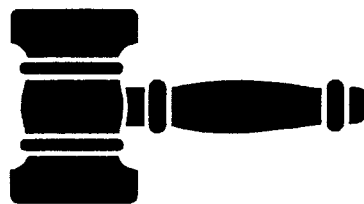




# PROGRESS NOTES Medical Staff

## In This Issue . . .

- Disaster Relief Fund  
Page 3
- Physician Assistance  
Program  
Page 4
- The Medical Letter  
Page 4
- Nuclear Medicine Update  
Page 4
- News from CAPOE  
Central  
Page 5
- News from Infection  
Control  
Page 6
- Fall Awareness Program  
Page 6
- Wound Healing Center  
Expands to Cedar Crest  
Page 7
- News from Rehab  
Services at LVH-M  
Page 7
- CME's are Important  
Page 7
- Who's New  
Pages 9-18
- Health Network Labs  
Lab-Link  
Pages 19 & 20
- Therapeutics at a Glance  
Pages 21-24
- News from CEDS  
Pages 25-30
- Revisions to the Medical  
Staff Bylaws  
Pages 31-37



## From the President

How far you go in life depends on your being tender with the young, compassionate with the aged, sympathetic with the striving, and tolerant of the weak and the strong – because someday in life you will have been all of these.

- George Washington Carver

20 20 20 20 20 20 20 20 20

## Attack on America

One dimension now becoming obvious is that mainstream middle America can identify with (and was profoundly touched by) the tragedies at the World Trade Center and the Pentagon. Most of the 6,000 souls who perished were white collar computer and clerical types who represented modern day America at work. The attack was aimed not just at our country's financial and military centers, but at the fabric of our Western Society and our freedoms.

As Americans, we need to take control with an active response. We should remember the event, mourn the dead and honor their memory. We do so by working to make America stronger and better so that our society will prevail. We must focus on the positive aspects of our lives and our society, and move forward with determination and vision. In doing so, we affirm that the lives of those who perished were meaningful and important because we carry their work forward.

Our society will inevitably change in the coming months and years as we adjust to heightened security measures and costs. Let us all resolve to do the best we can in our station in life by working together with determination to make our country strong and secure, for ourselves and our families. Like it or not, we are all in this together.

20 20 20 20 20 20 20 20 20

## So what's the big idea, anyway?

Part of "the idea" in the monthly **Medical Staff Progress Notes** is to paint some of our LVH issues on a larger canvas, which might be regional or national, so that we medical staff members can "frame" our discussions in an informed and

(Continued on Page 2)

(Continued from Page 1)

timely way and understand the sweep of national trends. (Some things we can change and some things...) I have usually discussed these views with Troika and members of the medical staff before sharing them in **Medical Staff Progress Notes**. I have tried to take the pulse of the medical staff (and will continue to do so with What's on Your Mind?) and add timely items plucked from newswire services. I have interspersed some quotes and (attempts at) humor in these pages because humor is therapeutic and usually forces us to step back and see our problems with some detachment. It's best not to take ourselves TOO seriously. We will continue our spotlight on the medical staff with an assortment of trivia, mystery doc, and recognition of top Press-Ganey performers.

20 20 20 20 20 20 20 20 20

- Q. Why did Pilgrims' pants always fall down?  
A. Because they wore their belt buckles on their hats.

20 20 20 20 20 20 20 20 20

**The Vanishing Healthcare Worker** (where have all the nurses gone, long time passing...)

Fitch Healthcare Consulting has indicated that the shortage of healthcare workers across the nation will be THE major challenge in healthcare delivery for the next five years. In addition to the clear shortage in nursing (vacancies > 20%), healthcare analysts are seeing worsening shortages in nurses' aides, CRNA's, pharmacists, radiology and nuclear med technologists, lab techs, respiratory therapists, as well as food service, maintenance, etc.

Until now, U.S. hospitals have tried to compensate by pressuring nurses to work longer and harder, and, unfortunately, it is precisely these job conditions that are now wearing down our nursing staffs. Counting for inflation, nursing salaries have remained nearly flat for 20 years. Nursing enrollment has fallen by 25% in the past six years. Most analysts predict that this situation will get significantly worse in the coming several years.

At LVH, senior management is actively addressing this personnel shortage and will do everything possible to recruit and retain the skilled staff essential for the delivery of high quality, cost effective healthcare for our community.

**Comment:** *I remain hopeful that our congressional leaders can see these trends developing before the healthcare shortage becomes critical and forces significant reductions in patient care. Congress needs to revise its Medicare and Medicaid payment system which, in turn, will allow hospitals to appropriately increase compensation to their staff workers.*

The greatest discovery of any generation is that a human being can alter his life by altering his attitude.

- William James

20 20 20 20 20 20 20 20 20

## Malpractice Crisis Deepens

The malpractice crisis that arose in the late 1970's has returned. The nation is consuming gradually increasing amounts of healthcare, which is costing approximately 10% more each year. After the Institute of Medicine report in 1999, public confidence in the healthcare system is at a low level. At the same time, medical care has become more complex, highly technical and impersonal. The number and size of malpractice settlements has continued to climb, and insurance companies are struggling to maintain reserves for anticipated future claims. Last year in Philadelphia Common Pleas Court, there were 30 jury verdicts awarding \$1 million or more in malpractice cases. The Pennsylvania Trial Lawyers Association sanctimoniously contends that physicians have done such a poor job of disciplining themselves that the threat of a lawsuit is "the only leverage available to force providers to fix problems and prevent errors."

Carol Rose, President of the Pennsylvania Medical Society, points out that Pennsylvania hospitals have seen a 30-100% jump in premiums with their primary carrier plus an additional 26% CAT fund surcharge. Pennsylvania physicians are leaving high risk (and high premium) specialties like obstetrics. Malpractice premiums for ob/gyn in the Philadelphia area range from \$60K to \$150K, while orthopods in Philadelphia now pay around \$106K annually in malpractice premiums.

20 20 20 20 20 20 20 20 20

The name Jeep came from the abbreviation used in the army for the "General Purpose" vehicle -- G.P.

20 20 20 20 20 20 20 20 20

## Medical Malpractice Insurance Premiums are Soaring at the Highest Rate Since the Mid-1980s

Some of the largest medical liability insurers are raising rates in many states more than 30 percent, while insurers owned by doctors and hospitals are increasing prices 10-18 percent, the New York Times reported. Insurers said the increases result mainly from a rise in jury awards, now averaging \$3.49 million, citing the latest compilation by Jury Verdict Research of Horsham, Pa. (New York Times, September 10, 2001)

(Continued on Page 3)

It may sound strange, but many champions are made champions by setbacks.

- Bob Richards

### Physician Survey Shows Practice Environment Worsening as Hours Increase, Salaries Fall

August 7—More physicians are working longer hours with less pay, according to a recently released Massachusetts Medical Society survey. The survey showed that the cost of running a practice is increasing, physicians are working longer hours, salaries are declining, and the percentage of practicing physicians over age 55 is climbing. Moreover, the quality of the physician practice environment has rapidly declined since 1992, deteriorating most quickly between 1999 and 2000.

Physicians living along the East and West coasts face a tougher, more competitive practice environment than do physicians practicing in the Midwest and South, the survey found. This may be because managed care is more prevalent along the coasts, said Geoff Staub, marketing director for physician-recruiting firm Cejka & Co. In addition, the physician-to-patient ratio is higher along the coasts, driving up competition among doctors, he said. Staub noted that Massachusetts, with 454 physicians per 100,000 people, has the nation's second highest physician-to-patient ratio; Washington, D.C. has the highest. The survey also found the following:

- The average physician income has declined almost \$20,000 since 1992, to \$120,600 in 2000.
- The cost of running a practice, based on an index of 100 in 1992, rose to 160.9 in 2000.
- Physicians spent 49.5 hours per week on patient care in 1992. That figure rose to 52.8 hours per week in 2000.
- The percentage of practicing physicians over age 55 has increased 3.4% since 1992, to 33.4% in 2000 (Jacob, *AMNews*, 8/13).

Golfer: "Do you think I can get there with a 5-iron?"  
Caddie: "Eventually."

**So let me get this straight.** The malpractice crisis is getting worse and premiums are going up. Physicians are working longer and harder for less compensation. There are fewer healthcare workers from nurses down the line. All this is hardly inspiring – but also hardly surprising. It is the result of several simultaneous economic and societal forces, including congressional budget-balancing by strangling healthcare.

These are difficult times for caregivers, and we should not avoid facing that reality. Let us face these challenges with a positive attitude and appreciate the opportunity that has been given to us.

At LVH, we are in a relatively fortunate position to partner with a health network focused on growth and quality improvement. The institution is committed to excellence in service and health care delivery by promoting clinical research and education.

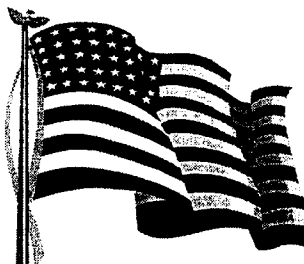
Q. What is the only food that doesn't spoil?

A. Honey



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

### Disaster Relief Fund



In support of the relief efforts that continue since the September 11 terrorist attacks on America, the Medical Staff of Lehigh Valley Hospital will collect

donations which will be forwarded to the local office of the American Red Cross.

If you wish to donate, please make your check payable to: Lehigh Valley Chapter, American Red Cross, and indicate "Disaster Relief Fund" on the memo line.

Collection of donations will be handled through Medical Staff Services. Donations may be dropped off or mailed to Medical Staff Services, Lehigh Valley Hospital, Cedar Crest & I-78, P.O. Box 689, Allentown, PA 18105-1556.

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

## Physician Assistance Program

According to Victor Frankl, a psychiatrist who survived the Nazi concentration camps during World War II, "an abnormal reaction to an abnormal event is normal behavior." That is, a strong emotional response to an unusual, unexpected or overwhelming event is to be considered a normal human response and part the normal coping and grieving process.

The recent attacks on the World Trade Center and the Pentagon are "abnormal events" and may result in complicated grieving or acute stress disorder.

People grieve and cope with trauma in different ways. Some feel numb, others are outraged, and still others become depressed. Many experience a roller coaster of emotions. Those who have suffered recent or similar losses are especially vulnerable.

And healing takes time. Any reminder of the catastrophe can trigger strong emotions. Repetitive newscasts and pictures can keep us on edge for a long time.

Normal grieving usually lasts about a month and is characterized by:

- Loss of sleep and/or appetite
- Preoccupation or distracting thoughts about the event
- Thoughts and fears of one's own death
- Intense irritability or anger
- Unexpected waves of sadness.

If you experience these symptoms for more than a month or find that your work or the activities of your daily life are being interrupted by intense emotions, remember that the Physician Assistance Program is available to help.

To use the Physician Assistance Program during normal working hours, call (610) 433-8550, identify yourself as a member of the Lehigh Valley Hospital's Medical Staff, and ask to speak to Robin Chase-Sittig, Clinical Manager, or Oliver Neith, Program Director. Please note that callers may remain anonymous.

## The Medical Letter

After months of negotiation and effort by John Frankenfield from the Center for Educational Support and Development (CEDS), members of the Lehigh Valley Hospital Medical Staff and the entire hospital family now have access to **The Medical Letter on Drugs and Therapeutics** on the LVH Intranet.

**The Medical Letter** is an objective unbiased source of information about drugs and therapeutic devices and procedures that is published biweekly. Many members of the

medical staff are already familiar with this valuable source of drug information that is independent of any support from the pharmaceutical industry. In a survey conducted last year, several hundred members of the medical staff and resident staff expressed interest in having this information resource available on the LVH Intranet.

To access **The Medical Letter**, log onto any workstation in the hospital (or from outside the hospital if you have remote access). Double click on **Internet Explorer**. When you access the LVH website, go to the box in the upper left "**Departments**", scroll down to "**Clinical**", then click on "**Medical Letter**." You can then look at the current issue, search old issues back through 1988, or search for individual drugs or articles.

I hope you find this resource useful. Please try **The Medical Letter** on the Intranet and see if you like it.

David M. Caccese, MD

## Nuclear Medicine Update

Nuclear Medicine has always prided itself on providing the medical staff with quality service in terms of both diagnostic imaging and patient care. Unfortunately, because of a problem in obtaining certain raw materials, two current nuclear medicine tests will no longer be available.

- Schilling tests can no longer be provided by Nuclear Medicine. The company that produces the raw material can no longer manufacture the cobalt 57 component which is the essential component in performing this test. Currently, there are no alternative radio tracers available to perform this test.
- As of October 1, 2001, Nuclear Medicine will no longer be able to perform CCK stimulated hepatobiliary scans to determine gallbladder ejection fractions for patients with the suspected diagnosis of chronic acalculus cholecystitis. The manufacturer has informed the hospital that Kinevac (the synthetic CCK material) will be out of stock and unavailable for purchase for approximately one year. This backorder situation is due to a change in manufacturers. The manufacturer states that it is committed to resolving the situation as soon as possible. Currently, there are no alternative drugs approved for this use.

This is a nationwide problem and not just a local problem. You will be promptly informed of any change in the status of these two tests.

If you have any questions concerning this issue, please contact Robert Rienzo, MD, Chief, Section of Nuclear Medicine, at (610) 402-8373.

## News from CAPOE Central

We continue to move forward with CAPOE. We are learning a tremendous amount from the physicians, residents and physician assistants that are using the system. The CAPOE team is continually incorporating these suggestions to enhance the system and improve the ease of use. Several of these changes are illustrated below. The ideas for these changes came from the CAPOE Design Team, which continues to meet and discuss design and interface issues, and from the active users on the Transitional Trauma Unit (TTU).

One of the key advantages of our new system is the integration of wireless access. The handheld devices (PenCentra 200's) and laptop computers on the TTU all utilize a wireless connection to the network. We would like to begin having physicians use wireless devices throughout the hospital. The devices provide full access to Lastword, allowing the physician to look up labs, transcriptions and reports on any of their patients, from almost anywhere in the hospital. We are still testing various methods for carrying the handheld devices. If you are interested in using a wireless device during rounds in the hospital, please contact me.

Don Levick, MD, MBA  
(484) 884-4593  
(610) 402-5100 7481 (Pager)

## Lastword Enhancements

As of September 17, 2001, Lastword users will recognized a few enhancements to the Physician Base Screen.

The **Viewer** tab now provides a drop-down menu of views (see Figure 1):

**VIEWALL** – This view displays Flowsheet Charted Results\* (vital signs, height/weight), Laboratory Results, Microbiology Results, and Intake/Output values\*.

**VIEW VS/INO** – This view displays Vital Signs and Intake/Output values\*.

**VIEW INO** – This view displays only Intake/Output values\*.

**VIEW LAB/MICRO** – This view displays only Laboratory and Microbiology results.

**VIEW DEFINITIONS** – This selection displays the View Definition screen, offering the ability to select and customize views.

\*This data is only available on patient care units that utilize electronic entry of vital signs and medication administration.

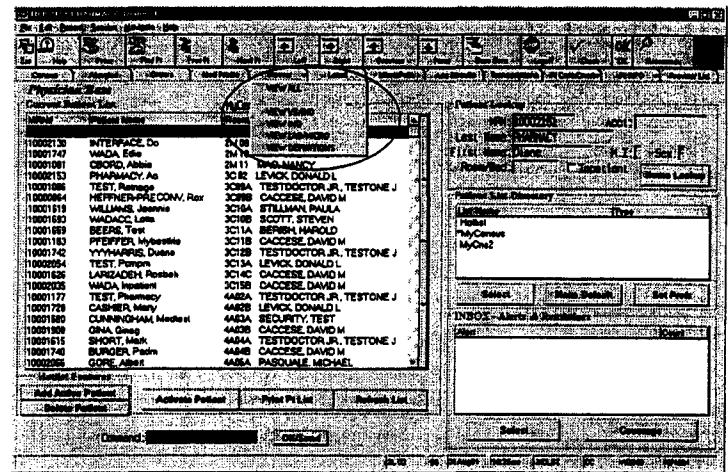


Figure 1 – Physician Base Screen showing new Viewer tab selections

The **Pt INFO** tab (formerly named **MPI**) now provides a drop-down menu listing the specific patient information that is desired (see Figure 2):

**MPI** – This choice displays the same information available through the Master Patient Index (account list, admit reason, attending physician, etc.)

**Demographics** – This choice displays the patient's demographic information (name, address, date of birth, sex, Social Security number, contact information, etc.).

**Patient Stay Info** – This choice displays information regarding the patient's stay (length of stay, discharge date, account number, etc.).

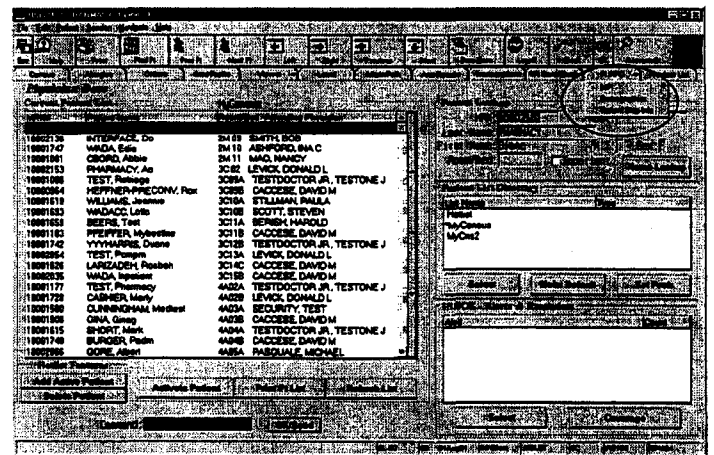


Figure 2 – Physician Base Screen showing new Pt INFO tab selections

If you are interested in seeing a demonstration of these enhancements or have questions about them, please contact one of the Physician Software Educators on staff: Lynn Corcoran-Stamm at (610) 402- 0441 or Pager (610) 402-5100 1140, or Carolyn K. Suess, RN at (610) 402- 0442 or Pager (610) 402-5100 2315.

## News from Infection Control

### 2001-2002 Influenza Season

Manufacturers of influenza vaccine anticipate delays in vaccine distribution for the 2001-2002 influenza season. It is expected that a portion of the vaccine will be available for delivery in late October with the remainder of the supply to be delivered in November and December. The CDC's National Immunization Program has issued a request to all health care providers asking for their help in implementing the Advisory Committee on Immunization Practices (ACIP) supplemental influenza vaccine recommendations in response to the expected delay in the delivery of vaccine. The CDC is asking that providers target high-risk persons to be immunized first. The supplemental recommendations include the following:

- Providers should target the first available vaccine to be given to persons at increased risk for influenza complications. Those considered high-risk are persons  $\geq 65$  and those aged  $< 65$  who have chronic underlying conditions.
- Health care workers should also be targeted for vaccination with the first available vaccine.
- The optimal time for vaccinating high-risk persons is October through November. Vaccine can be given in September, if available, to avoid missed opportunities for high-risk persons.
- As more vaccine becomes available in November and December, providers should offer vaccine to contacts of high-risk persons, healthy persons aged 50-64 and any other persons who want to reduce their risk for influenza.
- Providers should continue vaccinating patients, especially those at high risk and in other target groups, in December. Vaccinations should continue as long as there is influenza activity and vaccine is available.
- Community vaccination program events should be delayed until late October or early November to assure vaccine availability and avoid cancellation of events.

If you have any questions regarding this issue, please contact Deborah Frey in Infection Control at (610) 402-0687.

### Bloodborne Pathogen Training for Physician/Dental Office Practices

Annual bloodborne pathogen training is required by OSHA for all personnel who have risk of exposure to blood or other potentially hazardous materials while working in a medical or dental office. A training program is being offered by the LVHNN's Infection Control Department for **physicians, dentists, office managers or personnel** who are responsible

for providing annual OSHA Bloodborne Pathogen Standard training to their staff.

The OSHA Bloodborne Pathogen Standard Annual Training Program will be held on **Thursday, October 11**, from 5:30 to 6:30 p.m., in the Third Floor Classroom, at LVH-Muhlenberg, and on **Wednesday, October 31**, from 5:30 to 6:30 p.m., in Classroom 1 in the Anderson Wing of Lehigh Valley Hospital, Cedar Crest & I-78.

A nominal fee of \$35 per person is requested which includes all handouts and materials. Light refreshments will be served. For registration information, please call the Center for Educational Development and Support at (610) 402-2277.

For additional information, contact Susan Oliver in the Infection Control office at (484) 884-2240.

### Fall Awareness Program

Patient falls are the largest category of reported incidents in acute care. They increase length of stay and resource utilization, but more importantly, result in pain, serious injury and sometimes, even death. Due to these potential high risks associated with falls, a Primum Non Nocere (PNN) interdisciplinary work team was formed, with the goal to decrease the number and severity of falls.

Several studies postulate that caregivers exert influence on patient outcomes through control of environment, risk assessment and implementation of evidence-based interventions. Based on these findings, the Fall PNN work team has designed a comprehensive Fall Awareness Program. The first step in this program is to introduce all staff to the program via "Fall Awareness Fairs." Join the Fall PNN work team for food, games and prizes on the following dates and times, to learn how **your** actions can help to prevent patient falls.

Thursday, October 25, 11 a.m. to 1:30 p.m., First Floor Conference Room, LVH-Muhlenberg  
Friday, October 26, 11 a.m. to 1 p.m., Conference Room B, LVH, 17<sup>th</sup> & Chew  
Monday, October 29, 11 a.m. to 4 p.m., Classroom #1, LVH, Cedar Crest & I-78

For more information, contact Patricia Matula, RN, MSN, Outcomes Coordinator, and Chairperson, Fall Prevention PNN Project, at (610) 402-1733.

## **Wound Healing Center Expands Services to Cedar Crest & I-78**

The Wound Healing Center, located on the 4<sup>th</sup> floor of LVH-Muhlenberg, has expanded its services to Cedar Crest & I-78. Patients are temporarily being treated in the Holding Area of the Diagnostic Care Center in the Jaendl Pavilion. Hours are by appointment on Mondays from 12:30 to 4:30 p.m. At this time, services are limited to patients with wounds/ulcers of the lower legs and feet. Full services will be provided upon completion of permanent space, which is expected to be complete by January, 2002.

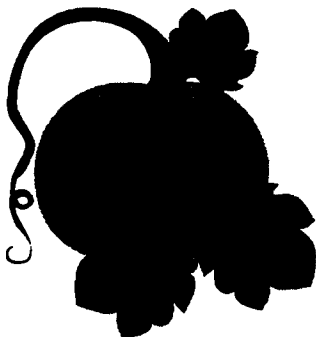
To schedule patients or for more information, please contact the Wound Healing Center at (484) 884-2989.

## **News from Rehabilitation Services at LVH-Muhlenberg**

Beginning October 1, Rehabilitation Services will offer physical and occupational therapy, cardiac rehabilitation and post-rehabilitation fitness in the new 2649 Medical Office Building on the LVH-Muhlenberg campus. These services are being moved from the existing office at the Pointe North industrial complex and from the main hospital building on the LVH-Muhlenberg campus. Certain outpatient physical and occupational therapy services will continue to be offered in the hospital facilities at LVH-Muhlenberg on the first floor.

The new facility allows for program expansion in the areas of industrial rehabilitation, orthopedic and sports rehabilitation, and hand therapy. The Cardiac Rehabilitation program at LVH-Muhlenberg will continue to offer phase II and III rehabilitation in the new facility.

To access outpatient physical and occupational therapy services at LVH-Muhlenberg, patients should call the existing main telephone number -- (484) 884-2251. They will then be directed to the facility that most effectively meets their rehabilitation needs. Cardiac rehabilitation will also retain its current telephone number -- (484) 884-2559. An open house event is being planned for early November.



## **CME's are Important!**

In a report issued by the Pennsylvania Medical Society in August, a number of osteopathic physicians received fines of \$500 or \$1,000 for failure to satisfy CME requirements. Remember, it is a requirement of the State Board of Osteopathic Medicine that beginning with 1994 license renewals, osteopathic physicians must have proof of completion of 100 credit hours of continuing medical education in order to renew their biennial license. The requirement states that at least 20 credit hours shall be completed in Category 1 AOA approved courses. The remainder shall be any courses approved by either the AOA or ACCME. Credit will not be granted for courses in office management or practice building.

Although there is no CME requirement for license renewal of allopathic physicians at this time, many malpractice insurance carriers do have a CME requirement. Please check with your individual malpractice insurance carrier to find out if they have a requirement.

### **Coding Tip of the Month**

**Pulmonary Edema** can be divided into cardiac and non-cardiac origin. Acute pulmonary edema of cardiac origin is a manifestation of heart failure and, therefore, is included in that specific code. For example, acute pulmonary edema secondary to CHF is assigned to CHF. Acute pulmonary edema of non-cardiac origin is classified to the particular disease of the lung or specific trauma. For example, radiation pneumonitis with acute pulmonary edema is assigned only one code -- acute pulmonary manifestations due to radiation.

## **Congratulations!**

**Gregor M. Hawk, MD**, Division of Orthopedic Surgery, Section of Ortho Trauma, was recently informed that he passed the 2001 Part II Examination and has fulfilled all of the requirements for certification by the American Board of Orthopaedic Surgery.

**Thomas R. Lambert, DMD**, Division of General Dentistry, was recently awarded Mastership in the Academy of General Dentistry -- a select group of about 1,600 dentists nationwide. Receiving a Fellowship in the Academy in 1996, Dr. Lambert then completed continuing education requirements in excess of 1,500 hours in 16 dental disciplines.

## Papers, Publications and Presentations

**Dennis B. Cornfield, MD**, Chief, Section of Hematopathology & Clinical Laboratory Medicine, was the lead author of a paper – "The Diagnosis of Hairy Cell Leukemia Can Be Established by Flow Cytometric Analysis of Peripheral Blood, Even in Patients With Low Levels of Circulating Malignant Cells." The paper was published in the August 2001 issue of the *American Journal of Hematology*.

**Peter A. Keblish, Jr., MD**, Division of Orthopedic Surgery, Section of Ortho Trauma, co-authored a paper – "Kinematics of Patellofemoral Joint in Total Knee Arthroplasty – which was published in the *Journal of Arthroplasty*.

**Paul F. Pollice, MD**, Division of Orthopedic Surgery, Section of Ortho Trauma, has an article published in the July issue of the *Journal of Bone and Joint Surgery*. The article was titled "Oral Pentoxifylline Inhibits Release of Tumor Necrosis Factor-Alpha from Human Peripheral Blood Monocytes."

**Harry Z. Suprun, MD**, Section of Cytopathology, was a participant at the 14<sup>th</sup> International Congress of Cytology held in Amsterdam in May. Dr. Suprun chaired a scientific session – "Invited & Proffered Papers II E - Gynecologic Cythology" – and made two presentations – "Liquid-based Cervico-Vaginal "Thin-Prep" (Cytoc Corp.) Specimens' Range of Cyto-Diagnostic Detectability with Special Emphasis on the Importance of the Associated Cellular Findings" and "Clinical Significance of Cell Cannibalism."

## 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 at Lehigh Valley Hospital-Muhlenberg.

Topics to be discussed in October will include:

- October 2 - "Surgical Intervention for Myocardial Dysfunction"
- October 9 - "Advances in the Treatment of Acute Stroke"
- October 16 - "Home Care Update for Clinicians"
- October 23 - "Medicine in the 21<sup>st</sup> Century: Where We are Going, Where We Have Been"
- October 30 - "Do Your Patients Know More About Herbal Medicine Than You Do?"

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

### Department of Pediatrics

Pediatric conferences are held every Tuesday beginning at 8 a.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78. Topics to be discussed in October include:

- October 2 - "Attention Deficit Disorder"
- October 9 - "Medico-Legal Aspect of Attention Deficit Disorder"
- October 16 - "Pictorial View of Dermatology"
- October 23 - "Pediatric Counseling of the Parents Who Smoke"
- October 30 - "Case Presentation"

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

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

Randolph D. Smoak, Jr., MD, President, American Medical Association, will be 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.

### ??? Medical Staff Mystery Member ???

- ? Born in Los Angeles, California
- ? Undergraduate at Rutgers University
- ? Graduated from Jefferson Medical College of Thomas Jefferson University
- ? Residency training at Jefferson Medical College Hospital, Hartford Hospital, and Newington VA Hospital
- ? Joined the hospital's Medical Staff in 1976
- ? Wife's name is Ellie
- ? Father of three children
- ? Enjoys tennis and baseball

Give up? Please see Page 18 for the answer.



## 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 Appointments

**Basil S. Ahmed, MD**  
Shah & Giangulio  
1240 S. Cedar Crest Blvd., Suite 305  
Allentown, PA 18103-6218  
(610) 821-2700 ✉ Fax: (610) 821-5431  
Department of Medicine  
Division of Hematology-Medical Oncology  
Site of Privileges - LVH & LVH-M  
Provisional Active

**Cheryl A. Berne, MD**  
Biological Specialty Corporation  
2165 N. Line Street  
Colmar, PA 18915-9703  
(215) 997-8771 ✉ Fax: (215) 997-8778  
Department of Pathology  
Division of Anatomic Pathology  
Section of Transfusion Medicine & HLA  
Site of Privileges - LVH & LVH-M  
Provisional Limited Duty

**Jeffrey S. Brown, DO**  
Muhlenberg Primary Care, PC  
Health Center at Hellertown  
1072 Main Street  
Hellertown, PA 18055-1508  
(610) 838-7069 ✉ Fax: (610) 838-7060  
Department of Family Practice  
Site of Privileges - LVH & LVH-M  
Provisional Active

**Manish M. Chokshi, MD**  
Gastroenterology Associates Ltd  
3131 College Heights Blvd., Suite 1400  
Allentown, PA 18104-4858  
(610) 439-8551 ✉ Fax: (610) 439-1435  
Department of Medicine  
Division of Gastroenterology  
Site of Privileges - LVH & LVH-M  
Provisional Active

**Sonali M. Chokshi, MD**  
Drs. Wolf, Kender and Habig  
3131 College Heights Blvd., Suite 1100  
Allentown, PA 18104-4893  
(610) 437-9007 ✉ Fax: (610) 437-1731  
Department of Medicine  
Division of General Internal Medicine  
Site of Privileges - LVH & LVH-M  
Provisional Active

**Heiwon Chung, MD**  
Oncology Specialists of Lehigh Valley  
1240 S. Cedar Crest Blvd., Suite 105  
Allentown, PA 18103-6218  
(610) 402-7884 ✉ Fax: (610) 402-8876  
Department of Surgery  
Division of General Surgery  
Site of Privileges - LVH & LVH-M  
Provisional Active

**Michael J. Consuelos, MD**  
ABC Family Pediatricians  
401 N. 17<sup>th</sup> 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 & LVH-M  
Provisional Active

**Kelly L. Costello, MD**  
LVP-G-Pediatrics  
Lehigh Valley Hospital  
17<sup>th</sup> & Chew, P.O. Box 7017  
Allentown, PA 18105-7017  
(610) 402-7900 ✉ Fax: (610) 402-7932  
Department of Pediatrics  
Division of General Pediatrics  
Site of Privileges - LVH & LVH-M  
Provisional Active

**Robert L. DeJoseph, MD**  
Lehigh Valley Cardiology Associates  
2649 Schoenersville Road, Suite 301  
Bethlehem, PA 18017-7317  
(610) 866-2233 ✉ Fax: (610) 866-7738  
Department of Medicine  
Division of Cardiology  
Site of Privileges - LVH & LVH-M  
Provisional Active

**Elizabeth M. Evans, DO**  
LVPG-Emergency Medicine  
Lehigh Valley Hospital  
Cedar Crest & I-78, P.O. Box 689  
Allentown, PA 18105-1556  
(610) 402-8111 ☎ Fax: (610) 402-4546  
Department of Emergency Medicine  
Division of Emergency Medicine  
Site of Privileges - LVH & LVH-M  
Provisional Active

**Dale J. Federico, MD**  
Valley Sports & Arthritis Surgeons  
798 Hausman Road, Suite 100  
Allentown, PA 18104-9116  
(610) 395-5300 ☎ Fax: (610) 395-5551  
Department of Surgery  
Division of Orthopedic Surgery  
Section of Ortho Trauma  
Site of Privileges - LVH & LVH-M  
Provisional Active

**John P. Ford, MD**  
Hematology-Oncology Associates, Inc.  
Lehigh Valley Hospital-Muhlenberg  
2545 Schoenersville Road  
Cancer Center - 1<sup>st</sup> Floor  
Bethlehem, PA 18017-7384  
(484) 884-5733 ☎ Fax: (484) 884-5735  
Department of Medicine  
Division of Hematology-Medical Oncology  
Site of Privileges - LVH & LVH-M  
Provisional Active

**Ann M. Freeman, DO**  
Valley OB-GYN Associates Ltd  
322 S. 17<sup>th</sup> Street  
Allentown, PA 18104-6734  
(610) 434-4015 ☎ Fax: (610) 435-4821  
Department of Obstetrics and Gynecology  
Division of Primary Obstetrics and Gynecology  
Site of Privileges - LVH & LVH-M  
Provisional Active

**Pradeep S. Ghia, MD**  
(Solo practice)  
123 S. 22<sup>nd</sup> Street  
Easton, PA 18042-3808  
(610) 258-6211 ☎ Fax: (610) 258-9995  
Department of Medicine  
Division of Cardiology  
Site of Privileges - LVH-M  
Provisional Active

**Christopher A. Hawkins, MD**  
Orthopaedic Associates of Allentown  
1243 S. Cedar Crest Blvd., Suite 2500  
Allentown, PA 18103-6268  
(610) 433-6045 ☎ Fax: (610) 433-3605  
Department of Surgery  
Division of Orthopedic Surgery  
Section of Ortho Trauma  
Site of Privileges - LVH & LVH-M  
Provisional Active

**Kevin G. Hibbett, MD**  
Toselli & Brusko Surgical Associates, Ltd.  
2649 Schoenersville Road, Suite 202  
Bethlehem, PA 18017-7317  
(610) 691-8074 ☎ Fax: (610) 861-9449  
Department of Surgery  
Division of General Surgery  
Site of Privileges - LVH & LVH-M  
Provisional Active

**Tanveer M. Imam, MD**  
Valley Gastroenterologists  
Allentown Medical Center  
401 N. 17<sup>th</sup> Street, Suite 207  
Allentown, PA 18104-5058  
(610) 434-5300 ☎ Fax: (610) 434-9901  
Department of Medicine  
Division of Gastroenterology  
Site of Privileges - LVH & LVH-M  
Provisional Active

**Vivien G. Kane, MD**  
Medical Imaging of LV, PC  
Lehigh Valley Hospital  
Cedar Crest & I-78, P.O. Box 689  
Allentown, PA 18105-1556  
(610) 402-8088 ☎ Fax: (610) 402-1023  
Department of Radiology-Diagnostic Medical Imaging  
Division of Diagnostic Radiology  
Site of Privileges - LVH & LVH-M  
Provisional Active

**Wayne T. Luchetti, MD**  
Coordinated Health Systems  
2775 Schoenersville Road  
Bethlehem, PA 18017-7326  
(610) 861-8080 ☎ Fax: (610) 861-2989  
Department of Surgery  
Division of Orthopedic Surgery  
Site of Privileges - LVH-M  
Provisional Active

**Franklin I. Margolis, MD**

In practice with Joseph R. Drago, MD  
224 Roseberry Street, Suite 2  
Phillipsburg, NJ 08865-1632  
(908) 859-9494 ✉ Fax: (908) 213-9203  
Department of Surgery  
Division of Urology  
Site of Privileges - LVH-M  
Provisional Active

**Bradley S. Marino, MD**

CHOP-Pediatric Critical Care Medicine  
Children's Hospital of Philadelphia  
324 S. 34<sup>th</sup> Street  
Dept. of Anesthesia & Critical Care Medicine  
Philadelphia, PA 19104-4399  
(215) 590-5505 ✉ Fax: (215) 590-2374  
Department of Pediatrics  
Division of Hospital Based Pediatrics  
Section of Critical Care Medicine  
Site of Privileges - LVH & LVH-M  
Provisional Limited Duty

**Patrick J. McDaid, MD**

Orthopaedic Associates of Allentown  
1243 S. Cedar Crest Blvd., Suite 2500  
Allentown, PA 18103-6268  
(610) 433-6045 ✉ Fax: (610) 433-3605  
Department of Surgery  
Division of Orthopedic Surgery  
Section of Ortho Trauma  
Site of Privileges - LVH & LVH-M  
Provisional Active

**Peter J. Meyer, MD**

LVPG-Psychiatry  
1255 S. Cedar Crest Blvd., Suite 3800  
Allentown, PA 18103-6240  
(610) 402-5900 ✉ Fax: (610) 402-2038  
Department of Psychiatry  
Section of Child-Adolescent Psychiatry  
Site of Privileges - LVH & LVH-M  
Provisional Active

**William T. Monacci, MD**

Neurosurgical Associates of LVPG  
1210 S. Cedar Crest Blvd., Suite 1100  
Allentown, PA 18103-6229  
(610) 402-6555 ✉ Fax: (610) 402-6550  
Department of Surgery  
Division of Neurological Surgery  
Section of Neuro Trauma  
Site of Privileges - LVH & LVH-M

**Li T. Nichols, MD**

Mishkin Rappaport Shore & Urankar Internal Medicine  
1251 S. Cedar Crest Blvd., Suite 112  
Allentown, PA 18103-6217  
(610) 433-1616 ✉ Fax: (610) 433-1454  
Department of Medicine  
Division of General Internal Medicine  
Site of Privileges - LVH & LVH-M  
Provisional Active

**Paul F. Pollice, MD**

Orthopaedic Associates of Allentown  
1243 S. Cedar Crest Blvd., Suite 2500  
Allentown, PA 18103-6268  
(610) 433-6045 ✉ Fax: (610) 433-3605  
Department of Surgery  
Division of Orthopedic Surgery  
Section of Ortho Trauma  
Site of Privileges - LVH & LVH-M  
Provisional Active

**Gregory W. Price, MD**

Medical Imaging of LV, PC  
Lehigh Valley Hospital  
Cedar Crest & I-78, P.O. Box 689  
Allentown, PA 18105-1556  
(610) 402-8088 ✉ Fax: (610) 402-1023  
Department of Radiology-Diagnostic Medical Imaging  
Division of Diagnostic Radiology  
Site of Privileges - LVH & LVH-M  
Provisional Active

**Steven T. Puccio, DO**

Orthopaedic Associates of Bethlehem Inc  
2597 Schoenersville Road, Suite 101  
Bethlehem, PA 18017-7309  
(610) 691-0973 ✉ Fax: (610) 691-7882  
Department of Surgery  
Division of Orthopedic Surgery  
Site of Privileges - LVH-M  
Provisional Active

**Shaukat Rashid, MD**

Nephrology/Hypertension Associates of LV  
401 N. 17<sup>th</sup> Street, Suite 212  
Allentown, PA 18104-5050  
(610) 432-8488 ✉ Fax: (610) 258-2140  
Department of Medicine  
Division of Nephrology  
Site of Privileges - LVH & LVH-M  
Provisional Active

**Kevin R. Roth, DO**  
LVPG-Emergency Medicine  
Lehigh Valley Hospital  
Cedar Crest & I-78, P.O. Box 689  
Allentown, PA 18105-1556  
(610) 402-8111 ☎ Fax: (610) 402-4546  
Department of Emergency Medicine  
Division of Emergency Medicine  
Site of Privileges - LVH & LVH-M  
Provisional Active

**Craig A. Sabre, MD**  
Craig Sabre Family Practice  
111 S. Spruce Street  
Nazareth, PA 18064-2155  
(610) 746-9640 ☎ Fax: (610) 746-9642  
Department of Family Practice  
Site of Privileges - LVH & LVH-M  
Provisional Active

**Bryan E. Shapiro, MD**  
Allentown Anesthesia Associates Inc  
1245 S. Cedar Crest Blvd., Suite 301  
Allentown, PA 18103-6243  
(610) 402-9082 ☎ Fax: (610) 402-9029  
Department of Anesthesiology  
Site of Privileges - LVH & LVH-M  
Provisional Limited Duty

**Siva Sivakantha, MD**  
LVPG-Psychiatry  
1251 S. Cedar Crest Blvd., Suite 202A  
Allentown, PA 18103-6214  
(610) 402-5766 ☎ Fax: (610) 402-5763  
Department of Psychiatry  
Section of Consultation-Liaison Psychiatry  
Site of Privileges - LVH & LVH-M  
Provisional Active

**Gregory S. Todd, DO**  
Walbert Avenue Medical Center  
2428 Walbert Avenue  
Allentown, PA 18104-1398  
(610) 437-3934 ☎ Fax: (610) 437-5180  
Department of Family Practice  
Site of Privileges - LVH & LVH-M  
Provisional Affiliate

**Harry L. Turner, Jr., MD**  
Medical Imaging of LV, PC  
Lehigh Valley Hospital  
Cedar Crest & I-78, P.O. Box 689  
Allentown, PA 18105-1556  
(610) 402-8088 ☎ Fax: (610) 402-1023  
Department of Radiology-Diagnostic Medical Imaging  
Division of Diagnostic Radiology  
Site of Privileges - LVH & LVH-M  
Provisional Active

**Samina Wahhab, MD**  
(Solo practice)  
842 N. 19<sup>th</sup> Street  
Allentown, PA 18104-4039  
(610) 437-6119 ☎ Fax: (610) 437-4280  
Department of Surgery  
Division of Plastic Surgery  
Site of Privileges - LVH & LVH-M  
Provisional Active

**Steven T. Welch, MD**  
Medical Imaging of LV, PC  
Lehigh Valley Hospital  
Cedar Crest & I-78, P.O. Box 689  
Allentown, PA 18105-1556  
(610) 402-8088 ☎ Fax: (610) 402-1023  
Department of Radiology-Diagnostic Medical Imaging  
Division of Diagnostic Radiology  
Section of Pediatrics  
Site of Privileges - LVH & LVH-M  
Provisional Active

**Carson Wong, MD**  
Fetzer-Clair Urology Associates  
1230 S. Cedar Crest Blvd., Suite 302  
Allentown, PA 18103-6227  
(610) 770-0616 ☎ Fax: (610) 770-0587  
Department of Surgery  
Division of Urology  
Site of Privileges - LVH & LVH-M  
Provisional Active

**James K. Wu, MD**  
The Heart Care Group, PC  
Jaindl Pavilion, Suite 500  
1202 S. Cedar Crest Blvd.  
P.O. Box 3880  
Allentown, PA 18106-0880  
(610) 770-2200 ☎ Fax: (610) 776-6645  
Department of Surgery  
Division of Cardio-Thoracic Surgery  
Site of Privileges - LVH & LVH-M  
Provisional Active

**Address Changes**

**Deanna S. Dudenbostel, DMD**  
452 Redbud Court  
Warrington, PA 18976  
(215) 491-8623

**Mark N. Martz, MD**  
142 Cold Stream Court  
Emmaus, PA 18049-4216  
(610) 965-7969

**Practice Change**

**Timothy J. Friel, MD**  
LVH Medical Clinic  
17<sup>th</sup> & Chew, P.O. Box 7017  
Allentown, PA 18105-7017  
(610) 402-7970 Fax: (610) 402-7795

**Status Changes**

**Leigh S. Brezenoff, MD**  
Department of Surgery  
Division of Orthopedic Surgery  
From: Provisional Active  
To: Affiliate  
Site of Privileges - LVH & LVH-M

**Mark D. Chai, MD**  
Department of Medicine  
Division of Physical Medicine-Rehabilitation  
From: Active  
To: Associate  
Site of Privileges - LVH & LVH-M

**Glenn M. Forman, MD**  
Department of Medicine  
Division of Physical Medicine-Rehabilitation  
From: Provisional Active  
To: Associate  
Site of Privileges - LVH-M

**Mary T. Greybush, DO**  
Department of Obstetrics and Gynecology  
Division of Primary Obstetrics and Gynecology  
From: Provisional Active  
To: Affiliate  
Site of Privileges - LVH & LVH-M

**Peter Isaac, DO**  
Department of Surgery  
Division of General Surgery  
From: Affiliate  
To: Provisional Active  
Site of Privileges - LVH-M

**Joe Lee, MD**  
Department of Medicine  
Division of Physical Medicine-Rehabilitation  
From: Provisional Active  
To: Associate  
Site of Privileges - LVH-M

**Nancy R. Lembo, DO**  
Department of Medicine  
Division of Physical Medicine-Rehabilitation  
From: Provisional Active  
To: Associate  
Site of Privileges - LVH-M

**Kishorkumar Nar, MD**  
Department of Medicine  
Division of Pulmonary  
From: Affiliate  
To: Provisional Active  
Site of Privileges - LVH-M

**Geraldo A. Saavedra, MD**  
Department of Medicine  
Division of Endocrinology  
From: Affiliate  
To: Provisional Active  
Site of Privileges - LVH & LVH-M

**David A. Shields, MD**  
Department of Medicine  
Division of General Internal Medicine  
From: Provisional Limited Duty  
To: Provisional Active  
Site of Privileges - LVH & LVH-M

**Mark A. Staffaroni, MD**  
Department of Surgery  
Division of Ophthalmology  
From: Associate  
To: Affiliate  
Site of Privileges - LVH & LVH-M

**Kathleen O. Ververeli, MD**  
Department of Pediatrics  
Division of Pediatric Subspecialties  
Section of Allergy  
From: Active  
To: Associate  
Site of Privileges - LVH & LVH-M

**One-Year Leaves of Absence**

**Frank G. Finch, MD**  
Department of Medicine  
Division of General Internal Medicine

**Lisa N. Gray, DO**  
Department of Medicine  
Division of General Internal Medicine

**K. Alexander Haraldsted, MD**  
Department of Medicine  
Division of Pulmonary

**Jay B. Lipschutz, DO**  
Department of Medicine  
Division of Pulmonary

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

**William W. Frailey, Jr., MD**  
Department of Surgery  
Division of General Surgery

**John S. Papola, MD**  
Department of Surgery  
Division of Otolaryngology-Head & Neck Surgery

**Richard H. Snyder, MD**  
Department of Medicine  
Division of General Internal Medicine

**Anne E. VonNeida, MD**  
Department of Medicine  
Division of General Internal Medicine

#### ***Appointment to Medical Staff Leadership Positions***

**Jeffrey D. Gould, MD**  
Department of Medicine  
Division of Neurology  
Position: Medical Director, Sleep Disorders Center (LVH-M)

**Lisa A. Keglovitz, MD**  
Department of Anesthesiology  
Position: Medical Director, Pre-Admission Testing Clinic and Same Day Unit

#### ***Resignations***

**Anthony P. Andrews, MD**  
Department of Surgery  
Division of Ophthalmology

**Victor M. Aviles, MD**  
Department of Medicine  
Division of Hematology-Medical Oncology

**Mark D. Berkson, MD**  
Department of Surgery  
Division of Orthopedic Surgery

**Emil Chuang, MD**  
Department of Pediatrics  
Division of Pediatric Subspecialties  
Section of Gastroenterology

**Jeaninne M. Einfalt, DO**  
Department of Medicine  
Division of General Internal Medicine

**Andrew K. Feng, MD**  
Department of Pediatrics  
Division of Hospital Based Pediatrics  
Section of Critical Care Medicine

**Kevin B. Freedman, MD**  
Department of Surgery  
Division of Orthopedic Surgery

**C. Scott Harris, MD**  
Department of Emergency Medicine  
Division of Emergency Medicine

**Philip A. Huffman, MD**  
Department of Medicine  
Division of General Internal Medicine

**Patricia A. Ludwig, DMD**  
Department of Dentistry  
Division of General Dentistry

**Peyman Markazi, DO**  
Department of Medicine  
Division of General Internal Medicine

**Steven J. McCullough, DO**  
Department of Medicine  
Division of General Internal Medicine

**Todd W. Peters, MD**  
Department of Surgery  
Division of Orthopedic Surgery

**Amy P. Scally, MD**  
Department of Medicine  
Division of Cardiology

(Continued on Page 15)

**Allied Health Staff****Appointments****Peter W. Bellis**

Physician Extender

Technical - Pacemaker/ICD Technician

(Medtronic, Inc)

(Supervising Physician - Luis Constantin, MD)

Site of Privileges - LVH &amp; LVH-M

**Jeffrey B. Biondi**

Physician Extender

Technical - Pacemaker/ICD Technician

(Medtronic, Inc)

(Supervising Physician - Luis Constantin, MD)

Site of Privileges - LVH &amp; LVH-M

**Richard W. Conklin**

Physician Extender

Technical - Pacemaker/ICD Technician

(Medtronic, Inc)

(Supervising Physician - Luis Constantin, MD)

Site of Privileges - LVH &amp; LVH-M

**Mary A. Cox, CRNA**

Physician Extender

Professional - CRNA

(Allentown Anesthesia Associates Inc - Thomas M.

McLoughlin, Jr., MD)

Site of Privileges - LVH &amp; LVH-M

**Daniel R. DeBlass, RN**

Physician Extender

Technical - Pacemaker/ICD Technician

(Medtronic, Inc)

(Supervising Physician - Luis Constantin, MD)

Site of Privileges - LVH &amp; LVH-M

**Bobbie B. Ewing, RN**

Physician Extender

Technical - Pacemaker/ICD Technician

(Medtronic, Inc)

(Supervising Physician - Luis Constantin, MD)

Site of Privileges - LVH &amp; LVH-M

**Karla D. Fabian, RN**

Physician Extender

Technical - Pacemaker/ICD Technician

(Medtronic, Inc)

(Supervising Physician - Luis Constantin, MD)

Site of Privileges - LVH &amp; LVH-M

**Cathleen C. Forney**

Physician Extender

Technical - Pacemaker/ICD Technician

(Medtronic, Inc)

(Supervising Physician - Luis Constantin, MD)

Site of Privileges - LVH &amp; LVH-M

**David S. Garlich, Jr.**

Physician Extender

Technical - Apheresis Technician

(Biological Specialty Corporation)

(Supervising Physician - Bala B. Carver, MD)

Site of Privileges - LVH &amp; LVH-M

**Bernard W. Girman, Jr.**

Physician Extender

Technical - Pacemaker/ICD Technician

(Medtronic, Inc)

(Supervising Physician - Luis Constantin, MD)

Site of Privileges - LVH &amp; LVH-M

**Rosella M. Gray, GN**

Physician Extender

Technical - Apheresis Technician

(Biological Specialty Corporation)

(Supervising Physician - Bala B. Carver, MD)

Site of Privileges - LVH &amp; LVH-M

**Edward C. Grecsek, CRNP**

Physician Extender

Professional - CRNP

(John J. Cassel, MD, PC - John J. Cassel, MD)

Site of Privileges - LVH &amp; LVH-M

**Kathryn A. Jorgensen, CRNP**

Physician Extender

Professional - CRNP

(LVPG-Medicine - Keith R. Doram, MD)

Site of Privileges - LVH &amp; LVH-M

**Theresa A. Kamus, CRNA**

Physician Extender

Professional - CRNA

(Allentown Anesthesia Associates Inc. - Alphonse A. Maffeo, MD)

Site of Privileges - LVH &amp; LVH-M

**William J. Kelly**

Physician Extender

Technical - Pacemaker/ICD Technician

(Medtronic, Inc)

(Supervising Physician - Luis Constantin, MD)

Site of Privileges - LVH &amp; LVH-M

**Aimee R. Kessler, CNM**

Physician Extender

Professional - CNM

(The Midwives &amp; Associates, Inc - Garry C. Karounos, MD)

Site of Privileges - LVH

**Jean A. Lehman, RN**

Physician Extender

Technical - Pacemaker/ICD Technician

(Medtronic, Inc)

(Supervising Physician - Luis Constantin, MD)

Site of Privileges - LVH &amp; LVH-M

**Cathy Jo Leiby, RN**

Physician Extender

Technical - Pacemaker/ICD Technician

(Medtronic, Inc)

(Supervising Physician - Luis Constantin, MD)

Site of Privileges - LVH &amp; LVH-M

**John J. Malizia, CRNA**

Physician Extender

Professional - CRNA

(Allentown Anesthesia Associates Inc - Thomas M.

McLoughlin, Jr., MD)

Site of Privileges - LVH &amp; LVH-M

**Jill L. Malrey, CRNA**

Physician Extender

Professional - CRNA

(Allentown Anesthesia Associates Inc - Thomas M.

McLoughlin, Jr., MD)

Site of Privileges - LVH &amp; LVH-M

**Frank R. Marchiafava**

Physician Extender

Technical - Pacemaker/ICD Technician

(Medtronic, Inc)

(Supervising Physician - Luis Constantin, MD)

Site of Privileges - LVH &amp; LVH-M

**Terrance McGinley, CRNA**

Physician Extender

Professional - CRNA

(Allentown Anesthesia Associates Inc - Thomas M.

McLoughlin, Jr., MD)

Site of Privileges - LVH &amp; LVH-M

**Matthew C. Olley**

Physician Extender

Technical - Pacemaker/ICD Technician

(Medtronic, Inc)

(Supervising Physician - Luis Constantin, MD)

Site of Privileges - LVH &amp; LVH-M

**Paul J. Rafferty**

Physician Extender

Technical - Pacemaker/ICD Technician

(Medtronic, Inc)

(Supervising Physician - Luis Constantin, MD)

Site of Privileges - LVH &amp; LVH-M

**Christopher W. Skelly**

Physician Extender

Technical - Pacemaker/ICD Technician

(Biotronik, Inc)

(Supervising Physician - Luis Constantin, MD)

Site of Privileges - LVH &amp; LVH-M

**Rick M. Uter**

Physician Extender

Technical - Pacemaker/ICD Technician

(Medtronic, Inc)

(Supervising Physician - Luis Constantin, MD)

Site of Privileges - LVH &amp; LVH-M

**Tony P. Vargas, CRNA**

Physician Extender

Professional - CRNA

(Allentown Anesthesia Associates Inc - Thomas M.

McLoughlin, Jr., MD)

Site of Privileges - LVH &amp; LVH-M

**Jeffrey R. Widdoss**

Physician Extender

Technical - Apheresis Technician

(Biological Specialty Corporation)

(Supervising Physician - Bala B. Carver, MD)

Site of Privileges - LVH &amp; LVH-M

**Norma D. Wilson, CRNA**

Physician Extender

Professional - CRNA

(Allentown Anesthesia Associates Inc - Thomas M.

McLoughlin, Jr., MD)

Site of Privileges - LVH &amp; LVH-M

**Change of Supervising Physician****Joseph M. Castagna, CCP**

Physician Extender

Technical - Perfusionist

(Perfusion Care Associates, Inc)

From: Martin LeBoutillier, MD

To: Raymond L. Singer, MD, The Heart Care Group, PC

Site of Privileges - LVH &amp; LVH-M



**Elizabeth E. Davies, PA-C**

Physician Extender  
Physician Assistant  
(LVPG-Trauma Surgery)  
From: Kevin E. Glancy, MD  
To: Mark D. Cipolle, MD  
Site of Privileges - LVH & LVH-M

**Barbara-Anne M. Elmore, CCP**

Physician Extender  
Technical - Perfusionist  
(Perfusion Care Associates, Inc)  
From: Martin LeBoutillier, MD  
To: Raymond L. Singer, MD, The Heart Care Group, PC  
Site of Privileges - LVH & LVH-M

**John T. Fitzell, PA-C**

Physician Extender  
Physician Assistant - PA-C  
(Orthopaedic Associates of Bethlehem Inc)  
From: Joseph L. Garbarino, MD  
To: Peter W. Kozicky, MD

**Patricia A. Gustafson, CCP**

Physician Extender  
Technical - Perfusionist  
(Perfusion Care Associates, Inc)  
From: Martin LeBoutillier, MD  
To: Raymond L. Singer, MD, The Heart Care Group, PC  
Site of Privileges - LVH & LVH-M

**Norman J. Manley, CCP**

Physician Extender  
Technical - Perfusionist  
(Perfusion Care Associates, Inc)  
From: Martin LeBoutillier, MD  
To: Raymond L. Singer, MD, The Heart Care Group, PC  
Site of Privileges - LVH & LVH-M

**Ralph M. Montesano, CCP**

Physician Extender  
Technical - Perfusionist  
(Perfusion Care Associates, Inc)  
From: Martin LeBoutillier, MD  
To: Raymond L. Singer, MD, The Heart Care Group, PC  
Site of Privileges - LVH & LVH-M

**David A. Palanzo, CCP**

Physician Extender  
Technical - Perfusionist  
(Perfusion Care Associates, Inc)  
From: Martin LeBoutillier, MD  
To: Raymond L. Singer, MD, The Heart Care Group, PC  
Site of Privileges - LVH & LVH-M

**Michael Quinn, CCP**

Physician Extender  
Technical - Perfusionist  
(Perfusion Care Associates, Inc)  
From: Martin LeBoutillier, MD  
To: Raymond L. Singer, MD, The Heart Care Group, PC  
Site of Privileges - LVH & LVH-M

**David R. Renner, PA-C**

Physician Extender  
Physician Assistant  
From: Lehigh Valley Orthopedic Group, PC - Leo J. Scarpino, MD  
To: Orthopedic Surgical Group - Stephen P. Falatyn, MD  
Site of Privileges - LVH & LVH-M

**Debra L. Zarro, CCP**

Physician Extender  
Technical - Perfusionist  
(Perfusion Care Associates, Inc)  
From: Martin LeBoutillier, MD  
To: Raymond L. Singer, MD, The Heart Care Group, PC  
Site of Privileges - LVH & LVH-M

**Susan E. Zimmerman, CRNP**

Physician Extender  
Professional - CRNP  
(The Heart Care Group, PC)  
From: Joseph L. Neri, DO  
To: Donald J. Belmont, MD  
Site of Privileges - LVH & LVH-M

**Additional Supervising Physician****Deborah W. Busch, CRNP**

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

**Nancy J. Crane Roberts, CRNP**

Physician Extender  
Professional - CRNP  
(Cedar Crest College)  
Supervising Physician - William L. Miller, MD  
Additional Supervising Physician - Michael D. Schwartz, MD,  
ABC Family Pediatricians

**Michael D. Lee, PA-C**

Physician Extender  
Physician Assistant  
(Yeisley Cardiothoracic Surgery, LLC - Geary L. Yeisley, MD)  
Additional Supervising Physician - Lehigh Valley Women's  
Cancer Center - Gazi Abdulhay, MD  
Site of Privileges - LVH & LVH-M

**Resignations****Richard J. Albright, Jr., CRNA**

Physician Extender

Professional - CRNA

(Allentown Anesthesia Associates Inc)

**Molly J. Breslin, CRNA**

Physician Extender

Professional - CRNA

(Allentown Anesthesia Associates Inc)

**Tina K. Dalessandro, RN**

Physician Extender

Professional - RN

(ABC Family Pediatricians)

**Ethyl C. Davis, CRNA**

Physician Extender

Professional - CRNA

(Allentown Anesthesia Associates Inc)

**Shannon M. deWit, RN**

Physician Extender

Professional - RN

(Lehigh Internal Medicine Associates)

**Eileen F. Floyd, CRNA**

Physician Extender

Professional - CRNA

(Allentown Anesthesia Associates Inc)

**Ronald S. Horvat, CRNA**

Physician Extender

Professional - CRNA

(Allentown Anesthesia Associates Inc)

**Daniel B. Jones, CRNA**

Physician Extender

Professional - CRNA

(Allentown Anesthesia Associates Inc)

**James B. Moffat, CRNA**

Physician Extender

Professional - CRNA

(Allentown Anesthesia Associates Inc)

**Brian K. Patton, CRNA**

Physician Extender

Professional - CRNA

(Allentown Anesthesia Associates Inc)

**Steven C. Raimo, CRNA**

Physician Extender

Professional - CRNA

(Allentown Anesthesia Associates Inc)

**Sharon G. Smith, CRNP**

Physician Extender

Professional - CRNP

(Allentown Family Health Specialists)

**MaryKay Wegman, CRNP**

Physician Extender

Professional - CRNP

(The Heart Care Group, PC)

**Scott J. Wilson, CRNA**

Physician Extender

Professional - CRNA

(Allentown Anesthesia Associates Inc)

Answer to Medical Staff Mystery Member –  
Charles M. Brooks, MD

**LAB - LINK***Information And Advice About Our Laboratory*

Effective October 1, 2001

***Focus on the New Cholesterol Guidelines***

In May of this year, the National Cholesterol Education Program (NCEP) issued major new clinical practice guidelines on the prevention and management of high cholesterol in adults. These guidelines, known as "The Third Report of the NCEP Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults," or Adult Treatment Panel (ATP) III, were published in the May 16, 2001 issue of the *Journal of the American Medical Association* and are the first major update from NCEP in nearly a decade. ATP III guidelines are expected to substantially expand the number of Americans being treated for high cholesterol, including raising the number of dietary treatment from about 52 million to about 65 million and increasing the number prescribed a cholesterol-lowering drug from about 13 million to about 36 million.

**The New NCEP Guidelines at a Glance---  
Some of the Major Changes From ATP II**

- LDL-C of <100 mg/dL now considered optimal
- HDL-C cutoff raised from 35 mg/dL to 40 mg/dL because the high number is a better measure of depressed HDL
- Triglyceride classification cutpoint lowered to 150 mg/dL
- Complete fasting lipoprotein screen using total cholesterol, LDL-C, HDL-C, and triglyceride recommended for screening
- Raises those with diabetes to an equivalent risk level for heart attack as those with CHD
- Creates new classification of risk called metabolic syndrome in which individuals are identified as candidates for intensive therapeutic lifestyle changes
- Uses Framingham Heart Study projections of ten-year absolute coronary heart disease risk to identify certain patients with multiple risk factors for more intensive treatment
- Recommends treatment for beyond LDL lowering for those with triglycerides greater than or equal to 200 mg/dL
- Includes strategies for accomplishing therapeutic lifestyle changes and drug changes
- Encourages use of plant stanols/sterols and viscous soluble fiber as a therapeutic dietary option

Courtesy of: *Clinical Laboratory News* July 2001 volume 27, number 7

Effective **Monday, October 1, 2001**, Health Network Laboratories will update the reference ranges for Cholesterol, Triglyceride, HDL Cholesterol, and LDL Cholesterol to reflect the new NCEP Adult Treatment Panel (ATP) III guidelines.

The new classifications are as follows:

	Order Code	CPT Code
Cholesterol (Total) in mg/dL:		
<200 Desirable	<i>CHOL</i>	82465
200-239 Borderline high		
≥240 High		
Triglyceride in mg/dL:		
<150 Normal	<i>TRIG</i>	84478
150-199 Borderline high		
200-499 High		
≥500 Very high		
HDL Cholesterol in mg/dL:		
<40 Low (increased risk for CHD)	<i>HDL</i>	83718
≥60 High (protective against CHD)		
LDL Cholesterol in mg/dL:		
<100 Optimal	<i>LDL</i>	83721
100-129 Near optimal/above optimal		
130-159 Borderline high		
160-189 High		
≥190 Very high		

\*The analytes list on the reverse are available as single order tests, and are also available in the following packages:

	Order Code	CPT Code
Lipid Panel (AMA) includes: Cholesterol, Triglyceride, HDL Cholesterol and a <u>Calculated</u> LDL Cholesterol	LIPAN	80061
Lipid Profile with LDL includes: Cholesterol, Triglyceride, HDL Cholesterol and a <u>Direct</u> LDL Cholesterol	LIPLD	80061 83721

For more information regarding ATP III, NCEP has developed a number of resources that are available on the Internet:

General Information on ATP III  
<http://www.nhlbi.nih.gov/index.htm>

Slide Set for Teaching Others About the Guidelines  
[http://hin.nhlbi.nih.gov/ncep\\_slds/menu.htm](http://hin.nhlbi.nih.gov/ncep_slds/menu.htm)

Executive Summary of the Guidelines  
[http://www.nhlbi.nih.gov/guidelines/cholesterol/atp\\_iii.htm](http://www.nhlbi.nih.gov/guidelines/cholesterol/atp_iii.htm)

Ten-Year Risk Calculator  
<http://hin.nhlbi.nih.gov/atp3/calculation.asp?usertype=prof>

ATP at a Glance Physician Desk Reference  
<http://www.nhlbi.nih.gov/guidelines/cholesterol/dskref.htm>

Patient brochure  
[http://www.nhlbi.nih.gov/health/public/heart/cho/hbc\\_what.htm](http://www.nhlbi.nih.gov/health/public/heart/cho/hbc_what.htm)

Palm Application that Allows Entry of Patient Data  
<http://hin.nhlbi.nih.gov/atp3/atp3palm.htm>

JAMA Article  
<http://jama.ama-assn.org/issues/v285n19/ffull/jsc10094.html>

Courtesy of: *Clinical Laboratory News July 2001 volume 27, number 7*

If you have any questions, please contact Gale Fritch 610-402-5594 or Customer Care at 610-402-8170.

# THERAPEUTICS AT A GLANCE

The following actions were taken at the September 2001 Therapeutics Committee Meeting - Joseph Ottinger, R.Ph., MS, MBA, Janine Barnaby, R.Ph., Jenny Boucher, Pharm.D., Fred Pane, R.Ph.

## *Pharmacy Ordered Aminoglycoside Levels*

Aminoglycosides (gentamicin, tobramycin) are potent antimicrobials primarily targeting gram negative organisms. However, nephrotoxicity and ototoxicity are of concern, especially in the elderly and/or those individuals with predisposing risks of compromised renal function. Correlations between plasma levels, and efficacy and toxicity have placed the aminoglycosides at the top of the list for drugs that require intensive monitoring.

Conventional dosing schedules of 1.5mg/kg dosed twice to three times daily are common practice (i.e. 80mg IV Q8H). Therapeutic serum level monitoring is often performed with the third or fourth dose to measure peak (30 minutes after a 30 minute infusion) and trough (30 minutes before next dose) levels. Desired levels are based on the type of infection and range between 3-8 mcg/ml peaks and < 2 mcg/ml trough values.

Extended interval dosing has gradually come into favor to utilize higher dosages (5mg/kg-7 mg/kg) which may offer similar efficacy and reduced toxicity.. The appropriate time to obtain a random levels for this dosing regimen is 16-18 hours after either the initial dose or any change in dosing based on every 24 hour delivery or 6-8 hours prior to a subsequent dose, if longer intervals are utilized (random levels < 1.4 mg/dl usually indicate sufficient drug clearance to continue the prescribed therapy) . Generally, only one random level is usually required unless the patient's serum creatinine or other indicators of renal function change. The Toxicology Lab has created a random gent/tobra level category for this purpose. The levels are called random due to the timing of the level with respect to administration time.

Peak and trough levels are only performed for conventional aminoglycosides dosing.

Recently, it has been documented that physicians have either not ordered any levels, when therapy is initiated or have requested levels that do not correlate well with the type of dosing regimen utilized. This requires a follow-up call from the pharmacy, which may compromise therapy (i.e., delays in therapy).

The Therapeutics Committee has approved the following policy proposal:

**PROPOSAL: All initial regimens or subsequent dose modifications of gentamicin/tobramycin drug orders for patients that are NOT accompanied by a request for subsequent drug level monitoring will require that the pharmacist order the appropriate testing for the aminoglycoside regimen in use without consultation with the physician. Specifically, a peak and trough for conventional therapy and a random level for extended interval dosing. This mandate will be applied only those patients that meet the following criteria:**

- Patients 60 years of age or older.
- Patients with an initial serum creatinine value of greater 0.9 mg/dl or that have no serum creatinine level ordered during the initial dosing phase.

Excluded patients are those individuals less than 18 years of age; patients receiving pre-procedural doses of aminoglycosides or post-procedural doses of aminoglycoside not exceeding 24 hours of therapy.

"Excluded patients" or those patient situations not addressed above will continue to be monitored and addressed as per standard policy, which requires a pharmacist consultation with the physician prior to

determining the extent of monitoring.

Physicians will be consulted for dosing adjustments, if the resultant drug levels are not within accepted parameters.

## Pantoprazole injection

**Introduction:** Proton pump inhibitors (PPIs) are one of the most widely prescribed classes of medications. They act by selectively inhibiting H<sup>+</sup>/K<sup>+</sup> -ATPase in the secretory canaliculus of the stimulated parietal cell. This is the final common pathway for acid secretion. Therefore, acid suppression is achieved regardless of whether it originates from stimulation of muscarinic, gastrin, or histamine receptors.

The injectable form of pantoprazole was recently approved by the FDA for the short-term treatment of erosive esophagitis in patients unable to take oral formulations.

Clinical data suggest that same milligram doses of injectable and oral pantoprazole provide a similar level of acid suppression.

LVH currently can purchase pantoprazole 40mg oral tablets for \$0.15 each; injectable pantoprazole 40mg costs the institution \$4.50.

The Therapeutics Committee has approved the following guidelines for pantoprazole injection.

**PROPOSAL:** All initial regimens of pantoprazole injection will be defaulted to be automatically deactivated after 48 hours unless renewed by a physician or where, a clearly defined duration of therapy was described in the initial order. Physicians will receive a printed re-order notification, as per standard practice. (Currently, this same restriction is applied to injectable H<sub>2</sub> blockers).

**Orders for injectable pantoprazole will be automatically converted to injectable famotidine, dosed at 20mg q12hours, if a diagnosis of erosive esophagitis or GI bleed is not identified. (Proton**

**Pump Inhibitors have shown little or no advantage Vs. H<sub>2</sub> antagonists other situations)**

**Orders for injectable pantoprazole will be converted to oral pantoprazole, dosed at the same schedule, if the patient meets the criteria previously established for the IV to PO conversion program. (Criteria listed below)**

IV to PO Criteria:

- Patient has tolerated diet or enteral feedings at no less than 30 ml/hr for 12 hours.
- Patient has not experienced any episodes of malabsorption (vomiting/diarrhea) in the previous 12 hours.
- Patient has not experienced high residuals, if on enteral feedings (defined as > 2x the hourly rate in the previous 12 hours).
- Patient is not receiving enteral nutrition via a jejunostomy
- Taking two other oral scheduled medications.
- Patient hemodynamically stable (Defined as maintenance of blood pressure without use of colloid/crystalloid boluses or pressors in the past 12 hours).
- Patient is not scheduled for a surgical procedure in the next 24 hours.

## *Adverse Drug Reaction-Enoxaparin*

The use of low molecular weight heparins (e. g., enoxaparin) continues to grow. Generally, they have been shown to be as effective as unfractionated heparin (UFH) in preventing and treating a variety of thrombotic disorders. However, they are also as likely to elicit unwanted bleeding effects. Due to the administration technique, most of these episodes are small site 'bleeds' or skin 'discolorations'. The safety profile for these drugs has been well studied in controlled patient populations and based on these data, prescribed dosing schemes have been identified for treatment and prophylactic uses of these agents. Appropriate levels of anticoagulation are assumed, if these dose schedules are utilized. This eliminates the need to routinely monitor the usual laboratory

coagulation parameters. One group of patients excluded from all the published low molecular weight trials were any individuals with an estimated creatinine clearance of  $\leq 30$  ml/min.

It is well known that heparins are excreted via renal pathways and therefore, patients with compromised renal function will accumulate heparin products, which will provide additional anticoagulation activity. The extent of this accumulation process is unknown and although several empiric low molecular weight heparin dosing recommendations have been offered, none have been subjected to rigorous examination. In two small studies, patients with chronic renal failure (creatinine clearance  $\leq 10$  ml/min) saw the half life increase 1.5-2.0 times longer than healthy volunteers. In another study, patients with renal insufficiency (serum creatinine  $> 2.0$ ) receiving an empirically reduced dose experienced a significantly higher rate of overall and major bleeding complications than controls ( $p < 0.05$ ). As unfractionated heparin is routinely monitored via PTT, any notable coagulation effects will be easily recognized and accounted for via dose adjustments on at least a daily fashion.

Routinely, this obviously is not the case with low molecular weight heparins.

The Adverse Drug Reaction reporting process has now identified three separate incidents related to documented significant bleeding incidents secondary to treatment with enoxaparin. In all three cases, the patients have had calculated estimated creatinine clearances of  $\leq 30$  ml/min. The Pharmacy has routinely notified physicians about these potential 'problematic' therapeutic situations via a chart note delineating the lack of evidence supporting both the use of 'standard' dosing and the use of unsubstantiated empiric dosing adjustments. However after the latest incident, The Medical Executive Committee has now requested that pharmacists contact the prescribing physician directly to discuss the need to use low molecular weight heparins in this high risk patient population.

## ***Registered Dietitians Taking Verbal Orders***

On September 4, 2001 the Med Exec Committee approved the recommendation by Therapeutics Committee to permit Registered Dietitians to take Verbal Orders from Physicians related to nutritional care, and document the orders in the Patient Record. It was noted that currently, physicians will discuss with the dietitians what care should be given a patient, and then the physician must call the nurse to document the order on the record. Granting this privilege to dietitians would reduce the number of unnecessary phone calls between physicians and nurses. It was noted that this scenario would be similar to orders being discussed between physicians and pharmacists, who then document on the record.

## ***Operations Improvement - FY-01***

At the August Therapeutics Committee meeting, there was a review of Operations Improvement for FY'01.

For LVH, a total of \$362,254 was achieved.

For LVH-M, a total of \$33,337 was achieved.

In the Cardiac Cath lab, there was another \$394,800 in cost avoidance.

The greatest OI savings surrounded the use of neuromuscular blockers in vent management and anesthesia, contributing to \$167,868. The therapeutics substitution of Claforan for Rocephin contributed \$38,631 (current cost/day - Claforan \$18.00 vs. Rocephin \$28.50).

We would like to thank the Medical Staff for your support of our programs.

## ***Prescription Blank Change***

Beginning with the next printing, the Lehigh Valley Hospital/Lehigh Valley Hospital-Muhlenberg prescriptions, will have an area, where a "diagnosis" can be written. It is felt, that writing the diagnosis, may help pharmacists in dispensing the correct medications and decrease the potential for Adverse

Drug Events (medications errors). The suggestion was approved by the LVH Medication Error Task Force.

### ***ADR's - Second Quarter***

ADR reports have declined over the second quarter of 2001 with only 51 reports.

The largest offenders were antibiotics with anticoagulants and oncology drugs falling close behind.

A reminder was sent to pharmacy to initiate an ADR report upon noticing a physician order for diphenhydramine, protamine and narcan to name a few. Seven severe reactions were noted and a Medwatch was completed for Plavix. Below is a summary for the 2nd quarter 2001.

#### **2nd Quarter Data 2001**

**Table 1: Adverse Reactions By Reporter**

<u>Reporter</u>	<u>Reports</u>	<u>%Reports</u>
Pharmacist	36	70.6
Nurse	11	21.6
RT	3	5.9
Student	<u>1</u>	<u>1.9</u>
TOTAL	51	100

**Table 2: Adverse Reactions by Drug Category**

<u>Drug Category</u>	<u>#Reports</u>	<u>%Reports</u>
Antibiotics	16	31.4
Anticoagulants	9	17.6
Oncology	6	11.8
Narcotic Analgesics	6	11.8
Contrast Dye	3	5.9
Cardiac	3	5.9
Other	<u>8</u>	<u>15.6</u>
TOTAL	51	100

**Top 5 Agents by # of Reports**

Abciximab w/ heparin	4
Morphine	3
Cefazolin	3
Docetaxel	3
Optiray	3

**Table 3: Probability of Drug -Related Reactions**

<u>Probability</u>	<u>#Reports</u>	<u>%Reports</u>
Doubtful	0	0
Possible	17	33.3
Probable	32	62.8
Highly Probable	<u>2</u>	<u>3.9</u>
TOTAL	51	100

**Table 4: Adverse Reaction Severity**

<u>Classification</u>	<u>#Reports</u>	<u>%Reports</u>
Mild	14	27.5
Moderate	30	58.8
Severe	<u>7</u>	<u>13.7</u>
TOTAL	51	100



# THE CENTER FOR EDUCATIONAL DEVELOPMENT AND SUPPORT

October 2001

## NEWS FROM THE LIBRARY.

### OVID Instruction.

Contact Barb Iobst at 610-402-8408 to arrange for instruction in the use of OVID's MEDLINE and its other databases.

### New Library Publications.

#### CC & I-78 Site

"Metabolic Diseases: Foundations of Clinical Management, Genetics, and Pathology" (2-volume set)

"Pediatric Neurology: Principles and Practice," 3<sup>rd</sup> edition

#### 17 & Chew Streets Site

"Dental Clinics of North America" (Topic: Women's Oral Health)

July, 2001 – Vol. 45, No. 3

"Emergency Medicine Secrets," 2<sup>nd</sup> edition

#### LVH-Muhlenberg

"Emergency Radiology"

"Pathophysiology of Disease"

**The American Board of Medical Specialists Directory lists board certified physicians. The initial entry for the directory is provided by the certifying board. After that, it is the responsibility of the physician to keep the listing current. If you know your entry is outdated, and you can no longer find your form to change it, call 610-402-8410 and the library staff can provide you with instructions to update your entry online.**

### Computer-Based Training (CBT):

Computer Based Training (CBT) programs are available for LVHNN 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:

October 9, 8am - Noon  
November 13, Noon - 4pm  
December 18, Noon - 4pm  
January 8, 8am - 12 noon  
February 12, noon - 4pm  
March 26, 8am - noon  
April 23, 8am - noon

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

November 20, Noon - 4pm  
March 5, noon - 4pm  
May 14, 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.

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

**The Center for Educational Development & Support  
is proud to present the following programs:**

**American Trauma Society Second Trauma  
Workshop**

*Monday, October 1<sup>st</sup>, 2001  
7:00-3:00*

**LVH Auditorium - CC & I-78**

**Topic:** *"Helping Families Cope with Life-Threatening Injuries & Sudden Death"*

- 6:30am Continental Breakfast
- 7:00am Introduction
- 7:05am History, Purpose and Administrative Requirements for Excellence in Second Trauma Communications  
Harry Teter, E.D., ATS
- 7:35am Communications Theory / Roadblocks to Effective Communication  
Paula Kelly, RN
- 8:15am Crisis communications with the family: Understanding responding in the moment  
Hal Lipton, MSW
- 9:00am Break
- 9:15am Bad News Notification and Death Telling  
Jim Scott, MD. & Jacquelyn McQuay, RN
- 10:00am Expected Responses and how to deal with them  
Gregg Margolis, EMT, & Jim Scott, MD
- 10:45am Case Discussion by ATS Panel - Lehigh Valley staff
- 11:45am Best Case Scenario  
Jacquelyn McQuay, RN
- 12:15pm Brown Bag Lunch and informal networking
- 12:55pm Closing lunchtime remarks - Harry Teter, ATS E.D.
- 1:10pm Managing the Job Stresses in Crisis Health Care  
Hal Lipton, MSW
- 1:55pm **Focus Groups**—Share current concerns, discuss future workshop ideas, provide feedback about the ATS program etc. There will be a group for nurses, physicians, EMTs/paramedics and one for social workers, chaplains, child life, respiratory therapy and other support staff.
- 3:00pm Adjournment

**Target Audience:** *All trauma care providers including physicians, nurses, residents, chaplains, social workers, case managers, respiratory therapists, prehospital personnel, child life therapists, students.*

**HOW TO REGISTER:**    **SEE END OF PAGE #4**

**Registration Fee:** *None    Lunch and Break: Included*

**Registration Deadline:** *September 21, 2001*

**Note:** *Lehigh Valley Hospital has been recognized as a national test site for this workshop. Participants will be asked to complete an evaluation regarding the helpfulness of the conference in meeting its objectives, and suggestions for further improvement.*

**Advances in Urology 2001**

*October 2, 2001*

*3:30 PM - 9:00 PM*

**LVH, Auditorium, CC & I-78**

**Target Audience:** This program is intended for nurses, physicians, social workers, physical therapists & other health care professionals working with urology patients in a variety of health care settings.

**AGENDA:**

- 3:30 pm Registration
- 4:00 pm Opening Remarks
- 4:15 pm *Overview of Outpatient Urology*  
Daniel Silverberg, MD
- 5:10 pm *Renal and Bladder Cancer* Brian Murphy, MD
- 6:05 pm Dinner (included)
- 7:00 pm *Development of Evidence Based Guidelines for Urinary Retention* Judith Bailey, RN, MS
- 7:55 pm *Urinary Diversions* Joseph Trapasso, MD
- 9:00 pm Closing Remarks and Evaluation

**ACCREDITATION:**

Lehigh Valley Hospital & Health Network is accredited by the Pennsylvania Medical Society to sponsor continuing medical education for physicians.

Lehigh Valley Hospital & Health Network designates this continuing medical education activity for a maximum of 4 credit hours of Category 1 credit toward the AMA Physicians Recognition Award, & 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 & 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 & 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. 4.7 PSNA Contact Hours will be awarded to registered nurses who attend the entire educational activity and complete the evaluation tool.

**Registration: Pre-registration is required – space limited.**

**Fee:**    \$30.00                      \$15.00 for PennCARE Affiliates  
Fee will be waived for employees of LVHNN.

**HOW TO REGISTER:**    **SEE END OF PAGE #4**

# EDUCATION FOR PRACTITIONERS ON END-OF-LIFE CARE CONFERENCE

October 3 and 4, 2001

Cedarbrook Nursing Home, Allentown, PA

**Target Audience:** This program is intended for physicians, nurses, social workers, chaplains, & any other profession that is 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, & spiritual
- Discuss the legal issues surrounding end-of-life care
- Be able to communicate bad news and goals of care
- Care for a patient in the last hours of life

## DAY 1 AGENDA:

- 7:45 Breakfast
- 8:15 Opening Remarks
- 8:30 Pre-Test
- 8:50 Gaps of End-of-Life Care
- 9:40 Advance Care Planning
- 10:15 Break
- 10:30 Communicating Bad News
- 11:10 Whole Patient Assessment
- 11:45 Lunch
- 12:30 Pain Management
- 1:35 PAS
- 2:15 Break
- 2:30 Psychological Symptoms
- 3:20 End-of-Life Care
- 4:10 Post-Test and Evaluation
- 4:30 Test Review

## DAY 2 AGENDA:

- 7:45 Breakfast
- 8:15 Pre-Test
- 8:35 Legal Misconceptions
- 9:30 Goals of Care
- 10:05 Break
- 10:20 Sudden Illness
- 10:55 Medical Futility
- 11:30 Self-Care
- 12:00 Lunch
- 12:45 Physical Symptoms
- 1:45 Withholding Treatment
- 2:25 Break
- 2:40 Last Hours of Living
- 3:30 Next Steps
- 4:10 Post-Test and Evaluation
- 4:30 Test Review

## PRESENTERS:

Joseph Vincent, MD	Gretchen Fitzgerald, CRNP
Stephen Lammers, Ph.D.	Gene Ginsberg, MD
Robert Wilson, MD	Janine Fiesta, Esq.
Rev. Anne Huey	

## ACCREDITATION:

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.

**REGISTRATION:** Pre-registration is required as space is limited.

**FEE:** This event is free.

**HOW TO REGISTER:** SEE END OF PAGE #4

## DIRECTIONS:

From Rt. 22:

Take Rt. 22 to Rt. 309S/I-78E. Follow directions below.

From Rt. 309/I-78:

Take Hamilton Blvd. South exit (Exit 16A). Take left at first light onto Lincoln Ave. Turn left at sign. Follow road to Walnut St. Turn left into parking lot and follow signs for visitors parking.

# **MIND, BODY AND SPIRIT: PREVENTATIVE AND ACUTE CARE NEEDS OF CHILDREN AND ADOLESCENTS**

**October 10 & 11, 2001  
Lehigh Valley Hospital  
Auditorium CC/I-78**

This program is intended for health care providers who participate in the planning, implementation and revision of patient care for children and adolescents requiring preventative and acute care interventions.

## **Learning Objectives:**

- Recognize families in crisis and the need to implement care requirements.
- Enhance knowledge of pathophysiology and psychosocial needs of children and adolescents with autism, diabetes and hematology/oncology disorders.
- Identify diagnostic screenings and recommended preventative and health care interventions for adolescents.

## **Agenda:**

### **WEDNESDAY, OCTOBER 10, 2001**

8:00am **Registration**  
 8:30am **Welcome** *John Van Brakle, MD*  
 8:45am **Management of Families in Crisis**  
       *Kay Snyder, MSW, LSW*  
 9:45am **Break**  
 10:15am **Care for the Caregivers** *Kay Snyder, MSW, LSW*  
 11:30am **Lunch**  
 12:15pm **von Willebrand's Disease**  
       *Philip Monteleone, MD*  
 1:15pm **Immune Thrombolytic Purpura**  
       *Philip Monteleone, MD*  
 2:15pm **Break**  
 2:30pm **Oncology Emergencies** *Julie Stern, MD*  
 3:30pm **Late Effects of Pediatric Cancer Therapy**  
       *Julie Stern, MD*  
 4:20pm **Questions and Evaluations**

\*\*\*\*\*

### **THURSDAY, OCTOBER 11, 2001**

7:30am **Registration**  
 8:00am **Welcome** *John Van Brakle, MD*  
 8:15am **Adolescent Endocrinology: Type I and Type II Diabetes** *Larry Merkle, MD*  
 9:15am **Autistic Spectrum Disorders** *Karen Senft, MD*  
 10:15am **Break**  
 10:30am **Current Screening Guidelines and Preventative Services for Children and Adolescents**  
       *Scott Brenner, MD & Sarah Stevens, MD, MPH*  
 11:30am **Lunch**  
 12:15pm **Care of the Adolescent with Somatic Symptoms**  
       *Sara Kinsman, MD, PhD*  
 1:15pm **Adolescent Depression: Chemicals & Communication** *John Campion, MD*  
 2:15pm **Break**

2:30pm **Menstrual Disorders** *Paula Braverman, MD*  
 3:20pm **Adolescent Men's Health**  
       *Anthony Acquavella, MD, MPH*  
 4:20pm **Questions and Evaluations**

## **Accreditation:**

Lehigh Valley Hospital and Health Network is accredited by the Pennsylvania Medical Society to sponsor continuing medical education for physicians.

**Physicians:** Lehigh Valley Hospital and Health Network designates this continuing medical education activity for a maximum of 13.25 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 education activity.

**Nurses:** 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. Registered nurses attending the program and completing the evaluation tools will receive PSNA Contact Hours:

Day One: 7.5 PSNA Contact Hours

Day Two: 8.4 PSNA Contact Hours.

**Disclosure:** 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).

**Registration Information:** Pre-registration is required as space is limited.

**Fee:**

One Day:

\$50.00

\$15.00 -- LVHHN Employees and PennCARE

Two Days:

\$80.00

\$25.00 -- LVHHN Employees and PennCARE

**HOW TO REGISTER: SEE END OF PAGE #4**

## MANAGING MEMORY LOSS IN PRIMARY CARE

Friday, October 26, 2001  
8:15 am - 11:45 am

Country Meadows of Allentown  
Building III  
450 Krocks Road, Allentown, PA

**Target Audience:** This program is suitable for physicians, general practitioners, neurologists, physician's assistants, psychiatrists, medical residents, nurses, pharmacists, and other health professionals interested in managing memory loss in primary care.

**Goals & Objectives:** This program will provide the healthcare practitioner with an effective standard approach to the assessment of significant memory loss, as well as guidelines to identifying treatment options of patients with memory loss.

### Agenda

8:15 am Registration and Continental Breakfast  
8:45 am Welcome & Introduction  
9:00 am Managing Memory Loss in Primary Care - Part I  
10:00 am Break  
10:15 am Managing Memory Loss in Primary Care - Part II  
11:15 am Questions and Answers  
11:30 am Adjournment and Evaluations

### PRESENTER:

Francis A. Salerno, MD  
Chief, Division of Geriatrics  
Lehigh Valley Hospital

### ACCREDITATION

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 2 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. 2.4 PSNA Contact Hours will be awarded to registered nurses who attend the entire educational activity and complete the evaluation tool.

The Lehigh Valley Hospital Pharmacy Department is approved by the American Council on Pharmaceutical Education as a provider of continuing pharmaceutical education. This program has been approved for 2 hours (0.2 CEUs) of continuing education credit (ACPE Program #545-999-01-001-L04).

### REGISTRATION INFORMATION:

- Advanced registration is required, space is limited.
- Deadline to register is October 22, 2001.

FEE: \$20.00

Please make checks payable to: Lehigh Valley Hospital.

**HOW TO REGISTER:** SEE END OF PAGE #4

### TO REGISTER FOR THE ABOVE PROGRAMS:

#### *LVHHN Staff*

- Please access the Bulletin Board entitled *Forms\_Nursing*.
- Select the *Cont. Education Registration Form*.
- Right click on the form and choose "Use Form".
- Complete all areas (refer to "How To Register" for more help on using forms).
- Indicate which day you will be attending.
- Use the comments section to provide us with any additional information that may be useful.
- We will be unable to process incomplete registrations.

#### *PennCARE Affiliates and Staff without E-Mail Access*

- Please either call (610-402-2277) or fax (610-402-2203) the following information: name, hospital affiliation, position, mailing address, social security #, daytime phone #, and day attending. We will be unable to process incomplete registrations.

For additional information, please call the Center for Educational Development and Support at 610-402-2277.

# October

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
	<b>1</b> 7am Second Trauma Workshop -CC Aud 12 noon Colon/Rectal TB JDMCC CR1	<b>2</b> 7am Family Practice GR-JDMCC 1A/B 7am Surgical GR CC-Aud 8am Pediatric GR CC-Aud 12 noon Medical GR CC-Aud 4pm Advances in Urology 2001 CC Aud 6 pm Mgmt of Dizzy Patient CC CL 2 & 3	<b>3</b>	<b>4</b> 8am Education for Practitioners End of Life Cedar Brook Nsg Home 12 noon Combined TB JDMCC CR1	<b>5</b> 7am GYN TB JDMCC CR1 8am Education for Practitioners End of Life - Cedar Brook Nsg Home 11am Neurology Conf JDMCC CR1A/B 12 noon Breast TB JDMCC CR1	<b>6</b>
<b>7</b>	<b>8</b> 12 noon GYN TB JDMCC CR1	<b>9</b> 7am Surgical GR-CC-Aud 8am Pediatric GR-CC-Aud 12 noon Medical GR-CC-Aud	<b>10</b> 8am Mind, Body & Spirit Pediatric Conf. CC Aud 12 noon Pulmonary TB JDMCC CR1	<b>11</b> 8am Mind, Body & Spirit Pediatric Conf. CC Aud 12 noon GI TB JDMCC CR1	<b>12</b> 7am OBGYN GR CC CR1 11am Neurology Conf JDMCC CR1A/B 12 noon Breast TB JDMCC CR1	<b>13</b>
<b>14</b>	<b>15</b> 12 noon Colon/Rectal TB JDMCC CR1	<b>16</b> 7am Surgical GR-CC-Aud 8am Pediatric GR-CC-Aud 12 noon Medical GR-Cc-Aud	<b>17</b>	<b>18</b> 12 noon Combined TB JDMCC CR1	<b>19</b> 7am OBGYN GR CC CR1 11am Neurology Conf CL1 12 noon Breast TB JDMCC CR1	<b>20</b>
<b>21</b>	<b>22</b> 12 noon GYN TB JDMCC CR1	<b>23</b> 7am Surgical GR-CC-Aud 8am Pediatric GR-CC-Aud 12 noon Medical GR-Cc-Aud 12 noon Urology TB JDMCC CR1	<b>24</b>	<b>25</b> 12 noon Combined TB JDMCC CR1	<b>26</b> 7am OBGYN GR CC CR1 8am Managing Memory Loss in Primary Care - Country Meadows 11am Neurology Conf CL1 12 noon Breast TB JDMCC CR1	<b>27</b>
<b>28</b>	<b>29</b>	<b>30</b>	<b>31</b>			

2001

**RECOMMENDATIONS TO THE BOARDS OF TRUSTEES OF  
LEHIGH VALLEY HOSPITAL AND LEHIGH VALLEY HOSPITAL-MUHLENBERG**

**FROM THE GENERAL MEDICAL STAFF  
FOR REVISIONS TO THE MEDICAL STAFF BYLAWS**

**MEETING OF MARCH 12, 2001**

The following proposed revisions were presented for action at the March 12, 2001 General Medical Staff meeting.

**ARTICLE XII - DEPARTMENTS**

**SECTION A - DEPARTMENTS, DIVISIONS AND SECTIONS**

8. Department of Pediatrics which shall include the following Divisions: General Pediatrics, Neonatology, Hospital Based Pediatrics, and Pediatric Subspecialties.
  - a. The Division of Pediatric Subspecialties shall include the Sections of Allergy, Cardiology, Developmental-Rehabilitation, Endocrinology, Gastroenterology, Genetics, Hematology-Medical Oncology, Neurology, Pulmonary and Rheumatology.

**RECOMMENDATIONS TO THE BOARDS OF TRUSTEES  
FROM THE GENERAL MEDICAL STAFF  
FOR REVISIONS TO THE MEDICAL STAFF BYLAWS**

**FROM MEETING OF JUNE 11, 2001**

The following proposed revisions, are pending favorable recommendation at the June 11, 2001 meeting of the General Medical Staff.

**Housekeeping Detail – Change of Reference from “Directives” Manual to “Administrative” Manual –**

**ARTICLE V - ALLIED HEALTH PROFESSIONALS - SECTION C - CLINICAL DUTIES AND FUNCTIONS Page 13**

1. Individuals who qualify as allied health professionals in any category established by the Governing Bodies may be considered for specific clinical duties and functions in accordance with the credentialing procedures established by the Chief Executive Officer in conjunction with the President of the Medical Staff. The credentialing procedure so established shall be delineated in the Hospitals' ~~Directives~~ Administrative Manual. The Credentials Committee shall report its recommendations to the Medical Executive Committee in accordance with Article XI of these Bylaws.

**Elimination of Weekly (Mailed) Notice of Pending Medical Record Delinquencies -**

**ARTICLE VIII – CORRECTIVE ACTION - SECTION D - TEMPORARY SUSPENSION**

1. Temporary suspension of all admitting, treating, consultative and operating privileges of an individual practitioner, or in the case of a group practice, the entire group of practitioners, shall be imposed under the following circumstances:
  - (c) Failure to complete medical records within fifteen (15) days after the record is placed at the physician's disposal ~~in by~~ the Medical Records Department. A warning of delinquency under this paragraph will be given ~~seven (7) days~~ one (1) day prior to suspension.

**New Charter for Technology Assessment Committee –**

**ARTICLE XI – OFFICERS AND COMMITTEES**

Technology Assessment Committee – The following Committee Charter is being presented for inclusion into the Bylaws. This Charter has been presented and approved by Chairs/Troika and the Network Coordinating Group (NCG). The TAC Committee would be added as follows:

**SECTION C-DESIGNATION OF COMMITTEES**

- u. Technology Assessment Committee:
  - (i) Purpose: To access and evaluate proposals for the acquisition and/or implementation of new technology or advances to existing technology, when appropriate, and report its assessments in the form of recommendations to those committees from which it has received authority.  
  
(New technology in this context is defined as new clinical equipment, devices, consumable or reusable products or clinical procedures not currently in use or being performed at any of the health network's major clinical sites; specifically, Lehigh Valley Hospital and Lehigh Valley Hospital-Muhlenberg.)
  - (ii) Duties:
    - A. To meet at least quarterly, or more often, as needed by the Network Coordinating Group or Chairs Troika for the fulfillment of the committee's purpose.
    - B. To report its recommendations to the Network Coordinating Group and Chairs/Troika Committee.



Recommendations to the Boards of Trustees of  
Lehigh Valley Hospital and Lehigh Valley Hospital-Muhlenberg  
From the General Medical Staff  
Meeting of June 11, 2001  
Page 2

C. To fulfill the committee's goals:

1. To provide an unbiased, evidenced-based assessment of new technology and its potential applicability to the health network and the community which it serves.
2. To provide a consistent means of presentation and analysis for any staff member or special interest group within the organization proposing the acquisition and/or implementation of new technology.
3. To add value to the organization from a strategic, clinical and financial perspective.
4. To promote continuous process improvement by the careful monitoring of the technology utilization and measurement of patient outcomes as a result of its recommendations.

- (iii) Composition: Chairperson – Medical Staff Member; Co-chair – Director of Technology Assessment; Recording Secretary; Clinical Representation – (6) Medical Staff Members (minimum); Administrative Services Representation: Information Services, Nursing, Pharmacy, Care Management, Financial Planning, Biomedical Engineering, Materials Management, Strategic Planning; Non-voting representation: Marketing and Epidemiology/Community Services. The Chairperson and all members of the Committee are appointed by the Chief Medical Officer.

**Name Change for Division of Endocrinology-Metabolism –**

**ARTICLE XII – DEPARTMENTS - SECTION A - DEPARTMENTS, DIVISIONS AND SECTIONS**

The Departments of the Medical Staff shall be organized as follows:

5. Department of Medicine which shall include the following Divisions: Allergy, Cardiology, Dermatology, Endocrinology-Metabolism, Gastroenterology, General Internal Medicine, Geriatrics, Hematology-Medical Oncology, Infectious Diseases, Neurology, Nephrology, Pulmonary, Physical Medicine and Rehabilitation, and Rheumatology.

**Deletion of Duplicated Statement Regarding On-Call Coverage** – There was a redundancy found in the following section as well as a movement required of an item to appropriately place it in its respective section.

**MEDICAL STAFF RULES AND REGULATIONS – A. ADMISSIONS - #8.**

**A. ADMISSIONS**

Duplicate ¶ Same as C.  
Patient Care #9 ►  
Delete from this section

8. ~~The Chairpersons of the Departments of Dentistry, Medicine, Surgery, OB/GYN, Pediatrics, and Psychiatry will assume responsibility for meeting on-call needs of the Emergency Department. This responsibility shall be met by the establishment of on-call rosters for the specific specialties deemed appropriate by the Chairperson of the respective departments, with the Chairperson assuring coverage in all other specialties where an on-call roster is not required. The Emergency Department on-call roster shall include all active members of the specialties of medicine, surgery, dentistry, ob/gyn, pediatrics, and psychiatry of the medical staff unless excused by the appropriate Department Chairperson. The Emergency physician on duty will determine the need for a consultation in a specialty. It is the responsibility of the Emergency physician on duty to call the appropriate specialist. If there is a problem with responding, then the appropriate Chairperson/Chief will be called.~~

Move ¶ to C.  
Patient Care as New ►  
#13.

9. ~~The Department Chairpersons will assume responsibility for meeting coverage needs of the Clinics. This responsibility shall be met by the establishment of rosters for the specific specialties deemed appropriate by the Chairperson of the respective departments, with the Chairperson assuring coverage in all other specialties where a roster is not required.~~

Recommendations to the Boards of Trustees of  
Lehigh Valley Hospital and Lehigh Valley Hospital-Muhlenberg  
From the General Medical Staff  
Meeting of June 11, 2001  
Page 3

**MEDICAL STAFF RULES AND REGULATIONS – C. PATIENT CARE - #9 and Insert new #13**

8. Patients requiring anesthesia in the Emergency Room of the facility shall have pre-op orders, including the necessary laboratory studies, as in the case of all other patients going to the Operating Room.

*This is same as  
#8, Admissions  
To remain here.*

9. The Chairpersons of the Departments of Dentistry, Medicine, Surgery, OB/GYN, Pediatrics, and Psychiatry will assume responsibility for meeting on-call needs of the Emergency Department. This responsibility shall be met by the establishment of on-call rosters for the specific specialties deemed appropriate by the Chairperson of the respective departments, with the Chairperson assuring coverage in all other specialties where an on-call roster is not required. The Emergency Department on-call roster shall include all active members of the specialties of medicine, surgery, dentistry, ob/gyn, pediatrics, and psychiatry of the medical staff unless excused by the appropriate Department Chairperson. The Emergency physician on duty will determine the need for a consultation in a specialty. It is the responsibility of the Emergency physician on duty to call the appropriate specialist. If there is a problem with responding, then the appropriate Chairperson/Chief will be called.

*Formerly #9 of  
A. Admissions*

13. The Department Chairpersons will assume responsibility for meeting coverage needs of the Clinics. This responsibility shall be met by the establishment of rosters for the specific specialties deemed appropriate by the Chairperson of the respective departments, with the Chairperson assuring coverage in all other specialties where a roster is not required.

~~13.14.~~ Patients referred to the teaching service of the facility are to be seen prior to admission and discharge by the appropriate medical or surgical resident covering the teaching service in consultation with the assigned teaching service attending physician.

*Renumber #14 – 36.*

\*\*\*\*\*

**The following proposed revisions were recommended by the Bylaws Committee and are pending favorable recommendation by the Medical Executive Committee at the June 5, 2001 meeting:**

**Wording for compliance with Federal Law Concerning OIG Exclusions-**

**ARTICLE III – MEDICAL STAFF MEMBERSHIP**

**Section C – Specific Qualifications for Membership,**

Practitioners shall be qualified to apply for membership on the Medical Staff if they:

- (6) can demonstrate that they are qualified to provide a needed service within the standards and criteria of the Medical/Allied Health Staff Development Plan of the Hospital;
- (7) can demonstrate that they satisfactorily meet the requirements and conditions for specialty board certification in accordance with the following section; and
- ~~(8)~~ can demonstrate that they are not currently excluded from any Medicare and/or Medicaid programs. However, a practitioner may seek an exception to this requirement from the Medical Executive Committee and the Governing Bodies. An exception can only be granted upon a showing by the practitioner to the satisfaction of the Medical Executive Committee and the Governing Bodies in their sole discretion that the Hospitals will not be jeopardized by permitting the excluded practitioner to have Medical Staff membership and clinical privileges, which showing may include: evidence of the waiver of the exclusion by the Medicare and/or Medicaid programs and/or a written plan presented by the practitioner which (a) assures that the practitioner will not provide, order or prescribe any goods or services which are reimbursable under Medicare and/or Medicaid programs; and (b) provides for effective and fair implementation, taking into account the rights and responsibilities of other Medical Staff members, and without imposing unreasonable financial or logistical burdens on the applicable division or department, the Medical Staff or the Hospitals (including but not limited to the Hospitals' billing department(s)). Any decision rendered by the Medical Executive Committee or the Governing Bodies shall not be subject to appeal under Article VIII- Corrective Action and/or Article IX - Hearing and Appellate Review Process. The Medical Executive Committee shall meet to review any request for an exception within twenty (20) business days of the receipt of such request.

Recommendations to the Boards of Trustees of  
 Lehigh Valley Hospital and Lehigh Valley Hospital-Muhlenberg  
 From the General Medical Staff  
 Meeting of June 11, 2001  
 Page 4

## **ARTICLE VI – PROCEDURE FOR APPOINTMENT AND REAPPOINTMENT**

### **Section B – Application for Appointment**

#### **1. Content of Application:**

All applications for appointment to the Medical Staff shall be in writing, shall be signed by the applicant, and submitted on a form prescribed by the Governing Bodies after consultation with the Medical Executive Committee. The application shall require the applicant to provide:

- (g) information as to details of any prior or pending government agency or third party payor proceeding or litigation challenging or sanctioning applicant's patient admission, treatment, discharge, charging, collection, or utilization practices, including, but not limited to, Medicare, Medicaid, and Medical Assistance fraud and abuse proceedings and convictions and/or resulting in the exclusion of applicant from any Medicare and/or Medicaid programs in which the applicant participated at the time of the exclusion;

#### **2. Effect of Application:**

By applying for appointment to the Medical Staff, each applicant thereby:

- (g) consents to Hospitals' inspection of National Practitioner Data Bank information and the Cumulative Sanction Report.

## **ARTICLE VIII – CORRECTIVE ACTION**

### **Section C – Automatic Suspension Procedure**

#### **1. Automatic suspension of a practitioner shall occur under the following circumstances:**

- (f) Whenever a practitioner is excluded from any Medicare and/or Medicaid programs his or her staff membership and clinical privileges shall immediately and automatically be revoked; provided, however, that such staff membership and clinical privileges may be reinstated upon action of the Medical Executive Committee and the Governing Bodies at their sole discretion in the event that they conclude that the practitioner has made the showing described in Article III, Section C, (8). For purposes of this subsection, an excluded practitioner shall refer only to a practitioner who has been excluded from any Medicare and/or Medicaid program as part of a formal sanction. An excluded practitioner shall not include a "nonparticipating" practitioner or a practitioner who has "opted out" of any Medicare and/or Medicaid program (i.e. a practitioner who voluntarily elects not to participate in any Medicare and/or Medicaid program or a practitioner who wishes to terminate his/her participating agreement with Medicare but fails to take such action during the participating enrollment period).

#### **2. Suspension, restriction or revocation of staff membership and clinical privileges pursuant to (a) - (f) above shall not be subject to appeal under this Article VIII - Corrective Action and/or Article IX - Hearing and Appellate Review Process. Consideration for reinstatement of Medical Staff membership shall occur only after the practitioner has, in the case of exclusion (except as otherwise provided in (f) above), been reinstated to the Medicare and Medicaid programs from which he or she has been excluded, has reapplied to the Medical Staff, the incident which led to the suspension or revocation has been investigated, and the application reviewed by the appropriate credentialing individuals and committees pursuant to these Bylaws.**

### **Name Change from Medical Staff Rehabilitation Program to Medical Staff Health Program and Corresponding Change to Medical Staff Health Committee**

In an effort to be consistent with current language, the members agreed to change the name:

**ARTICLE X – MEDICAL STAFF REHABILITATION HEALTH PROGRAM .**

Recommendations to the Boards of Trustees of  
Lehigh Valley Hospital and Lehigh Valley Hospital-Muhlenberg  
From the General Medical Staff  
Meeting of June 11, 2001  
Page 5

## **ARTICLE X - MEDICAL STAFF REHABILITATION HEALTH PROGRAM**

### **SECTION A - PURPOSE**

The purposes of this program are to provide a mechanism wherein the impaired Staff member can be identified and, when possible, rehabilitated and to provide protection for the patients who might be exposed to an impaired Staff member.

### **SECTION B - POLICY**

3. The Medical Staff Rehabilitation Health Program is not a prerequisite to corrective action under these Bylaws and an impairment may be the basis of corrective action requested or taken under Article VIII of these Bylaws.

## **ARTICLE XI - OFFICERS AND COMMITTEES**

### **SECTION C - DESIGNATION OF COMMITTEES:**

2. Standing Committees and their reporting function are as follows:

<u>Committee</u>	<u>Reports To</u>
Bylaws	MEC <sup>1</sup>
Cancer	MEC
Clinical Case Review	Performance Improvement Council
Code Blue Committee	MEC
Credentials	MEC
Emergency Management	MEC
Ethics	MEC
Finance	MEC
Infection Control	MEC
Institutional Animal Use and Care	MEC
Institutional Review	MEC
Medical Advisory	MEC
Medical Executive	Governing Bodies
Medical Records	MEC
New Procedures	MEC
Nominating	Medical Staff
Occurrence Analysis	MEC
Performance Improvement Council	MEC and Governing Bodies
Permanent Hearing	MEC
<u>Rehabilitation Health</u>	MEC

4. Purposes and Duties:

#### t. Rehabilitation Health Committee:

- (i) Purpose: To fulfill the goals, duties and requirements of Article X of these Bylaws with respect to the Medical Staff Rehabilitation Health Program.
- (ii) Composition: For each impaired Staff member participating in the Rehabilitation Health Program an ad hoc committee of at least five (5) members of the Medical Staff including the Chairperson of the Department to which the impaired Staff member in question is assigned shall be appointed by the President of the Medical Staff.
- (iii) Responsibilities: To meet as needed and evaluate all reports of the Department Chairperson which suggest that a Medical Staff member is impaired; to evaluate any reports which reach the Committee through sources other than a Department Chairperson; to make decisions as to whether a particular Medical Staff member is impaired; to select at least two of the Committee members who will meet and informally discuss the problem with the impaired Staff member with a view toward soliciting the Staff member's agreement to participate in a suggested outline for a rehabilitation program; to obtain a written signed agreement from the impaired Staff member as to rehabilitation; and to monitor the impaired member within the guideline stated in this Section. In order to preserve the utmost confidentiality, this Committee shall not be required to keep minutes of its meetings.

Recommendations to the Boards of Trustees of  
 Lehigh Valley Hospital and Lehigh Valley Hospital-Muhlenberg  
 From the General Medical Staff  
 Meeting of June 11, 2001  
 Page 6

(iv) Guidelines for Individual Rehabilitation Programs:

- A. If medical and/or psychiatric treatment are part of the rehabilitation program, the treating physician and/or treatment program shall be approved by the Committee. The Committee shall maintain a current list of rehabilitation programs and physicians who work with impaired physicians.
- B. Where a rehabilitation program is to be monitored, physician monitors shall be appointed by the Committee to insure that the impaired member adheres to the program as outlined. In the case of alcohol and/or drug abuse, the physician monitors shall be empowered to request STAT urine and/or blood specimens (on a random basis). The physician monitors shall also be responsible to provide regular, written progress reports to the President of the Medical Staff and the Committee.
- C. Upon completion of a rehabilitation program by an impaired member, the Committee shall maintain contact with the member through meetings with one or more members of the Committee on a quarterly basis for the first year after initial confrontation, and semi-annually for the second year. At the close of this two (2) year period, if, in the opinion of the Committee problems are no longer continuing with the impaired member, further meetings will not be required. At the close of this two (2) year period, the Committee may recommend reinstatement of all privileges for the impaired member.
- D. The Chief Executive Officer shall be kept informed of all proceedings of the Committee.

**CHANGES TO DEPARTMENTS, DIVISIONS, AND SECTIONS**

- 1) Division name change to Pain Medicine (Department of Anesthesiology)
- 2) Creation of new Division of Critical Care Medicine (Department of Medicine)
- 3) Movement of Section of Thoracic Surgery to under Division of Cardio-Thoracic Surgery
- 4) Creation of Section of Podiatry, separate from Section of Foot and Ankle Surgery

**ARTICLE XII – DEPARTMENTS - SECTION A - DEPARTMENTS, DIVISIONS AND SECTIONS**

The Departments of the Medical Staff shall be organized as follows:

- 1. Department of Anesthesiology which shall include the Division of Pain Management Medicine and the Section of Cardiac Anesthesia.
- 5. Department of Medicine which shall include the following Divisions: Allergy, Cardiology, Critical Care Medicine, Dermatology, Endocrinology-Metabolism, Gastroenterology, General Internal Medicine, Geriatrics, Hematology-Medical Oncology, Infectious Diseases, Neurology, Nephrology, Pulmonary, Physical Medicine-Rehabilitation, and Rheumatology.
  - a. The Division of General Internal Medicine shall include the Section of Adolescent Medicine.
- 12. Department of Surgery which shall include the following Divisions: Cardio-Thoracic Surgery, Colon and Rectal Surgery, General Surgery, Neurological Surgery, Ophthalmology, Oral and Maxillofacial Surgery, Orthopedic Surgery, Otolaryngology-Head & Neck Surgery, Plastic Surgery, Trauma-Surgical Critical Care, Urology, Vascular Surgery, and Hand Surgery ~~and the Section of Thoracic Surgery.~~
  - a. The Division of Cardio-Thoracic Surgery shall include the Section of Thoracic Surgery.
  - a.b. The Division of General Surgery shall include the Sections of Pediatric Surgery, Surgical Oncology, and Transplantation Surgery.
  - b.c. The Division of Orthopedic Surgery shall include the Sections of Foot and Ankle Surgery, ~~and Ortho Trauma,~~ and Podiatry.
  - e.d. The Division of Trauma-Surgical Critical Care shall include the Sections of Burn, Pediatric Trauma, and Trauma Research.
  - d.e. The Division of Neurological Surgery shall include the Section of Neuro Trauma.

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**

Edward M. Mullin, Jr., MD  
President, Medical Staff  
Alexander D. Rae-Grant, MD  
President-elect, Medical Staff  
David M. Caccese, MD  
Past President, Medical Staff  
John W. Hart  
Vice President  
Rita M. Mest  
Director, Medical Staff Services

Janet M. Seifert  
Physician Relations  
*Managing Editor*

**Medical Executive Committee**

Linda K. Blose, MD  
Karen A. Bretz, MD  
Gregory Brusko, DO  
David M. Caccese, MD  
William B. Dupree, MD  
Domenico Falcone, MD  
John P. Fitzgibbons, MD  
Joseph A. Habig II, MD  
L. Wayne Hess, MD  
Herbert C. Hoover, Jr., MD  
Thomas A. Hutchinson, MD  
Michael W. Kaufmann, MD  
Sophia C. Kladias, DMD  
Robert Kricun, MD  
Robert J. Laskowski, MD  
Richard L. London, MD  
John A. Mannisi, MD  
John W. Margraf, MD  
Stephen C. Matchett, MD  
Thomas M. McLoughlin, Jr., MD  
William L. Miller, MD  
Edward M. Mullin, Jr., MD  
John D. Nuschke, MD  
Alexander D. Rae-Grant, MD  
Victor R. Risch, MD, PhD  
Alexander M. Rosenau, DO  
Michael Scarlato, MD  
Elliot I. Shoemaker, MD  
Bruce J. Silverberg, MD  
Elliot J. Sussman, MD  
Hugo N. Twaddle, MD  
John D. VanBrakle, MD  
Michael S. Weinstock, MD

***Medical Staff Progress Notes***  
is published monthly to  
inform the Medical Staff of  
Lehigh Valley Hospital and  
employees of important  
issues concerning the  
Medical 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.