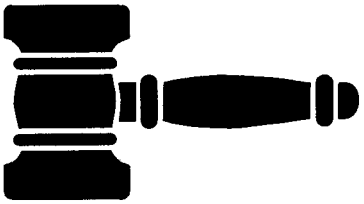
LEHIGH VALLEY
HOSPITAL AND
HEALTH NETWORK

PROGRESS NOTES
Medical Staff

September, 2001 Volume 13, Number 9

In This Issue . . .



From the President

"Imagination is more important than knowledge...knowledge is limited, but imagination encircles the world. To see with one's own eyes, to feel and judge without succumbing to the suggestive power of the fashion of the day, to be able to express what one has seen and felt in a trim sentence or even in a cunningly wrought word...is that not glorious? When I examine myself and my methods of thought, I come close to the conclusion that the gift of imagination has meant more to me than my talent for absorbing absolute knowledge." - Albert Einstein

The Dawn of Another Scholastic Cycle

Many of us have been in school so long that we can't easily escape the schoolboy concept that the academic year starts around Labor Day. Summer vacation is a pleasant memory. The high schools, colleges, etc., all resume classes and the students (aren't we all still) refocus on courses, textbooks and schedules. At LVH, grand rounds resume and your medical staff leadership, in conjunction with the Center for Educational Development and Support, is investigating imaginative methods for medical staff educational support in step with today's hectic world. "Keeping up" with developments in our practice is not optional. It is both our pledge to the community we serve and our lifeblood as a medical staff. To get the latest, give Marty Hotvedt, Director, Center for Education, a call at (610) 402-2501.

Where were they going... without ever knowing... the way?
- Fastball

Physician Appreciation and Press Ganey

Every member of the medical staff performs an important and strategic function which we all recognize and appreciate – one for which they have been trained, tested, licensed and credentialed. Each member is needed and vital to the success of our medical staff and the institution. Our medical performance is measured in outcome studies, LOS, M&M, statistical analysis, six ways from Sunday.

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For a while now, our performance in the area of "bedside manner" has also been measured by the Press Ganey tool. (While nothing is perfect, Press Ganey is a reasonable scoring instrument). Dave Caccese, along with Alex Rae-Grant, has emphasized this for the past few years with:

Sit – gives the message that the patient is important enough to establish a dialogue
Ask – if they have any questions about their diagnosis, therapy and prognosis
Answer – communication is the essential element here
Touch – human physical contact denotes a caring attitude

In future issues of ***Medical Staff Progress Notes***, we will be highlighting the best Press Ganey performers on the medical staff to share their skills with us in this area. In the future, we will also be sharing the individual scores and performance with each member of the LVH medical staff. It is remarkable what a little extra effort in this area will produce.

In the next 35 years, the population of Americans over the age of 65 is projected to double.

The human head weighs 8 pounds.

Automatic Transfer of Service

Several years ago, Dr. Hoover initiated a bylaws change by which any trip to the OR resulted in an automatic transfer to the surgical service. This remains in effect and does not require an order in the chart. All medical staff members should be aware of this policy. This will avoid situations in which a medical resident is receiving calls about a surgical problem. If transfer of service is not intended (as in the case of a diagnostic cystoscopy on a medical patient), the order must be written NOT to transfer service.

Please refer to the **Medical Staff Rules and Regulations**:

C. Patient Care
   25. Transfer of Service Mechanism:
      (a) The attending physician will note in the medical record that he or she has discussed service transfer with a physician who has accepted.
      (b) The accepting physician orders the transfer of service on the Doctor's Order Sheet.

   26. Each patient undergoing a surgical procedure shall be admitted to the Surgical service or, if already in the hospital, be transferred to the Surgical service when he or she undergoes his or her operative procedure. The post-operative orders must clearly define the attending service in the post-operative period; the patient will automatically be on the surgeon's service unless the orders specifically dictate that the patient is to go to a service other than the primary surgeon's service.

What do you get when you cross a snowman with a vampire? - Frostbite.

Print Your Name

Print Your Name – and include pager/user ID number – after all chart orders. While this problem may eventually be resolved by CAPOE, we need for all medical staff members NOW to print their name and include pager/user ID number under their orders. We continue to have problems with illegible signatures under chart orders, and it remains a time-consuming challenge to track down the correct physician, resolve the question, and direct the medication/therapy to the patient. This requirement has been approved by the Medical Executive Committee and will be enforced. Thanks for your cooperation on this.

Please refer to the **Medical Staff Rules and Regulations:**

E. Records
   11. All orders and progress notes written on the chart shall be dated. Timed documentation is encouraged. All orders must be written clearly, legibly and completely. Orders which are illegible or improperly written will not be carried out until rewritten or understood by the nurse. Any practitioner with non-legible handwriting will be required to print or stamp his or her full name under his or her signature.

What do you call Santa's helpers? - Subordinate clauses

Blue Bands and the Heparin Order Sheet

Several months ago, in an effort to make our system of medical care safer, your Medical Executive Committee debated and approved the required clinical use of the Heparin Order Sheet (see form on pages 15 & 16). The medical staff was notified and the transition period is over. The LVH pharmacy now requires the use of the approved form, which is

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available on all nursing units. (This means that they will NOT accept heparin orders except on the appropriate form.) The clinicians must understand that they are doing this for their patients and their safety – as we use these potentially dangerous medicines in a team setting which includes multiple caregivers. Nursing staff will then affix a blue wristband to every patient on anticoagulation, alerting all caregivers.

Sports is life with the volume turned up. - Barry Mano

Pennsylvania Web Site Listing Health Care Providers

In a recent interview published by the ***Physician's News Digest***, Albert H. Masland, Commissioner of Pennsylvania Department of State's Bureau of Professional and Occupational Affairs, had the following to say:

"...The medical community will be able to log on to make sure that their license number and status are accurate—that they have an active license that is in good standing. They'll be able to verify that they don't have any disciplinary actions lodged against them, unless that it is case, and then they'll be able to verify that what is in there is accurate. The public, too, will be able to check to see that their physician is in good standing with the Bureau and either does or does not have any disciplinary actions...Everything that's on our website is public information...

Also, by the time physicians are next scheduled to renew their license, they will be able to do so online. They will not have to fill out a form, sign a check, put it in the mail and hope it gets here. This service will be available this fall...

We will not have malpractice history on the site initially. We'll see what kind of feedback we get from the public and from the licensees about the data we have on the site...

One of the concerns we have is to balance the need to protect the public with the need to not do any harm with respect to the licensees. If you put out every malpractice claim that's paid over $5,000, as they do in Florida, I think you have to be careful that's it's done with 100 percent accuracy and that it is not done in an inflammatory fashion..." (http://physiciansnews.com/spotlight/801.html)

Comment: *In case you may have missed it, Pennsylvania now has a web site listing your medical license number, whether you are "in good standing," and any disciplinary action taken against you. I suggest that LVH staff members visit it and see that all is in order.* (www.licensepa.state.pa.us)

Golfer: "That can't be my ball, caddie. It looks far too old." Caddie: "It's been a long time since we started, sir."

How well do you know your colleagues? Beginning with this month's issue, a new feature -- **Medical Staff Mystery Member** -- will be included in ***Medical Staff Progress Notes***. Every month, this new "fun" feature will provide clues about a member of the medical staff. See how many you can guess!

Ed

Edward M. Mullin, Jr., MD
President, Medical Staff

LVHHN on List of "America's Best Hospitals"

U.S. News & World Report has recognized LVHHN on its list of "America's Best Hospitals" for the sixth straight year. **Urology** is ranked for the fifth consecutive year, and **hormonal disorders, including diabetes and thyroid conditions**, is ranked for the first time.

"Our people are committed to caring for our patients," says Larry N. Merkle, MD, Chief, Division of Endocrinology.

Brian P. Murphy, MD, Chief, Division of Urology, calls the honor "satisfying" and credits the division's 11 physicians and staff for their dedication, and LVHHN for its support in providing patients with the services they need.

Medical Staff Dues

On September 1, the annual Medical Staff dues invoices will be distributed to members of the Lehigh Valley Hospital Medical Staff. Payment of dues is requested on or before September 15, 2001. Timely remittance of dues is both requested and appreciated.

If you have any questions regarding your Medical Staff dues, please contact Janet M. Seifert in Physician Relations at (610) 402-8590.

Spotlight on . . .

Gregory Brusko, DO, FACOS

Born in Baltimore, Md., Dr. Brusko is a graduate of Kutztown State University where he earned a Bachelor of Science degree. He received his medical degree from Philadelphia College of Osteopathic Medicine. He completed a one-year internship at Allentown Osteopathic Medical Center followed by a four-year General Surgery residency at Grandview Hospital and Medical Center in Dayton, Ohio.

Dr. Brusko joined the hospital's medical staff in 1995. He is a member of the Department of Surgery, Division of General Surgery, and is in practice with Toselli & Brusko Surgical Associates, LTD. Dr. Brusko is certified by the American Osteopathic Board of Surgery, and is a Fellow of the American College of Osteopathic Surgeons.

In addition to serving as the Vice Chairperson of the Department of Surgery (LVH-M), Dr. Brusko is a member of the Medical Executive Committee, Surgical Executive Committee, Surgical Quality Assurance Committee, Chairs/Troika Committee, the Medical Advisory Committee, and he chairs the Operating Room Committee at LVH-M.

On a more personal note, Dr. Brusko and his wife, Joann, have two children -- Damian and Cameron. In addition to being an avid golfer, Dr. Brusko enjoys racing open-wheel Indy race cars.

Dr. Brusko had the following to say about Lehigh Valley Hospital and Health Network:

"This is an interesting time to be involved at Lehigh Valley Hospital--Muhlenberg. There has been a tremendous amount of change in the physical structures, medical leadership and administrative staff over the past several years through the merger of the two institutions. I've tried and continue to remain focused on the growing importance of the LVH-Muhlenberg campus, and particularly in the scheme of the entire health network which continues to grow. I believe that the leadership, particularly those in the Medical Staff leadership positions, have shared ideas and goals in terms of growth and integrity of the health network itself and will remain focused on achieving these goals successfully. Others will have no choice but to get involved and evolve within our institution and, in particular, our organization. If we are able to accomplish this, in my opinion, everyone wins, in particular, the community at large in the services provided."

The Regional Heart Center is on the Horizon

by Robert Stevens

On August 20, carpenters, electricians and plumbers began to turn the empty space on the third floor of the Jaindl Pavilion into the new, 32-bed progressive coronary care unit (PCCU). This first step of work on the $29 million Regional Heart Center will be complete next February.

In September, the acute coronary care unit will move to the former medical/surgical intensive care unit on the second floor to make room to expand the PCCU and add 20 beds.

The Regional Heart Center project is planned in three major phases -- to limit patient care interruptions -- and will be completed in April 2003. Designed with input from staff, physicians and patients, the 57,000-square-foot facility will feature innovative cardiology services and equipment, large and private waiting areas and more treatment space.

Like any building project, the work on the Center might occasionally cause inconvenience, says Carol Anne Bury, Vice President, Facilities and Construction. "We'll minimize the disruptions to the extent that we can," she says, "and we appreciate everyone's patience as we build a bigger and better Regional Heart Center."

Lehigh Valley Hospital and Health Network encourages you to support the physicians of the Department of Family Practice by attending the sixth annual black-tie fundraising gala

The Cycle of Life at Nite Lites
benefiting the Department of Family Practice

Saturday, September 22, 2001
beginning at 6 p.m.
Lehigh Valley Velodrome
Routes 100 & 222
Trexlertown, Pennsylvania

Honorary Chair – Marty Nothstein

Please call or email, Sheryl Hawk,
Public Affairs Manager,
for ticket information - (484) 884-4816 or
sheryl.hawk@lvh.com

Alerts for Abnormal Lab Results in Lastword

The *INBOX* window in Lastword provides alerts for abnormal lab results. To access them, click on this alert, then click on the **Select** button located at the bottom of the *INBOX* window (you may also double-click on the alert to open it). *The Inbox: Resolve Lab Results* screen opens, displaying abnormal results (see Figure 1).

The window on the left side of the screen lists the patient's name, the name of the test, and abnormal and FYI indicators. Click on the patient then click the **Select** button at the bottom of the window to choose the result you wish to view (you may also double-click on the patient name to select it). The patient is now activated. The *Result Text* window displays the abnormal result information for the patient.

You may note while viewing results in *The Inbox: Resolve Lab Results* screen, the result(s) may be designated as an FYI result (see FYI reference in Figure 1). This indicates another physician ordered the lab, and the result is provided as a courtesy to the primary care provider.

There are several options for addressing results:

1. You may click on the **Acknowledge** button to indicate you have viewed the result.

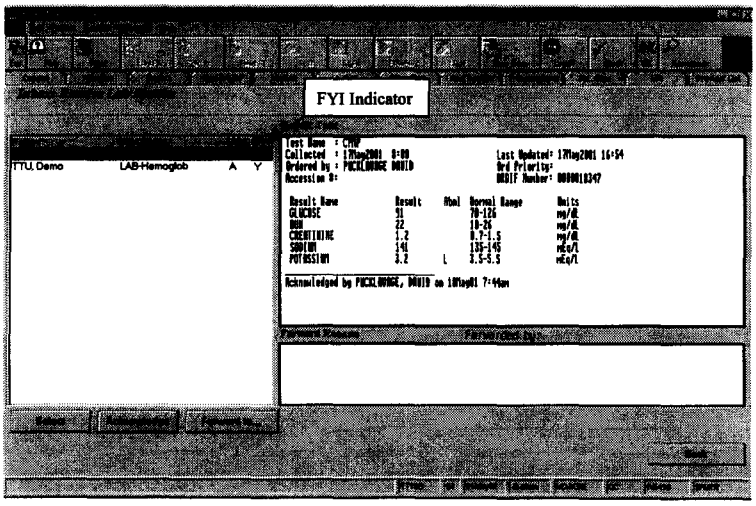

Figure 1 - Abnormal Lab Alert

2. You may click on the **Forward to...** button to forward the result text to another provider for review.

The *Forward Alert* window opens (see Figure 2). Add an explanation as to why you are forwarding the alert.

Right click on the *Forward to:* text box to view a provider list, or free text the provider name of whom you wish to forward the result. The result may be forwarded to a total of four providers.

Click on the **Enter Editor** button and free text a message in the *Reason for Forward* window. When you've completed your message, click on the *Navigate* pull-down menu and select **OK**.

3. You may reassign the abnormal lab result to another provider for sign-off, click on the pull-down list next to the *Reason for Reassign* text box and make a selection (you may also free text your reason in the text box).

Click on the **Reassign** button and the alert will be reassigned to the provider you listed in the *Forward to:* text box.

Click the **Forward on Record** button to create a record of the forward transaction.

Click the **Forward off Record** button forward the alert without a record of transaction.

Click the **Cancel** button to return to the *Inbox: Resolve Lab Results* screen.

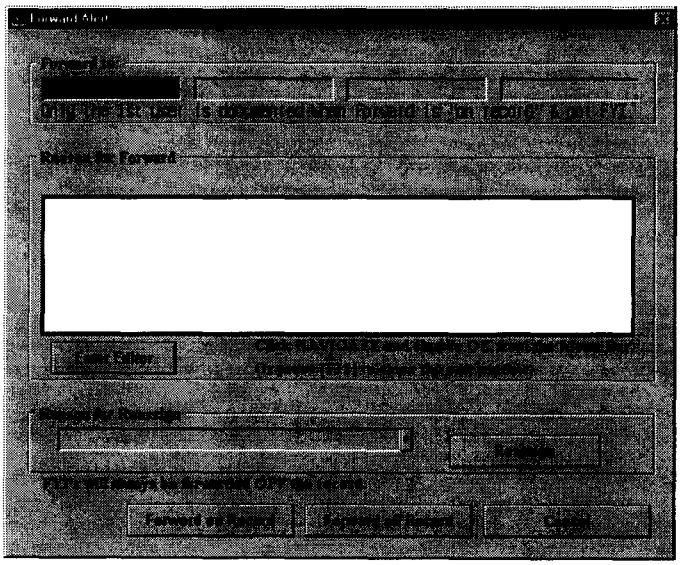

Figure 2 – Forward Alert window

New imaging result alerts can be viewed and addressed in the same manner by selecting the *New imaging/ANC results...* in the *INBOX* window. As with abnormal lab results, the imaging results can be acknowledged and/or forwarded to other providers.

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NOTE: This alert only indicates you have acknowledged the result. Ancillary test results are still verified and signed in the IMNET/PIM system.

To avoid having alerts directed to the wrong physician, it is important to provide a hand printed or stamped name beneath a physician's signature with written orders.

To learn more about these and other Lastword features, please take a moment and review the on-line documentation for Lastword Version 4.1.7. Both the CAPOE and Non-CAPOE Physician User Guides can be found on the LVHHN Intranet under the *Resources* heading **Lastword for Physicians**.

For more information, please contact Carolyn K. Suess, RN, Physician Software Educator, at (610) 402-0442.

Palliative Care Program at LVHHN

by Jonathan Hertz, MD, Division of Pulmonary

Over the past two years, the Palliative Care Service has been a boon to patient care at Lehigh Valley Hospital. With Dr. Joseph Vincent as medical director and Gretchen Fitzgerald as nurse practitioner, the service is readily available for consults on patients with palliative care needs. The consults are frequently directed toward issues and questions that involve end-of-life care -- physical, psychosocial, and spiritual. The service works closely with patients and immediate family members as they struggle with difficult and frequently terminal diseases. As a physician who frequently cares for patients with terminal lung cancer and COPD, I have found this consult service to be invaluable by providing comfort, support and direction to patients and families as they struggle with end-of-life issues. I am impressed that Ms. Fitzgerald will spend hours with a given patient and family to address the array of issues, and sometimes crises, that arise toward the end of life.

The Palliative Care Service also conducts a continuing education program for physicians (and other health care workers) titled Education for Physicians in End-of-Life Care (EPEC). The two-day course is given locally four to five times each year and provides a comprehensive review of medical, ethical and legal issues involved with the care of the terminally ill patient. The next courses will be held on October 3 and 4, and December 6 and 7.

I strongly recommend that LVH physicians set aside two days of their time for the EPEC course. Although I have been in practice at LVH for 18 years, I learned an immense amount about the principles and many nuances involved with end-of-life care. I feel the course has made me a more complete and sensitive physician.

Questions about the consult service and the EPEC course should be directed to Gretchen Fitzgerald at (610) 402-2552, or to Dr. Vincent via pager (610) 920-7220.

Therapeutics at a Glance

Therapeutics Committee approved Policy #360.18 on the subject of **Use of Blue Dye in Enteral Feedings** effective May 2001. This policy states that a Physician order is required for addition of blue dye to tube feedings. Once the patient demonstrates tolerance to the feeding, discontinuation of the dye should be considered. The order will run for 48 hours and will then need to be reordered as necessary. Blue dye (FD&C#1 Blue) will be provided by the Pharmacy department and nursing should then add the least amount needed to produce the desired affect (general guide: no more than two to four drops per can (240ml) of formula).

If you have any questions regarding this issue, please contact Kimberly Pettis, RD, Director of Clinical Nutrition, at (610) 402-8313.

For Your Calendar

- A meeting of the **General Medical Staff** will be held on **Monday, September 10**, beginning at 6 p.m., in the Auditorium at Lehigh Valley Hospital, Cedar Crest & I-78, and via teleconference in the First Floor Conference Room at Lehigh Valley Hospital-Muhlenberg. All members of the Medical Staff are encouraged to attend.

- The next **GLVIPA Quarterly General Membership** meeting is scheduled for **Tuesday, September 25**, beginning at 6 p.m., in Classrooms 1 & 2 at Lehigh Valley Hospital, Cedar Crest & I-78. Please mark your calendar and plan to attend. Hear the latest updates on the redesign of Choice Plus, contract negotiations, and the Preferred Vendor Program. Reminder -- in order to receive credit for your attendance, please remember to sign in.

News from the HIM Department

HIM Centralized TRX Services

Over the last few months, a considerable number of transcribed reports have been received for editing/corrections, which is dramatically affecting the transcription turnaround time. Therefore, the process is being updated in order to maintain the integrity of the medical record documentation and avoid any further delays in transcription turnaround time.

Edit *– Changing the wording, clarifying or enhancing the already dictated/transcribed report.*
Reports in need of edits prior to signing may be printed from the Lastword system, corrections made, signature/date affixed and returned to the HIM Department. Edited reports will be scanned into the imaging system as modified.

Correction *– Includes "blank spaces" or transcription quality issues.*
The Transcription Training Coordinator will review any reports containing more than two blank spaces prior to releasing to Lastword. Physicians will be contacted individually for (1) excessive "blanks" in reports, (2) partial dictations, and (3) inaudible dictations. Reports in need of additional corrections should be printed from the Lastword system, corrections made, signature/date affixed and returned to the HIM Department.

- If the original report *has not* been electronically signed in the PIM 4.0 system, the corrections will be made in the Lastword system and the report sent to PIM 4.0 for electronic signature. The incorrect reports will be removed from the Lastword and PIM 4.0 systems.

- If the original report *has* been electronically signed in the PIM 4.0 system, the corrections will be made in the Lastword system and the report sent to PIM 4.0 for electronic signature. *There will be two reports in the system, the original electronically signed and the corrected report.*

If there are extensive corrections required to a report, you may dictate an addendum or contact Marianne Lucas, HIM Transcription Coordinator, at (610) 402-5278.

Histories and Physicals

Pennsylvania Department of Health and JCAHO require that histories and physicals be performed on patients within 30 days of admission and 24 hours after admission.

HCFA requires that histories and physicals be performed within 7 days of admission and 48 hours after admission.

Interpretation of the requirement by *DOH, JCAHO* and *HCFA* is that the H&P can be performed within 30 days of the admission if the following criteria are met:

- The H&P is still current
- An appropriate assessment was completed on admission confirming that the necessity for the procedure or care is still present; and
- That the patient's condition has not changed since the H&P was originally completed
- H&P should be signed with the date of the most current assessment

If you would like to utilize an H&P that has been performed with the requirements as listed above, you may (1) submit a copy of the H&P with the additional documentation requirements or (2) dictate an addendum to the H&P. H&P and addendum (if dictated) will be placed in the current medical record.

Telemetry Strips

To ensure continuity of patient care, it was recommended by physicians, Patient Care Services, and the Medical Record Committee that telemetry strips are placed in chronological order in the progress notes section of the medical record. Patient Care Services areas will be notified and the process implemented upon completion of the education process.

Medical Record Documentation

The PI (Performance Improvement) focus for the HIM Department for FY02 will be "medical record documentation quality." Upon recommendation from the Medical Record Committee, a task force is being formed to review medical record documentation, by specialties, to assure that the documentation meets patient care and regulatory requirements. Feedback will be presented to the Medical Record and Medical Executive Committees, in addition to individual specialty departments. If specific issues are identified, documentation educational sessions will also be provided.

For further clarification or questions, please contact Zelda B. Greene, Director, Health Information Management, at (610) 402-8330.

Primum Non Nocere Projects Update

It has been one year since we kicked off the PNN Projects. Many of these projects have done well, with group members learning more and more about quality of care, the complexities of data analysis, and the importance of communication within the organization. As we move forward with FY 2002, the following is a list of projects that will continue into the next year:

- Intra-op/Post-op Diabetes Management
- Anticoagulation safety/DVT Prevention
- Nosocomial UTI Reduction
- Safer Pain Management (PCA/Epidural pump use)
- Reduction of IV Infections
- Reduction of Pressure Ulcers
- Fall Prevention
- Reduction of Fluid Overload in Cardiac Patients
- Reduction of Atrial Fibrillation Post-CABG
- Reduction in Blood Use
- Prevention of C. difficile
- Delirium Reduction
- Increased use of Advance Directives
- Decrease in false Positive Blood Cultures
- Safer medication Administration in the OR
- Decrease in mislabeled Specimens
- Decrease in unplanned Returns to the OR

Some outcomes from PNN that you should know about for effective clinical practice include:

- Preprinted order revisions --
  - Heparin Orders (See Heparin Order Sheet on Pages 15 & 16)
  - PCA/Epidural Orders
  - Perioperative diabetes management orders
  - Blood products
- Medical Management Guidelines for Urinary Retention (see Algorithm on Page 17)
- New and improved Nursing Admission Assessment
- Site identification process for surgical patients
- New systems/devices --
  - Blue bracelet policy for anticoagulated patients
  - Bladder scanners for urinary retention
  - New, safer PCA/Epidural pumps with up-flow alarms
  - Needleless IV systems
  - Braden Scale scoring for Pressure ulcers

There will be many more to come. If you have any questions regarding this issue, please contact Zubina M. Mawji, MD, MPH, Clinical Director, Special Projects, Care and Resource Management, at (610) 402-5015 or pager (610) 402-5100 1456.

Healing Hearts

Healing Hearts, a new lifestyle education program for patients with heart failure, is making its debut at Lehigh Valley Hospital. The program is dedicated to helping patients make lifestyle changes that are healthy.

The format of the program includes four classes that provide patients with group and individual contact with the program's health care team -- cardiologist, cardiac nurse practitioner, registered dietitian, pharmacist, and health educator. Classes will be held at both Lehigh Valley Hospital, Cedar Crest & I-78, in Allentown, and at Lehigh Valley Hospital-Muhlenberg in Bethlehem.

The program will provide patients with day-to-day skills for managing and troubleshooting symptoms; nutrition, diet and exercise planning; effective use of medications; group support with other persons who have heart failure; and access to other healthy lifestyle and disease management programs.

A physician referral is required to enroll patients into the program.

David M. Caccese, MD, serves as Medical Advisor for the program. For more information about the program, please contact Gregory Salem, Director, Healthy You Programs, or Amy Virus, Program Coordinator, Healthy You Programs, at (610) 402-7000.

? ? ? Medical Staff Mystery Member ? ? ?

? Born in Easton, Pennsylvania
? Played football for Cornell University
? Graduated from Cornell University Medical College
? Residency training at Temple University Hospital and the University of Pennsylvania Hospital
? Joined hospital's Medical Staff in 1975
? Spent time in Rochester, Minnesota last August
? Wife's name is Judith
? Father of four children
? Enjoys gardening, winemaking, and traveling to Italy

Give up? Please see Page 12 for the answer.

"Jump Start on Caring" -- LVHHN United Way Campaign 2001

The following words are from Peter Carpino, President, United Way of the Greater Lehigh Valley:

"Caring takes many forms. As dedicated members of the LVHHN medical staff, you touch lives every day....providing comfort....giving hope....restoring health.

But you also demonstrate the depth of your caring through your support of the annual United Way campaign. Last year, the gifts of LVHHN staff totaled nearly $250,000! This tremendous outpouring of generosity helped ensure that those most in need in our community -- children at-risk of failure, the frail elderly, homeless, addicted, abused, and displaced -- would receive the help they needed, help provided through a network of United Way agencies and scores of other worthwhile local organizations.

The patients served by LVHHN day-in and day-out certainly are grateful for the quality care you provide. I wanted you to know that the tens of thousands of people whose lives have been touched by your United Way gift are grateful to you as well.

Thank you for caring as much as you do...for your patients....and for our community."

Please join your colleagues from throughout the Lehigh Valley Hospital and Health Network as we celebrate community with this year's United Way campaign.

For information on how you can participate, please call Betty Anton at (610) 402-8897 or Don Hougendobler at (484) 884-2993, United Way Campaign co-chairs, or through the LVHHN Intranet United Way website.

Coding Tip of the Month

Specific codes are used to indicate the external cause of injury to provide information about how an injury occurred, the intent of overdose (accidental or intentional), and the place where the injury occurred. Reporting these codes provides data for injury research, evaluation of injury prevention strategies and payment of hospital bills. What does this all mean? Documentation is needed on the record as to how the patient was injured and where the injury occurred. Did the patient trip over a carpet at "home?" Was he struck by a ball at the "playground?" Was he drowning in the "ocean?" Again, be specific when it comes to documenting this information.

Radiology News

PET Update

To date, over 90 PET scans have been performed at Lehigh Valley Hospital. The following is an update on several issues related to PET:

1. As of July 1, 2001, Medicare will allow referring physicians to order PET scans for reasons including diagnosis, initial staging and restaging on patients with the following cancers: non small cell lung cancer, colorectal cancer, melanoma, lymphoma, head and neck cancer (excluding thyroid cancer), esophageal cancer, and solitary pulmonary nodule. Medicare also allows PET imaging of the brain for epilepsy evaluation and imaging of the heart for myocardial viability.

2. If the patient is not on Medicare, the patient's insurance company may cover a PET scan for reasons other than approved by Medicare. The referring physician or patient must check with the specific insurance company on a case by case basis.

3. A typical whole body PET scan for cancer includes the neck, chest, abdomen and pelvis except in melanoma in which the extremities are also included. If there is a clinical need for evaluation of the brain or of the extremities in other types of cancer, please tell the scheduling department that this is a special request for the particular area of interest so that this will be included on the scan. In general, MRI scans of the brain are recommended instead of PET for evaluation of metastatic disease in the brain. However, if an MRI scan cannot be obtained, or in other special circumstances, PET imaging of the brain may be helpful to evaluate for brain metastases. The PET tracer, i.e., 2-deoxy-2-[^{18}F] fluoro-D-glucose (FDG) is normally taken up by the grey matter and, therefore, it is somewhat difficult to search for brain metastases which show as focal areas of increased uptake in a background of labeled brain tissue.

If you have any questions regarding this issue, please contact Robert J. Rienzo, MD, or Kathleen L. McDonald, MD, in Nuclear Medicine, at (610) 402-8373.

Unenhanced CT in the Evaluation of Urinary Stone Disease

Unenhanced CT has virtually replaced IVP in the diagnosis of urinary stone disease in the acute setting. This technique was first published by Dr. Robert Smith in 1995 (Radiology 194; 789-791) who reported that non-contrast CT was equal to IVP

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(Continued from Page 9)

in the diagnosis of urinary obstruction and superior to IVP for stone identification. Essentially all renal and ureteral calculi are visible by CT regardless of composition. The exception is Indinavir calculi, which are precipitated crystals of the protease inhibitor drug used in HIV patients. Visualization of the calculus within the ureter is the primary sign in diagnosis. Secondary signs of obstruction include ureteral dilation, hydronephrosis, perinephric and periureteric soft tissue stranding.

The examination is highly accurate, safe and fast, allowing efficient diagnosis in the Emergency Department setting. IVP examinations usually last at least 30 minutes and occasionally require delayed films several hours later, whereas non-contrast CT can be performed within 10 minutes. CT has a greater than 95% sensitivity and specificity in the diagnosis of urinary calculi and obstruction in most articles (R Smith et al. AJR 1996; 167: 1109-1113). Pitfalls in interpretation include difficulty in differentiating ureteral calculi from phleboliths particularly in the patient with little retroperitoneal fat (K Freed et al. JCAT 1998; 22:732-737). Although CT does not provide functional information like IVP, most urologists feel that CT is adequate for management decisions as stone size is the major factor in treatment (J Boulay et al. AJR 1999; 172:1485-1490). CT can also diagnose extraurinary causes of abdominal pain such as appendicitis.

The advantages of non-contrast CT over IVP are that the examination is highly accurate, fast, safe, does not require intravenous contrast, and detection of stones does not depend on stone composition. Disadvantages of unenhanced CT are that it provides less physiologic information than IVP and is limited in the evaluation of ureteral anomalies such as ureteral duplication. In the setting of hematuria, non-contrast CT is limited in detecting renal, ureteral and bladder tumors. Patient selection is very important. Although non-contrast CT can detect extraurinary causes of pain better than IVP or KUB, it is less accurate than oral and IV-contrast enhanced CT if the etiology of the flank pain is not a ureteral stone. Intravenous contrast is particularly important in diagnosing organ injury, metastasis, infection such as pyelonephritis and vascular abnormalities such as aortic dissection or occlusion.

If you have any questions regarding this issue, please contact Kelly M. Freed, MD, Division of Diagnostic Radiology, at (610) 402-8088.

Papers, Publications and Presentations

George A. Arangio, MD, Chief, Section of Foot and Ankle Surgery, wrote an article, "Tendon Problems," which appeared in the April issue of ***Current Opinion in Orthopaedics*** (2001;12:112-119).

Geoffrey G. Hallock, MD, Division of Plastic Surgery, recently had a chapter published in Goldwyn's third edition of ***The Unfavorable Result in Plastic Surgery***. The chapter -- "Reconstruction for Lower Extremity Trauma" -- discussed some of the extraordinary obstacles in attempting limb salvage after leg trauma and unusual means needed to overcome these difficult problems.

Herbert C. Hoover, Jr., MD, Chairperson, Department of Surgery, gave a presentation in April at the First Multidisciplinary Colorectal Cancer Congress in The Netherlands. His talk was titled, "Active Specific Immunotherapy (OncoVAX®) in Colon Cancer."

Herbert L. Hyman, MD, Division of Gastroenterology, recently presented a lecture on Chronic Fatigue Syndrome to the 2001 graduating class of Physician Assistant students at King's College. He also spoke to the Family Practice residents regarding Chronic Fatigue Syndrome.

Peter A. Keblish, Jr., MD, Division of Orthopedic Surgery, was a surgeon examiner for the American Board of Orthopaedic Surgeons Part II held in Chicago, Ill., in early July. Dr. Keblish has been an examiner for several years. Of special interest this year was the fact that his son, David Keblish, MD, an orthopedic surgeon at Jacksonville Naval Hospital, and Dr. Gregor Hawk, one of Dr. Peter Keblish's associates, were candidates examined for Part II boards this year. Candidates must be in practice for two years and have successfully completed the written (Part I) examination.

Indru T. Khubchandani, MD, Division of Colon and Rectal Surgery, was invited to visit United Arabic Emirates from July 25 to August 1, as a consultant to recruit a consortium of subspecialists at a newly constructed hospital in Abu Dhabi.

Stanley J. Kurek, Jr., DO, Chief, Section of Pediatric Trauma, was one of the co-authors of an article, "Organ Donation: A Statewide Survey of Trauma Surgeons," which was published in the July 2001 issue of ***The Journal of*** **TRAUMA®** ***Injury, Infection, and Critical Care***.

Upcoming Seminars, Conferences and Meetings

Medical Grand Rounds

Medical Grand Rounds will resume in September. They will be held every Tuesday beginning at noon in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78, and via videoconference in the First Floor Teleconference Room adjacent to the cafeteria at 17th & Chew and in the First Floor Conference Room at Lehigh Valley Hospital-Muhlenberg.

Topics to be discussed in September will include:

- September 4 - Contemporary Management of Community Acquired Pneumonia
- September 11 - New Diagnosis and Treatments of Osteoarthritis
- September 18 - Crisis in Medical Education - Challenges and Opportunities for Success
- September 25 - Advancements in Type II Diabetes - **NOTE: This session will be held in Classrooms 1, 2 and 3.**

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

Management of the Dizzy Patient -- Primary Care Implications

Management of the Dizzy Patient -- Primary Care Implications will be held on Tuesday, October 2, from 6 to 9 p.m., in Classrooms 2 and 3 of Lehigh Valley Hospital, Cedar Crest & I-78.

This course is intended for primary care physicians, emergency room physicians, and other physicians dealing with evaluation and treatment of the dizzy patient. Topics to be covered will include assessment of central vs. peripheral disorders, eye movement disorders and recognition, proper testing procedures and interpretation, and proper treatment and vestibular rehabilitation.

The cost of the program is $10.00 per person and includes dinner.

For more information, contact Bonnie Schoeneberger in the Center for Educational Development and Support at (610) 402-2584.

Smoak on Smoke: Medical Grand Rounds for a Smoke Free Valley

Randolph D. Smoak, Jr., MD, President, American Medical Association, will the guest speaker at Medical Grand Rounds on Tuesday, October 23, beginning at noon in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78.

Dr. Smoak will be discussing the AMA's stance on tobacco use and prevention, and the physician/healthcare providers' role to accomplish the effort. He will also discuss the current status of medicine from the AMA stance, e.g., HMO/insurance involvement in providing care.

For more information, please contact the Coalition for a Smoke-Free Valley at (610) 402-4855.

Enteral Formulary Changes

The following revisions have been made to the Enteral Formulary:

Formulary Deletion: Suplena
Formulary Addition: Jevity Plus
Formulary Replacement: f.a.a. (replaces Vivonex Plus)

Newly-revised Enteral Formulary reference cards can be obtained by calling the Food and Nutrition Department at (610) 402-8313.

If you have any questions regarding these changes, please contact Judy Holaska, Nutrition Support Dietitian, at pager (610) 402-5100 1162.

Who's New

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

Medical Staff

New Practice Association

Jenni Levy, MD
Bethlehem Internal Medicine Associates, P.C.
35 E. Elizabeth Avenue
Suite 37
Bethlehem, PA 18018-6505
(610) 866-4450
Fax: (610) 866-0422

Address Changes

Dale T. Bowen, MD
76 First Avenue
Greenville, PA 16125-1874

Jeffrey D. Gould, MD
(No longer in practice with Robert J. Coni, DO)
Neurology & Sleep Medicine, PC
623 W. Union Blvd.
Suite 3
Bethlehem, PA 18018-3708
(610) 866-6614
Fax: (610) 866-8836

Pager Correction

Melvin L. Steinbook, MD
Pager - (610) 508-2911

Answer to Medical Staff Mystery Member - George A. Arangio, MD

Cancer Support Services

Cancer affects not just the patient, but everyone who loves him or her. That's why caring for the entire family is a central part of treatment at Lehigh Valley Hospital. We have a full-time Cancer Support Team, including licensed social workers and a registered dietitian. Every member of our team shares the same philosophy: *that our most important goal is personal care and support for both the patient and the family.*

We also offer our patients a variety of support groups, home care and hospice services, a patient library with Internet access, and special programs listed below. We hope you'll take advantage of all the services and programs your Cancer Support Team has to offer you and your family.

Helping you cope with the stress of cancer.

For more information or to register for any of the classes, workshops or programs, call 610-402-CARE.

PENNSTATE Cancer Institute

LEHIGH VALLEY HOSPITAL AND HEALTH NETWORK
Cancer Center

SEPTEMBER & OCTOBER 2001 SUPPORT PROGRAMS

First Steps Cancer Services Orientation Program

Come and learn what to expect, how to prepare for it and how to manage the unexpected as you begin your cancer treatment. This program will provide you with an overview of treatments and side effects associated with treatment, as well as services offered at Lehigh Valley Hospital and Health Network. Patients are encouraged to attend with a family member or friend of choice. **FREE** *Registration required.*

Fourth Tuesday of every month • 7 p.m. John and Dorothy Morgan Cancer Center Conference Room 1

Self Help Group for Individuals with Cancer

Identify new problems that may be interfering with your peace of mind. Learn coping skills and receive group support. This group meets every Tuesday evening for nine weeks. *Registration required.*

Tuesday Evenings • 7:30 - 9 p.m. John and Dorothy Morgan Cancer Center, Meditation Room
5:30 - 7 p.m. LVH-Muhlenberg, Banko Family Community Center

SUPPORT GROUPS

GYN Support and Outreach Program

For women and their families dealing with ovarian, uterine, cervical or other gynecological cancer. Through various activities and events, rejuvenate your well-being and regain strength and hope from women with similar cancers. **FREE** *Registration not required.*

First Wednesday of every month • 7:30 - 9 p.m. John and Dorothy Morgan Cancer Center Suite 114

Celebration OF LIFE

PRESENTED BY
GYN Support & Outreach Program

Join us as we celebrate life through music and readings shared by cancer survivors, family members and health care providers.
Call 610-402-CARE for more information or to participate in the program.

Sept. 29 • 2 p.m. Muhlenberg College Chapel Chew St., Allentown

Bereavement Support Group

For family and friends who have experienced a loss through death. Monthly discussions include profound and lasting lessons learned during life's challenges, and the power of friendship in the support of grief in our lives. **FREE** *Registration not required.*

Second Tuesday of every month • 7:30 - 9 p.m. John and Dorothy Morgan Cancer Center Suite 114

For more information or to register for any of the classes, workshops or programs, call 610-402-CARE.

Autumn Bereavement Workshop

In addition to the established monthly bereavement support group, the John and Dorothy Morgan Cancer Center is offering the Autumn Bereavement Workshop. Bereavement care in this workshop setting will focus on processing the grief associated with the loss of a loved one in ways unique to each group member through education, support and recognition of new awareness.

Registration required. Group size is limited and group members are asked to attend all the workshop sessions.

We will meet on Wednesdays for a total of eight weeks on the following dates:

Wednesday Evenings • 7 - 9 p.m. Sept. 5, 12, 19 and 26; Oct. 3, 24 and 31; Nov. 7

Men Facing Cancer Discussion Group

For men dealing with prostate, bladder or genitourinary cancer. Spouses and friends are also welcome to attend.

FREE *Registration not required.*

First Monday of every month • 7:30 - 9 p.m. John and Dorothy Morgan Cancer Center Conference Room 1B

Adolescent Support Group

For adolescents ages 10 - 16 facing cancer and their family members. ***FREE***

Ted Brent, Camelot for Children *For dates, times and location, call 610-402-CARE.*

Support of Survivors: Breast Cancer Help Line **610-402-4SOS**

The SOS help line is a 24-hour telephone service developed by breast cancer survivors to help women take an active role in their recovery.

CANCER EDUCATION PROGRAMS

Monthly series of interactive, educational programs for patients, families and friends:

SEPTEMBER — Exercise and Movement

Join us in learning about the benefits of exercise and movement. In addition to talking about different forms of exercise you will have the opportunity to practice a variety of exercise movements. You will leave feeling energized.

Teri Gerhard, MPT, Lehigh Valley Home Care Rehabilitation Services

Sept. 20 • 7 p.m. John and Dorothy Morgan Cancer Center, Conference Room 1A/1B

OCTOBER — Relaxation, Imagery and Transfer

Discover the benefits of guided imagery and breathing techniques, and the role they play in helping you to enhance your sense of well-being. ***Carol Moretz, M.A., M.S.N., R.N.***

Oct. 18 • 7 p.m. John and Dorothy Morgan Cancer Center, Conference Room 1A/1B

NOVEMBER — Healing Energies

Promote and maintain your health using simple techniques to help keep you in balance.

Carol Saxman, R.N., M.S.N., Certified massage therapist and healing touch practitioner

Nov. 15 • 7 p.m. John and Dorothy Morgan Cancer Center, Conference Room 1A/1B

Individual and group counseling is also available for patients with cancer and their families.

Call 610-402-CARE for an appointment, for more information or for an updated list of events.

PENNSTATE Cancer Institute

LEHIGH VALLEY HOSPITAL AND HEALTH NETWORK Cancer Center

LEHIGH VALLEY HOSPITAL
ALLENTOWN, PA

LEHIGH VALLEY HOSPITAL - MUHLENBERG
BETHLEHEM, PA

2 1 6

DOCTOR'S ORDER SHEET

DRUG INTOLERANCES: REACTIONS:

DRUG ALLERGIES: REACTIONS:

☐ NONE KNOWN

DATE & TIME ORDER WRITTEN	UNIT CLERK INITIALS & TIME	NURSE SIGNATURE AND TIME	DOCTOR'S ORDERS
			WRITE WITH BLACK BALL POINT PEN ONLY

HEPARIN ORDER SHEET

Page 1 of 1

Selected Protocols for treatment and heparin dose adjustments are listed on the reverse side of this form.

If the patient is a candidate for Low Molecular Weight heparin for the treatment of uncomplicated DVT with or without PE, enoxaparin 1mg/kg q 12 hr SQ or 1.5mg/kg q 24 hr SQ has been shown to be equally efficacious and safe as unfractionated heparin. Please initiate the Low Molecular Weight VTE Treatment Protocol and use that order set.

Height =

Weight (kg) =

Current laboratory standards for PTT are listed below:
Normal = 21 - 38 seconds
Equivalent therapeutic PTT range for 0.3 - 0.7 units/ml heparin level (based on anti-factor Xa activity) = 68 - 113 seconds

1. **Identify reason for use (CHECK ONE):** ☐ **Unstable angina/MI** ☐ **Treatment of DVT/PE** ☐ **Stroke** ☐ **Other** _____
2. **SELECT TREATMENT REGIMEN (CHECK ONE)**
   - ☐ **Use "Cardiac" dosing protocol (ACC/AHA Model)** *See reverse side of this sheet.*
   - ☐ **Use Modified Raschke dosing protocol (PE/DVT)** *See reverse side of this sheet.*
   - ☐ **Use Stroke/TIA dosing protocol.** *See reverse side of this sheet.*
   - ☐ **Use specific dosing regimen identified below.** ***(Must describe heparin dose modifications and PTT targets on this order sheet below)***
3. Obtain baseline PTT, CBC prior to initiating therapy, if not already done in previous 24 hr period.
   If baseline PTT elevated, notify physician.
4. Obtain patient weight in kg prior to initiating therapy. Complete weight on this order sheet.
5. **Obtain PTT 6 hours after each dosing adjustment until targeted PTT range is achieved.**
   Modify dose as directed by preselected protocol or as directed below. Once targeted PTT range is achieved, obtain PTT daily.
6. Obtain platelet count every _____ day(s). Call if platelet count <100,000/mm^3
7. If heparin dose >20 units/kg/hr without attaining a targeted PTT, obtain
   HEPARIN LEVEL: ☐ **Yes** ☐ **No**
8. Test all stools for occult blood.
9. Make all dosing adjustments as promptly as possible. Round all doses to nearest 100 units.

Dosing scale must be completed below, if none of the formatted protocols is selected above

Initial heparin bolus: _____ units now.

Immediately follow with heparin infusion 25,000 units/250ml (100 units/ml) and adjust the infusion rate as follows **(Complete ONLY if you checked off "specific dosing regimen" above):**

PTT value(s) (SECONDS)	Heparin adjustment(s)
If PTT	
If PTT	
If PTT	
If PTT	
If PTT	
If PTT	
If PTT	

M.D./D.O.

"Authorization is hereby given to dispense the generic or chemical equivalent unless specified as brand necessary by the physician."

ACC/AHA (Cardiac Protocol) Loading dose of 60 units/kg (maximum bolus 4,000 units), followed by an initial infusion rate of 12 units/kg/hr (maximum 1,000 units/hr). Adjust as indicated below.

Cardiac heparin protocol adjustments

PTT <38	Give 40 units/kg bolus (maximum 4,000 units). Increase heparin infusion rate by 100 units/hr (<80kg) *OR* 200 units/hr (≥80kg)
PTT 38-55	Give 20 units/kg bolus. Increase heparin infusion rate by 100 units/hr (all weights)
PTT 56-67	Increase heparin infusion by 100 units/hr (all weights)
PTT 68-95	NO CHANGE
PTT 96-125	Decrease heparin infusion rate by 100 units/hr (all weights)
PTT 126-160	Decrease heparin infusion rate by 100 units/hr (<80kg) *OR* 200 units/hr (≥80kg)
PTT 161-200	Hold heparin for 1 hour. Decrease heparin infusion rate by 200 units/hr (<80kg) *OR* 300 units/hr (≥80kg)
PTT >200	CALL PHYSICIAN FOR FURTHER ORDERS

Raschke (DVT/PE protocol) Loading dose of 80 units/kg, followed by an initial infusion rate of 18 units/kg/hr. Target PTT 1.5-2.5 times PTT control. Adjust as indicated below.

Modified Raschke heparin protocol adjustments (PE/DVT)

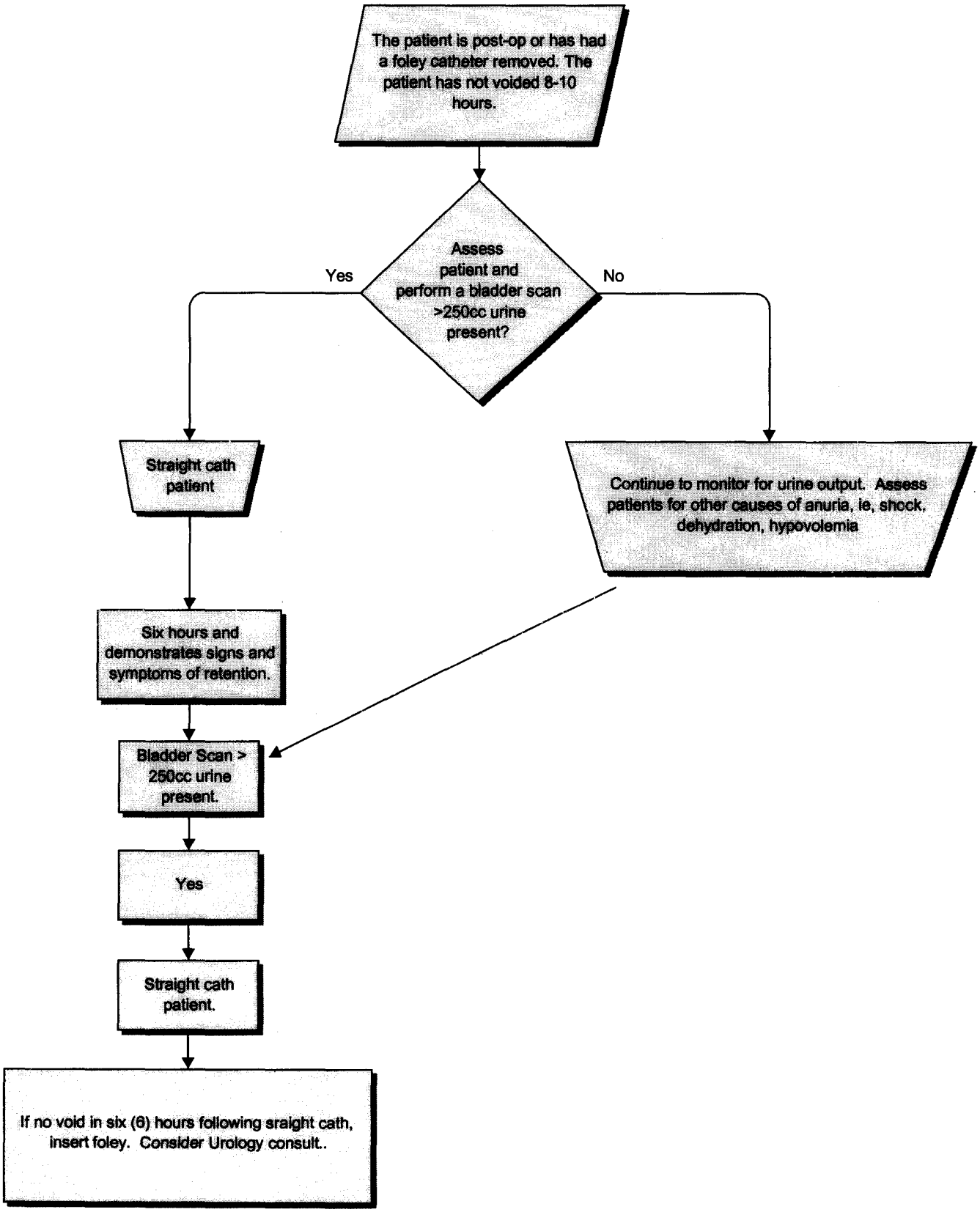
PTT <38	80 units/kg bolus. Increase heparin infusion rate by 4 units/kg/hr
PTT 38-67	40 units/kg bolus. Increase heparin infusion rate by 2 units/kg/hr
PTT 68-113	NO CHANGE
PTT 114-140	Decrease heparin infusion rate by 1 unit/kg/hr
PTT 141-170	Decrease heparin infusion rate by 2 units/kg/hr
PTT 171-210	Hold heparin for 1 hour. Decrease heparin infusion rate by 3 units/kg/hr
PTT >210	CALL PHYSICIAN FOR FURTHER ORDERS

Stroke/TIA protocol Loading dose not recommended. Initiate infusion rate at 15 units/kg/hr. Adjust as indicated below.

Stroke/TIA heparin protocol adjustments

PTT <55	Increase heparin infusion rate by 100 units/hr
PTT 55-113	NO CHANGE
PTT 114-150	Decrease heparin infusion rate by 100 units/hr
PTT >150	Hold heparin for 2 hours. Decrease heparin infusion rate by 200 units/hr

PREVENTION OF URINARY TRACT INFECTION



THE CENTER FOR EDUCATIONAL DEVELOPMENT AND SUPPORT

September 2001

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	E-mail GUI

PHAMIS LastWord Inquiry Only commands

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:

CBT sessions for JDMCC, suite 401 are as follows:

September 18, Noon - 4pm
October 9, 8am - Noon
November 13, Noon - 4pm
December 18, Noon - 4pm

Sessions at MHC, I.S. Training room are as follows:

September 11, Noon - 4pm
November 20, Noon - 4pm

Twelve slots are available for each session.

To register, please contact Suzanne Rice via e-mail or at 610-402-2475 with the following:

date of session
second date choice
department
phone number

You will receive an e-mail confirming your choice within two business days. If you have any questions, please contact Craig Koller at 610-402-2413 or through e-mail.

REMINDER

Grand Rounds will be starting in September.

Tuesday

Family Practice Grand Rounds – JDMCC 1A/B
(Family Practice Grand Rounds 1st Tuesday of the month)
Surgical Grand Rounds 7am – CC – Aud
Pediatrics Grand Rounds 8am – CC- Aud
Medical Grand Rounds 12 noon-CC-Aud

Friday

OBGYN Grand Round 7 am – CC-CR1
Neurology Conferences 11 am –CC-CR1

Tumor Boards – 12 noon – JDMCC-CR1
(See calendar for days & topics)

Education for Practitioners on End-of-Life Care

Date: Wednesday October 3 and Thursday October 4, 2001
Time: 8AM to 5PM
Location: Cedarbrook Nursing Home
Supported by: Palliative Care Program through the Dorothy Rider Pool Trust

Target Audience:

This program is intended for physicians, nurses, social workers, chaplains, and other health professionals involved in the care of chronically ill patients

Learning Objectives:

- Describe elements of end-of-life care.
- Define palliative care standards
- Provide adequate symptom control including physical, emotional, social, and spiritual
- Discuss the legal issues surrounding end of life care
- Communicate bad news and goals of care
- Care for a patient in the last hours of life.

AGENDA:

DAY 1: WEDNESDAY, OCTOBER 3, 2001

Morning Session

7:45-8:15	Breakfast and registration
8:15-8:30	Opening Remarks
8:30-8:50	Pre-test
8:50-9:40	Gaps of End of Life Care
9:40-10:15	Advance Care Planning
10:15-10:30	Break
10:30-11:10	Communicating Bad News
11:10-11:45	Whole Patient Assessment

Afternoon Session:

11:45-12:30	Lunch
12:30-1:35	Pain Management
1:35-2:15	PAS
2:15-2:30	Break
2:30-3:20	Psychological Symptoms
3:20-4:10	End of Life Care
4:10-4:30	Post-test and evaluation
4.30-5:00	Test Review

Day 2: Thursday, October 4, 2001

Morning Session:

7:45-8:15	Breakfast and registration
8:15-8:35	Pre-Test
8:35-9:30	Legal Misconceptions
9:30-10:05	Goals of Care
10:05-10:20	Break
10:20-10:55	Sudden Illness
10:55-11:30	Medical Futility
11:30-12:00	Self-Care

Afternoon Session:

12:00-12:45	Lunch
12:45-1:45	Physical Symptoms
1:45-2:25	Withholding Treatment
2:25-2:40	Break
2:40-3:30	Last Hours of Living
3:30-4:10	Next Steps
4:10-4:30	Post-test and evaluation
4:30-5:00	Test Review

THIS EVENT IS FREE

Pre-registration is required as space is limited.

For a registration form, please contact:
Gretchen Fitzgerald, CRNP
Lehigh Valley Hospital – Center for Education
17th and Chew, Suite 601
Fax: (610) 402-2203
Phone: (610) 402-2552
Email: gretchen.fitzgerald@lvh.com

Continuing Education

Lehigh Valley Hospital and Health Network is accredited by the Pennsylvania Medical Society to sponsor continuing medical education for physicians. Lehigh Valley Hospital and Health Network designates this continuing medical education activity for a maximum of 14 credit hours of Category 1 credit toward the AMA Physicians Recognition Award, and the Pennsylvania Medical Society membership requirement. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

All faculty participating in continuing medical education programs sponsored by Lehigh Valley Hospital and Health Network are expected to disclose to the program audience whether they do or do not have any real or apparent conflict(s) of interest or other relationships related to the content of their presentation(s).

Lehigh Valley Hospital and Health Network is approved as a provider of continuing education in nursing by the Pennsylvania State Nurses Association, which is accredited as an approver of continuing education in nursing by the American Nurses Credentialing Center's Commission on Accreditation. 18.2 PSNA contact hours will be awarded to registered nurses who attend the entire educational activity and complete the evaluation tool.

Future EPEC Dates:
December 6 and 7, 2001

If you have any questions, please call the Center for Education at 610-402-2277.

Any questions, concerns or comments on articles from CEDS, please contact Bonnie Schoeneberger 610-402-2584

September

Sun	*Mon*	*Tue*	*Wed*	*Thu*	*Fri*	*Sat*
						1
2	**3** Labor Day Holiday	**4** 7am Family Practice GR-JDMCC 1A/B 7am Surgical GR CC-Aud 8am Pediatric GR CC-Aud 12 noon Medical GR CC-Aud	**5**	**6** 12 noon Combined TB – JDMCC-CR1	**7** 7 pm – GYN TB – JDMCC-CR1 11am Neurology Conf JDMCC-1A/B 12 noon Breast TB – JDMCC-CR1	**8**
9	**10**	**11** 7am Surgical GR-CC-Aud 8am Pediatric Gr-CC-Aud 12 noon Medical GR-Cc-Aud	**12** 12 noon Pulmo TB JDMCC – CR 1	**13**	**14** 7am OBGYN GR-CC-CR1 12 noon Breast TB – JDMCC – CR1	**15**
16	**17** 12 noon Colon/Rectal TB – JDMCC – CR 1	**18** 7am Surgical GR-CC-Aud 8am Pediatric Gr-CC-Aud 12 noon Medical GR-Cc-Aud	**19**	**20** 12 noon Endo TB JDMCC – CR1	**21** 7am OBGYN GR-CC-CR1 11am Neurology Conf CC-CR1 12 noon Breast TB – JDMCC-CR1	**22**
23/ 30	**24**	**25** 7am Surgical GR-CC-Aud 8am Pediatric GR-CC-Aud 12 noon Medical GR-CC-Aud 12 noon Urology TB JDMCC – CR1	**26**	**27**	**28** 7am OBGYN GR-CC-CR1 11am Neurology Conf CC-CR1 12 noon Breast TB – JDMCC-CR1	**29**

2001

LEHIGH VALLEY
HOSPITAL AND
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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 Staff.**

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.