gland	CCTR-56	Thyroid	CCTR-03
Larynx	CCTR-62	Urethra	CCTR-48
Lip & Oral Cavity	CCTR-60	Urinary Bladder	CCTR-07
Liver	CCTR-36	Uterus	CCTR-14
Lung	CCTR-21	Uvea (melanoma)	CCTR-53
(Malignant) Melanoma, Skin	CCTR-44	Vagina	CCTR-17
Non-Hodgkins' Lymphoma	CCTR-59	Vulva	CCTR-11

Congratulations!

Gene H. Ginsberg, MD, Division of General Internal Medicine/Geriatrics, was recently informed by the American Board of Internal Medicine that he passed the November 1999 Recertification Final Examination in Geriatric Medicine.

Steven A. Mortazavi, MD, Department of Anesthesiology, Division of Pain Management, was recently certified by the American Board of Anesthesiology.

Robert X. Murphy, Jr., MD, Division of Plastic & Reconstructive Surgery/Hand Surgery, Section of Burn, and Past President of the Medical Staff, has been named the new Medical Director of the Wound Care Center at Muhlenberg Hospital Center. As a member of the wound care staff, Dr. Murphy's plastic surgery specialty has been put to good use healing some very tough chronic wounds. Dr. Murphy will support the clinical aspect of the Wound Care Center and will help to facilitate the growth of this valued program.

Kamalesh T. Shah, MD, Division of General Surgery/Trauma-Surgical Critical Care, was recently informed by the American Board of Surgery that he successfully completed the recertification process and is now recognized as recertified in Surgical Critical Care.

Kenneth P. Skorinko, MD, Division of Cardiology, was recently notified by the American Board of Internal Medicine that he passed the November 1999 Interventional Cardiology Examination and is now certified as a Diplomate in Interventional Cardiology.

William J. Smolinski, DO, Division of Cardiology, having met the requirements prescribed by the Certification Board of Nuclear Cardiology and having satisfactorily passed the required examination, has been designated a Diplomate in the subspecialty of Nuclear Cardiology.

Michael S. Weinstock, MD, Chairperson, Department of Emergency Medicine, has successfully fulfilled the requirements of the Board and has become recertified as a Diplomate of the American Board of Emergency Medicine.

Papers, Publications and Presentations

"Agitated Symptom Response to Divalproex Following Acute Brain Injury," an article written by **Peggy E. Showalter, MD**, Department of Psychiatry, has been accepted for publication in the ***Journal of Neuropsychiatry and Clinical Neurosciences***.

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 videoconference in the First Floor Conference Room of Muhlenberg Hospital Center, and in the Video Teleconference Room (formerly the Medical Staff Lounge) at 17th & Chew.

Topics to be discussed in March will include:

- March 7 - Latest Information and Research on Multiple Sclerosis
- March 14 - Diagnosis and Treatment of Recurrent Migraine Headache
- March 21 - Lipids and Proteinuria in the Progression of Chronic Renal Disease
- March 28 - The Relationship Between Structure and Clinical Outcomes in Critical Care and ICU Outcomes at Lehigh Valley Hospital

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

Department of Pediatrics Conference

"Obstructive Sleep Apnea in Children" will be presented by Raanan Arens, MD, Director, Sleep Disorders Laboratory, Children's Hospital of Philadelphia, on Tuesday, March 21, beginning at 8 a.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78.

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

13th Annual Art Auction

Mark your calendars! The Professional Nurse Council and Friends of Nursing Annual Art Auction will be held on Friday, March 31 at Brookside Country Club, 901 Willow Lane, Macungie. This year's event -- An Evening of Artful Elegance -- will be presented by Heisman Fine Arts Gallery, Inc. of Ardmore. A preview will be held from 6:30 to 7:30 p.m., followed by the art auction at 7:30 p.m. Hors d'oeuvres, desserts, beverages and a cash bar will be available during the preview. For ticket information, please contact Tina Staudt in Professional Development at (610) 402-1704.

(Continued on Page 15)

(Continued from Page 14)

Seventh Annual Update on Heart and Lung Surgery

The Seventh Annual Update on Heart and Lung Surgery will be held on Saturday, April 15, from 7:30 a.m. to Noon in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78.

Featured presentations will include:

- Positron Emission Tomogrpahy in Lung Cancer
- Surgery for Advanced Lung Cancer with Panel Discussion
- Use of Nitric Oxide in Heart and Lung Surgery
- The Radial Artery Conduit for Coronary Artery Bypass Grafting
- Mitral Valve Homografts

For more information, contact the Center for Educational Development and Support at (610) 402-1210.

Lehigh Valley Physicians' Business Services

To help your practice stay in touch with new and upcoming changes in healthcare, Lehigh Valley Physicians' Business Services is offering a collection of programs for physicians and office staff.

Coding/Audit Practice classes (by specialty) will be held as follows:

Family Practice/Pediatrics
- March 14, 1 to 4 p.m., Presidents' Room, Lehigh Valley Hospital, Cedar Crest & I-78
- March 30, 1 to 4 p.m., 1st Floor Conference Room, Muhlenberg Hospital Center

Cardiology and Other Specialties
- March 23, 1 to 4 p.m., 1st Floor Conference Room, Muhlenberg Hospital Center

The above sessions will feature coding/audit practice and will focus on E & M codes. Each course participant may choose a maximum of three patient encounters he/she would like to code during the session. Please have the progress notes typed. After removing all identifying information, fax all pertinent chart information, including H & P, labs, etc., to Lehigh Valley Physicians' Business Services at (484) 884-4444.

The class is appropriate for administrators, office managers, coders, and physicians. The cost is $100 for the first participant and $50 for each additional participant from your practice. Refreshments will be served.

Documentation, Coding and Auditing for Physicians will be presented on March 21, from 6:30 to 8:30 p.m., in Conference Room 1A of the John and Dorothy Morgan Cancer Center, and on April 4, from 6:30 to 8:30 p.m., in the 1st Floor Conference Room at Muhlenberg Hospital Center.

Topics to be discussed include:
- Comparison of 1995, 1997 and proposed Year 2000 rules
- Basic documentation requirements for physical examinations
- Code use frequency
- E & M auditing
- Conduct an audit on your progress notes

The cost is $100 per person and includes a light dinner. Physician CME credit is available.

A **Comprehensive Compliance Course** will be held on April 6 from 11:30 a.m. to 4:30 p.m., in Classroom 2 of Lehigh Valley Hospital, Cedar Crest & I-78.

Topics will include:
- How detailed does a compliance program have to be?
- How to maximize revenue while decreasing liability
- How to communicate rule changes to your staff
- Update job descriptions to include compliance requirements
- Procedure for code changes
- Goals of an audit
- Cost of an audit
- Procedure to correct coding errors
- Customize your compliance policy, and take it with you in Microsoft Word on disk

This course is targeted toward physicians and their key staff members. The cost is $200 for the first participant and $150 for each additional participant from the same practice. Lunch will be served. Physician CME credit is available.

For more information regarding any of the above listed courses, please contact Lehigh Valley Physicians' Business Services at (484) 884-4440.

Who's New

Medical Staff

Appointments

Anne M. Helwig, MD
ABC Family Pediatricians
Allentown Medical Center
401 N. 17th Street, Suite 203
Allentown, PA 18104-6805
(610) 821-8033 ◆ Fax: (610) 821-8931
Department of Pediatrics
Division of General Pediatrics
Site of Privileges - LVH & MHC
Provisional Active

Kyle A. Helwig, MD
Stelzer Cornell Taus & Auteri GI Associates
451 Chew Street, Suite 401
Allentown, PA 18102-3492
(610) 821-2828 ◆ Fax: (610) 821-7915
Department of Medicine
Division of Gastroenterology
Site of Privileges - LVH & MHC
Provisional Active

Aaron D. Katz, MD
Affinity
1243 S. Cedar Crest Blvd.
Allentown, PA 18103-7982
(610) 402-9292 ◆ Fax: (610) 402-9268
Department of Family Practice
Division of Occupational Medicine
Site of Privileges - LVH & MHC
Provisional Active

Joseph B. Schellenberg, MD
Pulmonary Associates
1210 S. Cedar Crest Blvd., Suite 3200
Allentown, PA 18103-6028
(610) 439-8856 ◆ Fax: (610) 439-1314
Department of Medicine
Division of Pulmonary
Site of Privileges - LVH & MHC
Provisional Active

Gregory M. Singer, MD
William G. Kracht, DO, PC
Woodlands Healing Research Center
5724 Clymer Road
Quakertown, PA 18951-3266
(215) 536-1890 ◆ Fax: (215) 529-9034
Department of Family Practice
Site of Privileges - LVH & MHC
Provisional Active

Andrew T. Smith, MD
835 Belvidere Road
Phillipsburg, NJ 08865
(908) 859-5844
Department of Surgery
Division of General Surgery
Site of Privileges - MHC
Provisional Active

Change of Address

Anjam N. Bhatti, MD
5380 Chapmans Road
Orefield, PA 18069-9089

Mario A. Candal, MD
301 S. 22nd Street
Easton, PA 18042-3811

David A. Edmonds, DPM
4 W. Main Street
Macungie, PA 18062-1309
(610) 965-2496
Fax: (610) 262-1404

Shah & Giangiulio
- Leslie L. Cormier, DO
- Dennis J. Giangiulio, MD
- Surendra S. Shah, MD

1240 S. Cedar Crest Blvd., Suite 305
Allentown, PA 18103-6218
(610) 821-2700
Fax: (610) 821-5431

New Practice Name

Gerald P. Sherwin, MD
Breast Health Surgical Specialists
1240 S. Cedar Crest Blvd., Suite 103
Allentown, PA 18103-6218
(610) 402-7884
Fax: (610) 402-7881

Practice Changes

The practice -- Lehigh OB/GYN -- has been dissolved. Former members of this group should be listed as follows:

T.A. Gopal, MD
OBGYN Associates of the LV
Allentown Medical Center
401 N. 17th Street, Suite 301
Allentown, PA 18104-5051
(610) 402-9400
Fax: (610) 433-0949

Joseph N. Greybush, MD
Practice Name - Joseph N. Greybush, MD
Allentown Medical Center
401 N. 17th Street, Suite 301
Allentown, PA 18104-5051
(610) 402-9400
Fax: (610) 433-0949

Carl A. Lam, MD
Practice Name - Carl A. Lam, MD
Allentown Medical Center
401 N. 17th Street, Suite 301
Allentown, PA 18104-5051
(610) 402-9400
Fax: (610) 433-0949

Craig J. Sobolewski, MD
LVPG-Center for Women's Medicine
Lehigh Valley Hospital
17th & Chew
P.O. Box 7017
Allentown, PA 18105-7017
(610) 402-1600
Fax: (610) 402-9688

Elizabeth L. Stanton, MD
No longer associated with Lehigh Valley Family Health Center
Forward mail to:
9646 Newtown Road
Breinigsville, PA 18031-1806
(610) 391-7222

Appointment to Medical Staff Leadership Position

Larry N. Merkle, MD
Position: Medical Director, Endocrine Testing Station

Status Change

Paul L. Orr, MD
Department of Psychiatry
From: Active
To: Associate
Site of Privileges - LVH & MHC Site

Resignations

Howard B. Altman, MD
Department of Pathology
Division of Dermatopathology

Michael P. Banas, MD
Department of Surgery
Division of Orthopedic Surgery

Benjamin M. Kraynick, MD
Department of Surgery
Division of Orthopedic Surgery

Thomas J. Tachovsky, MD
Department of Surgery
Division of General Surgery

Allied Health Professionals

Appointments

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

Patricia M. Frey, RN
Physician Extender
Professional - RN
(The Heart Care Group, PC - Steven L. Zelenkofske, DO)
Site of Privileges - LVH & MHC

Lisa A. Leonard, PA
Physician Extender
Physician Assistant - PA
(Manny Iyer, MD - Manny Iyer, MD)
Site of Privileges - MHC

James J. Sheptock, PA
Physician Extender
Physician Assistant - PA
(Orthopaedic Associates of Bethlehem, Inc. - Ranjan Sachdev, MD)
Site of Privileges - MHC

Resignations

Kimberly J. Fenstermacher, RN
Physician Extender
Professional
(The Heart Care Group, PC - Michael A. Rossi, MD)

Alice Gallagher, CRNP
Physician Extender
Professional
(John J. Cassel, MD, PC)

Michael D. Kramer, PA-C
Physician Extender
Physician Assistant
(Allen Neurosurgical Assn Inc.)

Health Network
LABORATORIES

LAB - LINK

Information And Advice About Our Laboratory

February 14, 2000

CARDIAC MARKER UPDATE - MCKMB AND TROPONIN I

Effective February 16, 2000, the reference intervals for Troponin I and MCKMB will change. New instrumentation which utilizes different methodologies than our current instrumentation will be implemented. The ratio between values by the old and new methods is constant over the reportable range.

INTERPRETATION OF RESULTS	TOTAL CK (U/L)	MCKMB * (ng/mL)	RELATIVE INDEX (%) **	TROPONIN I *** (ng/mL)
Consistent with non-MI condition	Male: 55-170 Female: 30-135	≤3.38	< 3.0	< 0.10
Consistent with Skeletal Muscle Inj	Increased	<or> 3.38	< 3.0	< 0.10
Consistent with MI	NORM or INCR	>3.38	> 3.0	> 1.00
Suggests Myocardial Ischemia	NORM or INCR	<or> 3.38	< 3.0	0.11 - 0.99

* Old: 0 - 5.0

** Relative Index (%) = 100 x (MCKMB/Total CK)

*** Old: 0 - 2.0

Interpretation should consider the serial presentation of results from all three specimens.

A MI profile started on a patient prior to the method change on February 16, 2000, will continue to be done by the old method until that patient's profile is complete.

If you have any questions, please call our Customer Care Call Center at 610-402-8170.

THERAPEUTICS AT A GLANCE

February, 2000

Transfusion Service Subcommittee (subcommittee of the Therapeutics Committee)

CHANGE IN PLATELET POOL SIZE

The current standard dose for one platelet transfusion in the US is considered to be 3.0×10^{11} ($2.5 - 4.0 \times 10^{11}$). This has been historically achieved by pooling platelet concentrates from six random donors or issuing one single donor (apheresis) platelet.

MMBC has changed the preservative/ anticoagulation solution for whole blood collections in the recent past. This enables them to collect a larger amount of platelet rich plasma (PRP) as a source for making platelet concentrates.

The data submitted to us by the Medical Director of Miller Memorial Blood Center in December 1999 indicates that the current mean yield in a random platelet concentrate is 7.6×10^{11}. Using this number our data projections are the following:

$7.6 \times 10^{10} \times 6$ units (random platelet concentrates) $= 4.6 \times 10^{11}$

$7.6 \times 10^{10} \times 5$ units (random platelet concentrates) $= 3.8 \times 10^{11}$

$7.6 \times 10^{10} \times 4$ units random platelet concentrates) $= 3.0 \times 10^{11}$

The Therapeutics Committee/Transfusion Subcommittee LVH/MHC approved the usage of 5 concentrates in a pool for routine platelet transfusions. (Hematology, Surgery and Critical Care physicians were present at this meeting).

On January 17, 2000, Miller Memorial Blood Center implemented Nucleic Acid Testing (NAT) for HIVon donor blood. **The cost of this single test, which is still investigational, will be passed on to LVHN and is estimated to be $30,000-$100,000 range per year.**

We are hoping that through prudent transfusion practice we can off set this cost as well as some of the cost of the previously implemented NAT test for HCV (April 1999).

As of March 1, 2000 all platelet concentrate pools at CC/17/MHC will consist of 5 platelet concentrates instead of 6. As always, the physician has the option to increase or decrease, this order depending on an individual patient's need. However, this exception and the reason for this change, needs to be communicated to the transfusion service at the time of ordering.

If you have any questions please do not hesitate to contact Bala Carver, M.D. at (610) 402-8142.

Ceftriaxone Autosubstitution

Lehigh Valley Hospital Therapeutics Committee recently approved the autosubstitution of cefotaxime for ceftriaxone. The information below provides the rationale for the switch. These medications have identical mechanisms of action, identical spectrums of activity as well as similar side effect profiles. The tables below highlight the striking similarities between these two medications. Both agents have virtually identical FDA approved indications.[2, 3]

The following table[4] indicates sensitivities of ceftriaxone and cefotaxime for the year 1999. Streptococcus pneumoniae is not represented for cefotaxime because testing for this organism is not automated and is performed manually. The microbiology department currently tests ceftriaxone against Streptococcus pneumoniae at the present time. However, ceftriaxone and cefotaxime can be considered equal with regards to activity against Streptococcus pneumoniae. Data from the SENTRY antimicrobial surveillance program done in 1997 indicates that there is approximately 4% resistance to cefotaxime in the United States. It is reasonable to expect the same type of results at Lehigh Valley Hospital.

Pathogen	Ceftriaxone	Cefotaxime
Streptococcus pneumoniae	93% (158)	N/A
Haemophilus influenzae	98% (44)	96% (25)
Acinetobacter anitratis/baumanii	61% (31)	55% (58)
Citrobacter freundii	82% (90)	100% (12)
Enterobacter aerogenes	86% (106)	67% (24)
Enterobacter cloacae	81% (118)	77% (91)
Escherichia coli	100% (3348)	99% (214)
Klebsiella oxytoca	96% (81)	100% (27)
Klebsiella pneumoniae	100% (181)	100% (105)
Proteus mirabilus	99% (741)	100% (112)
Serratia marcescens	98% (65)	100% (68)

Below are a few examples of the primary literature that was reviewed during the evaluation these two medications. The first study supports the use of lower doses of cefotaxime in elderly patients due to declining renal function. The other two studies are head to head comparisons of cefotaxime and ceftriaxone showing clinical and microbiological cures.

1) M. Jonsson and colleagues[1] performed a study in 20 acutely ill elderly patients with suspected septicemia, pneumonia or urinary tract infections. The median age was 79 years (range 60-98). Patients were treated with cefotaxime 1g q12h given as a five-minute bolus injection. All patients in this study were cured without having any adverse reactions. The t ½ and AUC of cefotaxime was increased in all age groups. A cefotaxime concentration of > 2 μg/ml persisted for more than 10 hours in serum and 5.5-7 hours in tissue fluid. It should be noted that this was not a randomized trial and that no statistical analysis was done. However, the findings do illustrate that in the elderly, cefotaxime 1g q12h attains a T>Cmax of >50% of the dosing interval. Maximum inhibitory concentrations for cephalosporins are achieved at a T>Cmax between 40-60% of the dosing interval.

2) In 1992, Dansey and colleagues[6] did a study comparing cefotaxime 1g IM q12h vs. ceftriaxone 1g IM q24h for community acquired pneumonia. Fifty-two patients were enrolled in the study of which fifty were evaluable. Twenty-three received cefotaxime and twenty-seven received ceftriaxone. The study was performed in South Africa. The mean age of the cefotaxime group was 34 years (± 9, range 21-53). The mean age of the ceftriaxone group was 35 (± 8, range 21-53). The mean weight of the cefotaxime group was 62 kg (± 7) and of the ceftriaxone group 62 kg (±8) The mean treatment duration for cefotaxime was 5.2 days and 5.4 days for ceftriaxone. Clinical cure was obtained in 49/50 patients, with one failure in the ceftriaxone group. The predominating pathogen was Streptococcus pneumoniae (50%). At follow-up, there was no clinical evidence of recurrent or new infection. In the cefotaxime group, 91% of the patients showed marked improvement or complete resolution on repeat radiograph compared with 88% in the ceftriaxone group. There were a couple of limitations in this study; 1) the small number of patients enrolled 2) lack of statistical analysis. However, the results did indicate that 1g q12h of cefotaxime and 1g q24h of ceftriaxone were both effective in the treatment of uncomplicated community acquired pneumonia in patients who required hospitalization.

3) B.P. Simmons and colleagues[7] randomized 365 patients with serious infections to receive either cefotaxime 2g IV q12h or ceftriaxone 2g IV q24h. The study included patients ≥ 18 years of age with moderate or severe infections of respiratory tract, blood, skin and soft tissue or urinary tract. There were 190 patients enrolled in the cefotaxime group and 175 in the ceftriaxone arm. The two groups were similar with regards to demographics and type of infection. The patients enrolled in the ceftriaxone group tended to be younger, mean age 64.9 compared to 69.2 in the cefotaxime group (P=0.18). Of the patients enrolled in the trial, 124 of the cefotaxime group and 114 of the ceftriaxone group were evaluable for clinical response. In the two groups, 59 cefotaxime and 46 ceftriaxone treated patients were evaluated for clinical as well as bacteriologic response.
In total, 86% (107/124) of the cefotaxime and 90% (103/114) of the ceftriaxone group had a satisfactory or improved clinical response. There was no statistical difference between the two groups. There was an 86.4% bacteriologic cure rate in the cefotaxime group compared with an 87% cure rate in the ceftriaxone group. The incidence of persistence of infection, reinfection and superinfection was similar in both groups. The incidence of adverse drug reactions was also similar in both groups. The results show that cefotaxime 2g IV q12h and ceftriaxone 2g IV q24h are equivalent with regards to clinical and microbiological cure.

Calls were made to numerous facilities in an effort to see if this sort of initiative was done before. Many hospitals, including Hartford Hospital and Brigham and Womens Hospital, have made this change and have had excellent results. Roche laboratories, the manufacturer of ceftriaxone, was given every opportunity to match the competitive pricing offered by the manufacturer of cefotaxime which is Abbott. Unfortunately, Roche was unable to match the pricing offered by their competitor.

It is expected that this new policy will maintain the same quality care Lehigh Valley Hospital has been known for and can potentially generate between $20,000 and $40,000 a year in cost savings. The Pharmacy Department will track the progress of this autosubstitution and report its findings back to the Therapeutics Committee.

References:

1. M. Jonsson , M. Walder. Pharmacokinetics of intravenous antibiotics in acutely ill elderly patients. Eur J. Clin. Microbiology, December 1986; 5 (6): 629-633.
2. Product information ceftriaxone Roche Laboratories 1998.
3. Product information cefotaxime Hoechst Marion Roussel 1996.
4. Lehigh Valley Hospital antibiogram 1999.
5. G.V. Doern et al. Prevalence of antimicrobial resistance among respiratory tract isolates of Streptococcus pneumoniae in North America: 1997 results from the SENTRY antimicrobial surveillance program. Clinical Infectious Diseases Oct 1998; 27(4): 764-70.
6. R.D. Dansey et al. Comparison of cefotaxime with ceftriaxone given intramuscularly 12-hourly for community acquired pneumonia. Diagn Microbiol Infect Dis. 1992; 15: 81-84.
7. B.P. Simmons et al. Cefotaxime twice daily versus ceftriaxone once daily. A randomized controlled study in patients with serious infections. Diagn Microbiol Infect Dis 1995; 22: 155-157.

The Center for Educational Development and Support

March, 2000

Symposia:

March 2 & 3, 2000 TRAUMA 2000 A Continuum of Care will be held from 7:30 – 4:25pm at The Allentown Hilton.
Day 1 topics will be Trauma: Past, Present & Future; Cyber Trauma Cases & METI Patient Simulator; Advances in Liquid Ventilation; Geriatric Trauma; Advances in Pediatric Abdominal Trauma; Pelvic Fractures; Liquid Nitrogen; Child Passenger Seats Part I: Federal Testing Requirements; Sepsis; Violence: Youth Gang Activity–A Public Health Approach: Disaster Operations–Lessons Learned.
Day 2 topics cover Anatomy of a Teenage Car Crash; Pediatric Injuries: Little Pinkies, Little Toes, When Jill Came Tumbling After; End Points of Resuscitation; Traumatic Peripheral Nerve Injury; Inhalation Injury: Carbon Monoxide Poisoning; Drowning and Near-Drowning; Child Passenger Seats Part II: Workshop; Foreign Body in Any Orifice; Trauma Alert Code Red: Gunshot Would to the Abdomen; Hypothermia; Solving the Mysteries of Trauma: Learning From Famous Case Studies. To register, please contact Donna Stout at 610-402-1700.

News from the Library

New Textbooks At Your Finger Tips

New editions of the following popular reference books are available full-text at the MD Consult website:

Behrman: NELSON TEXTBOOK OF PEDIATRICS. 16th ed. W.B. Saunders, 2000
Johns Hopkins: HARRIET LANE HANDBOOK 15th ed. Mosby. 2000

Instructions for accessing MD Consult:
Go to the LVHHN INTRANET home page.
(Double click on the Netscape ICON available on all computers connected to LVHHN)
Select CLINICAL from the drop-down menu labeled DEPARTMENTS
Select MD Consult from the list of CLINICAL LINKS
Click on MEMBER SIGN IN
Enter your USER ID and PASSWORD* (Use the TAB key between boxes) and click on the VERIFY box
Select REFERENCE BOOKS from the menu
Scroll down the list of reference books. Double click on a title to select it.
*First time users must register. Select a user ID and password that are easy to remember.

DRUG INFORMATION sources immediately available from the LVHHN INTRANET MD Consult:
GenRX, Mosby, 2000
ELLENHORN'S MEDICAL TOXICOLOGY, 2dcd. Williams & Wilkins, 1997.
Blumcnthal: COMPLETE GERMAN COMMISSION E MONOGRAPH'S
THERAPEUTIC GUIDE TO HERBAL MEDICINES. 1st cd. Am Botanical Council, 1998.

MICROMEDEX databases

PRIMARY CARE ONLINE
FACTS & COMPARISON'S POCKET GUIDE, 1998
LIPPINCOTT'S NURSING DRUG GUIDE, 1999

Stop by any library location for a quick refresher on accessing the above resources.

OB/GYN LIBRARY MATERIALS

The majority of the OB/GYN books and journals are now at the CC Health Sciences Library. All of these materials are located in the same room for your convenience. Make the first left after entering the library and proceed through the NURSING RESOURCES section to the first door on the right.

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)

Computer-Based Training (CBT):

Computer Based Training (CBT) programs are available for LVHHN staff. Topics covered by the CBT programs include: Access 2.0, Power-Point 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 311 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:

3/7/2000	12pm - 4pm
3/21/2000	12pm - 4pm
3/28/2000	8am - 12pm

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

3/14/2000	8am - 12pm

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

To register, please contact Suzanne Rice via e-mail or at 610-861-2237 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 610-402-1427 or e-mail.

Announcements:

MARK YOUR CALENDARS TO ATTEND..

The **Seventh Annual Update on Heart and Lung Surgery, Saturday, April 15, 2000**, at Lehigh Valley Hospital, Cedar Crest & I-78 Auditorium, 7:30 a.m. - Noon Program

Featured Presentations include: Positron Emission Tomography in Lung Cancer, Surgery for Advanced Lung Cancer with Panel Discussion, Use of Nitric Oxide in Heart and Lung Surgery, The Radial Artery Conduit for Coronary Artery Bypass Grafting, and Mitral Valve Homografts.

AOA CREDITS NOW AVAILABLE

Thanks to the efforts of Jon E. Brndjar, DO, LVH's Director of Osteopathic Medical Education, as of January 2000, Osteopathic physicians attending departmental grand rounds, tumor boards, and selected other peer-reviewed meetings and conferences will be granted AOA Category 1B CME credits, that can be applied toward both state licensing and AOA requirements.

Additionally, AOA continues to recognize "Life Support" courses (BLS, ACLS, PALS, NALS, ATLS) as eligible for AOA Category 1A credits. To receive these AOA credits, Osteopathic physicians must continue to sign activities attendance forms as they have in the past. At the end of the calendar year, CEDS will send out the appropriate paperwork to document attendance. Please page or email Jon E. Brndjar, DO. (pager 1458) or Bonnie Schoeneberger (610-402-1210) with any questions.

PALLIATIVE CARE SERVICE

There's A Lot More We Can Do!

Palliative Care Team will begin to see patients on Tuesday, February 15.

Do you have a patient who is disabled by a chronic or terminal illness?

Ask yourself these questions:

Is your patient suffering from pain & symptoms, secondary to their disease?
Is your patient lacking social & spiritual support?
Is your patient asking about advance directives?
Is your patient & the family having difficulty coping with the illness?
Is your patient not experiencing the quality of life that they could?

If so, please contact us.
We can help & advise you on ways to increase your patient's quality of life.
It is important that you contact us early in the patient's hospitalization so that we may be able to thoroughly assess the patient's needs as well as follow-up with the patient & coordinate appropriate services.

For those of you who have not heard of us, we are an interdisciplinary team specializing in the palliative care of patients with a life-threatening illness. We will complement your management of the patient by addressing psychosocial issues & counseling the patient & family regarding end-of-life issues. In addition, we will work with you in developing an optimal pain & symptom management plan.

If you have any questions or if you would like more information, please contact either Dr. Joseph Vincent (439-8856) or Gretchen Fitzgerald (402-5213).

This educational program is supported by the Pool Trust.

For more information refer to the following:

Palliative Care Program
Purpose:
- Consultative service
- Education of clinicians
- Initiate palliative care incentives in nursing homes

What is Palliative Care?

Care that focuses on quality of life issues for patients with a life-threatening illness when a cure is not possible using an interdisciplinary team approach

Major concerns include:

- Pain & symptom management
- Psychosocial & spiritual support
- Advance care planning
- Coordination of community & hospital services

Members of the interdisciplinary team:

Physician	Nurse practitioner
Social worker	Chaplain
Nurse	Pharmacist
Psychiatrist	

How can we help you?

Provide consultation regarding & assist with:
- psychosocial need assessment
- symptom management
- family support
- patient counseling
- coordination of available services & team members
- efficient use of time and services

End Result:

Comprehensive care for the patient.
Improved quality of life for the patient & the family

How to contact us:

Dr. Joseph Vincent	439-8856	pager: 920-7220
Gretchen Fitzgerald	402-5213	pager: 830-8358

- **Please contact us early in the patient's hospitalization so we may appropriately assess the needs of the patient & the family as well as monitor the patient's progress.**

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

March 2000

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2 **7:30am Trauma 2000-The Allentown Hilton** 12 Noon Combined Tumor Board-JDMCC-CR1 A/B	3 7am GYN Tumor Board-17-Aud **7:30am Trauma 2000-The Allentown Hilton** 12 Noon Breast Tumor Board-JDMCC-CR1 A/B	4
5	6 12 Noon Colon/Rectal TB-JDMCC CR 1A/B	7 7am Surgical GR-CC-Aud 7am Ambulatory Clinical Guideline Dev-SON-CR 8am Pediatric GR-17-Aud 12noon-Medical GR-CC-Aud	8 12 Noon Pulmonary T B-JDMCC-CR 1A/B	9 12 Noon Combined TB-JDMCC CR 1A/B	10 7am OBGYN GR-17-Aud 12 Noon Breast T B-JDMCC-CR1 A/B	11
12	13	14 7am Surgical GR-CC-Aud 8am Pediatric GR-17-Aud 12noons-Medical GR-CC-Aud	15	16 12 Noon Combined TB- JDMCC CR 1A/B	17 7am OBGYN GR-17-Aud 12 Noon Breast T B-JDMCC-CR1 A/B	18
19	20 12 Noon Colon/ Rectal TB-JDMCC-CR 1A/B	21 7am Surgical GR-CC-Aud 8am Pediatric GR-17-Aud 12noons-Medical GR-CC-Aud	22	23 12 Noon Combined TB- JDMCC CR 1A/B	24 7am OBGYN GR-17-Aud 12 Noon Breast T B-JDMCC-CR1 A/B	25
26	27	28 7am Surgical GR-CC-Aud 8am Pediatric GR-17-Aud 12noons-Medical GR-CC-Aud	29	30 12 Noon Combined TB- JDMCC CR 1A/B	31 7am OBGYN GR-17-Aud 12 Noon Breast T B-JDMCC-CR1 A/B	

LEHIGH VALLEY
HOSPITAL AND
HEALTH NETWORK

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

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

Medical Staff Progress Notes

Medical Executive Committee

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.