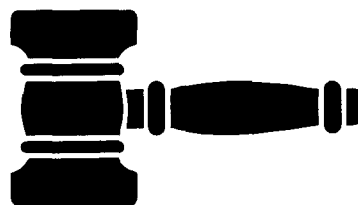




# PROGRESS NOTES

## Medical Staff



### *From the President*

"Courage is resistance to fear, mastery of fear, not absence of fear."

- Mark Twain

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#### **Bioterrorism**

Whatever the attack, it is likely that medical professionals will be the first line of defense. We should incorporate this response into our disaster plans. What was once thought to be biotech fiction has become a potential and frightening threat, as documented in the captured terrorist training manuals. In the 21<sup>st</sup> Century, war will not be fought just by soldiers in uniform.

Pat Rhodes, along with the Division of Infectious Diseases, is taking charge in this arena. Please consult the [LVH Intranet](#), click on clinical resources, and bioterrorism. Find out what Code Silver means, the answers to FAQ, the bioterrorism response plan, and the U.S. Army Handbook for medical management of biological casualties (2001).

**Secretary of Health and Human Services Tommy Thompson has beefed up Federal resources to respond to possible future terrorist attacks.** Since the September 11 attacks in New York and Washington, Thompson has put the Office of Emergency Preparedness in Rockville on duty 24 hours a day, seven days a week, as well as the experts at the Centers for Disease Control and Prevention in Atlanta who monitor state health department reports of unusual illnesses, the Washington Post reported. Thompson has met every day since September 11 with his newly formed bioterrorism team, comprised of federal employees and private consultants brought in to refine the government's plans to detect and respond to a biological or chemical assault. (Washington Post, October 3, 2001)

**The World Health Organization is warning governments to be on the alert for attacks using chemical and biological weapons.**

Dr. Gro Harlem Brundtland, WHO director general, said the world has the capacity and the experience to control serious disease outbreaks, but stressed that national contingency

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plans, especially in countries where infectious disease outbreaks are rare, should be strengthened. "During the last week we have upgraded our procedures for helping countries respond to suspected incidents of deliberate infection," she said in her speech at the 43rd Directing Council of the Pan-American Health Organization. Guidelines for containing the resulting disease outbreaks - whether caused by anthrax, haemorrhagic viruses, other pathogens, biological toxins or noxious chemicals - are available to the medical profession through the WHO web-site:

<[http://www.who.int/emc/deliberate\\_epi.html](http://www.who.int/emc/deliberate_epi.html)>.

(Pan-American Health Organization, September 24, 2001)

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Hershey kisses are called that because the machine that makes them looks like it's kissing the conveyor belt.

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### So What Ever Happened to CAPOE?

This project is being matured on the TTU with system refinements and software adjustments by Dr. Don Levick and the CAPOE committee, supported by the Information Services Department. The plan is to make the system work as well as possible before rolling it out on another med-surg unit. Lest you have any reservations about this project being a technofad, current data clearly support its use in reducing medical errors, as indicated by this recent newswire item:

#### Medical Error Reduction (10/3/2001)

Even simple computerized physician order entry (CPOE) systems can significantly reduce medication errors, but CPOE implementation is "a difficult undertaking" and thus should not be "taken lightly," according to research performed at Brigham and Women's Hospital. BWH has been using CPOE since 1993 and has performed several studies to assess the impact of the system on the safety of clinicians' prescribing practices.

In an article published in the October *Journal on Quality Improvement*, researchers described results at three successive stages of "development and maturity" of the CPOE system. The introduction of the first, and simplest version of the CPOE system accounted for 64% of the overall decline in medication errors, indicating that "even a basic CPOE system yields substantial error reduction," according to researchers. The initial version of the system included features such as predetermined lists of medications and doses, display of relevant patient data, "rudimentary" drug and allergy interaction checking, and duplicate medication checking.

I/S representatives are available on the TTU during the day, and a CAPOE hotline is available for other times. All we ask is your willingness to learn.

~~~~~

Q. What do bullet proof vests, fire escapes, windshield wipers, and laser printers all have in common?

A. They were all invented by women.

~~~~~

### What About Us??

**Medical Staff** - The medical staff of Lehigh Valley Hospital is composed of over 1,250 physicians including 76 Honorary members. There are 145 members in the Department of Family Practice, 371 in the Department of Medicine, and 291 in the Department of Surgery. The remaining 373 members make up the Departments of Anesthesiology, Dentistry, Emergency Medicine, Obstetrics and Gynecology, Pathology, Pediatrics, Psychiatry, Radiology-Diagnostic Medical Imaging, and Radiation Oncology. There are also over 300 members of the Allied Health staff.

**Nursing** - LVH has no agency nurses in clinical services. According to the *U.S. News & World Report*, LVH has a ratio of 1.35 full-time RN's to operating beds, which establishes us as the regional leader in nurse staffing.

**Anesthesia Services** - With the establishment of Lehigh Valley Anesthesia Services as a corporate entity, the situation in anesthesia is stabilizing. Those who work with them have deep respect for our colleagues in anesthesia and pain medicine (anesthesiologists and CRNA's), and we were hoping for a solution which would preserve that positive working relationship.

**Employee Survey** - The mood of the employees in clinical services and throughout the entire hospital is upbeat and positive, as indicated in the recent survey results. One area of significant turnaround is the OR, thanks to the hard work and persistent efforts of Mark Holtz and Brian Leader.

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I couldn't wait for success, so I went ahead without it.

- Jonathan Winters

~~~~~

(Continued on Page 3)



(Continued from Page 2)

**A Trend toward PPO's** (and away from HMO's)  
AMA News headlines for 10/8/01: "Medicare HMO's abandoning half a million senior citizens". (This is the fourth consecutive year of health plans exiting the Medicare market.)

In the past year, Aetna-U.S. Healthcare has announced elimination of HMO plans from 13 counties in Northeast Pennsylvania. As noted by Greg Kile, Executive Director of Valley Preferred (second largest PPO in the state), our region was once dominated by HMO's and indemnity plans. We are now seeing a sustained trend toward regional preferred provider organizations. "Consumers are looking for choice and flexibility in a managed care network."

This is consistent with national trends: (off the newswire)  
**Involvement in Capitation Among Physician Groups Continues to Decline.** According to a survey by the national reinsurance consultant and broker, Evergreen Re, the share of physician groups with at least one capitation contract was down 17 percentage points in 2000 -- 55 percent -- compared to 72 percent in 1999, Managed Care reported. Net profit as a percentage of capitation revenue was down eight percent in 2000, from 16 percent in 1999.

~~~~~

Thought to Ponder:

People will accept your ideas much more readily if you tell them that Benjamin Franklin said it first.

~~~~~

Golfer: "Caddy, do you think it is a sin to play golf on Sunday?"

Caddy: "The way you play, sir, it's a crime any day of the week."

Best wishes for a lovely Thanksgiving!

Ed

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



## News from CAPOE Central

We continue to make progress with CAPOE and related initiatives. Improvements to the system are ongoing, based on feedback from our users and from the Design Team. The next unit to go live with CAPOE will be 6B. As occurred on the TTU, we will go live with on-line charting of Vital Signs and Medication Administration on 6B in November. We expect to bring other units up on on-line charting in subsequent months. As more units come on-line with Vital Signs and Medication Administration charting, it becomes very important that the physicians and providers **look on-line** for this data. The most accurate and current data will be on-line for these units. The goal is to decrease medical errors and improve care -- accessing the on-line data and using the CAPOE system will help us achieve this goal.

To facilitate viewing the data, we have begun distributing wireless hand-held devices to members of the Medical Staff. Several groups have shown interest and have agreed to carry PenCentra wireless devices with them on rounds. This will allow the physicians to look up all patient information (lab results, ancillary reports, transcriptions) from anywhere at Cedar Crest & I-78 and LVH-Muhlenberg. We will be investigating several issues: durability and usability of the devices, various carrying cases, and the need for a keyboard.

Please refer to **The Last Word . . . Tips and Techniques for the Lastword User** on pages 15 to 18 for information which should be helpful as we move forward and take advantage of the system.

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

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

- ? Born in India
- ? Undergraduate at the Government College for Women
- ? Graduated from Christian Medical College, Punjab University
- ? Residency training at Norwalk Hospital, St. Raphael Hospital, Hahnemann Hospital, Crumppall Hospital, and the Medical College of Pennsylvania
- ? Joined the hospital's Medical Staff in 1977
- ? Wife and mother
- ? Drives a Toyota Camry
- ? Enjoys gardening, movies, and working out at the gym

Give up? Please see Page 12 for the answer.



## News from the HIM Department

Over the past few weeks, the HIM Department has had several physician inquiries regarding PIM 2.0 Electronic Chart Completion/Signature and the HIM process. Below you will find some common questions/concerns and answers/helpful hints that may assist you.

### 1. ***Sometimes deficiencies remain in my PIM 4.0 queue after I have completed the deficiencies.***

Always click the "complete" button after completing your dictation deficiencies. Clicking the "complete" button removes the deficiency from your queue. For dictations, deficiencies are removed from your queue and put on a "Hold" status until the transcription is complete. Once the report is transcribed, it is returned to your queue for a signature.

There are two known system "Bugs" which sometimes affect signature deficiencies.

- (b) A physician is on the computer and may have started some of his/her chart completions and he/she is called away, the NEON system times out. The encounter the physician was working on is locked because the PIM 4.0 still thinks he/she is still working on that chart.

Temporary Fix -- I/S is running a program as requested by the vendor to periodically unlock those encounters. For this reason, you may see the same deficiency more than once.

- (b) A physician signs the deficiencies and they are removed, but the system, for some reason, does not recognize that they are completed.

Temporary Fix-- I/S is running another program recommended by the vendor to reassign these encounters back to the physician again. These, too, are returned to a physician for signatures a second time.

The vendor is actively pursuing a permanent fix for the system bugs. Because of system issues, the suspension process has been modified so that physicians are not suspended for charts where those specific system "bug" issues are involved.

### 2. ***Sometimes there are delays in records/deficiencies being available in PIM 4.0.***

Charts remain on the units until approximately noon the day following discharge. Once received in Medical Records, the charts are prepped, scanned and indexed within 24-48 hours and available for viewing. Any charts not received promptly from the unit result in delay in processing. During the next 24-48 hours, the charts are analyzed for deficiencies and become

available for physician chart completion. Transcription delays can also result in assignment delay to the physician.

Occasionally, you may notice a deficiency for an older admission that may be discovered at the time of the HIM QA process.

### 3. ***Sometimes signature deficiencies are assigned to me in PIM 4.0 and I am not the correct physician.***

Since signature assignments are an electronic process, dictated reports are assigned to physicians for signature based on the information provided to the transcriptionist. The residents have been asked to name the attending physician when dictating reports. Additionally, if the resident states "discussed with Dr.....," it is assumed this is the person who is to sign the report. If the attending physician is not named at the time of dictation, the attending physician's name is obtained from the Lastword system. Some physicians have established guidelines for dictation and signature deficiency assignments. If you have group consensus on deficiency assignment, you may contact the HIM Department.

### 4. ***When I try to complete my chart deficiencies, I cannot access the computer system.***

Because of security regulations, if a physician does not access the system for 90 days, the system automatically cancels access. HIM and I/S Security are working on a mechanism to eliminate delays in gaining access. You will need to call the I/S Help Desk at (610) 402-8303.

### 5. ***How do I notify HIM when deficiencies are incorrectly assigned to my group or me?***

Choose the "decline" button for the deficiency and type in a short explanation. The "decline" button is not available when the "autosign" option is chosen.

### 6. ***The CAPOE reports (orders, medications, vitals, etc.) are now in PIM, but I cannot see the entire report.***

Because of the massive amount of data contained in the reports, you will need to scroll back and forth or up and down to see all the data. The second option is that you can maximize the document screen to see all of the data at once.

If you have any questions, please do not hesitate to call the HIM Department at (610) 402-8330 or stop by the HIM Department. Staff is available in the HIM Department at Cedar Crest & I-78 Monday through Friday, 8 a.m. to 4:30 p.m., and at LVH-Muhlenberg Sunday through Saturday, 8 a.m. to 11 p.m.



### Coding Tip of the Month

#### Deep Vein Thrombosis with/without

**Thrombophlebitis** - Accurate coding of DVT and thrombophlebitis requires physician documentation in the medical record to support the diagnoses. A diagnosis of DVT indicates only that the clot has formed and does not assume thrombophlebitis. A diagnosis of DVT with evidence of swelling, redness, warmth and/or pain requires physician documentation to state whether or not thrombophlebitis is present.

Coding staff cannot assume the two diagnoses are related unless stated by the physician. If the documentation is not clear in the patient's medical record, the coding staff will query the physician to clarify the diagnosis for proper code assignment.

- Please be judicious in requesting hard copies of nuclear medicine studies, especially at Cedar Crest & I-78. The Nuclear Medicine Department at Cedar Crest & I-78 is filmless, and it is an expense to produce hard copy films for studies. Therefore, please only request hard copy films of studies that are necessary for clinical management.

### Genetic Testing for Cancer: Guidelines from the Morgan Cancer Center

Testing for genetic susceptibility to cancer has increased, and will continue to do so as additional mutations are discovered to be associated with human malignancy.

Unfortunately, patients are not necessarily protected from insurance or employment discrimination based on genetic susceptibility to disease. As usual, the regulatory and legislative bodies are well behind in dealing appropriately with this advance in science and technology.

As a member of the Penn State Cancer Institute, the John and Dorothy Morgan Cancer Center began last year to offer risk assessment and genetic testing for breast and ovarian cancer, as well as other human neoplasms. This program has been developed in partnership with the genetic counseling program at Penn State College of Medicine, and the genetic counselor is present at LVH monthly to see patients who desire genetic assessment and counseling services. Over the last year, the program has provided genetic counseling to an average of one to two patients per month.

Because patients are not protected from insurance and/or employment discrimination, and because genetic testing remains a complicated issue with medico legal, ethical, financial, and significant psychosocial consequences, it is recommended that genetic testing be limited to programs where all the implications of testing are discussed, psychosocial support systems are available, and informed consent is clear, before proceeding with the testing itself. The leadership of Cancer Services believes it is inappropriate for patients to be tested outside these guidelines.

Additional information about the genetic risk assessment and counseling program at the John and Dorothy Morgan Cancer Center may be obtained by calling (610) 402-CARE, or contact Dorothy Morrone, RNC, MS, program coordinator, at (610) 402-0528.

## Radiology News

### "Night Hawks"

In July, the "Night Hawks" program was introduced with the addition of three staff radiologists -- Vivien G. Kane, MD, Gregory W. Price, MD, and Harry L. Turner, Jr., MD -- who work from approximately 10 p.m. to 7:30 a.m. Since that time, 24-hour staff radiology coverage has been provided each day. The "Night Hawks" have been kept quite busy with the many CT studies required in the late evening by the trauma team and the Emergency Department. They also provide readings for all emergency ultrasound and MRI studies and are available for consults on any study when you need them.

The staff radiologist is physically located at Cedar Crest & I-78, but also provides readings for the other sites as well. The CT, Ultrasound, Nuclear Medicine, and MRI studies performed after hours at LVH-M are viewed at Cedar Crest & I-78 via a teleradiology system. The CT studies obtained at 17<sup>th</sup> & Chew are printed out at Cedar Crest & I-78 and the Ultrasound studies are viewed on monitors from the department's mini-PACs system.

To contact one of the staff radiologists during the night shift, please call (610) 402-8080 and ask to have them paged.

## Nuclear Medicine Update

- If the referring physician or the referring physician's office needs a copy of a nuclear medicine report, please call the Radiology File Room at the appropriate site. The phone number of the Radiology File Room at Cedar Crest & I-78 is (610) 402-8070 and at LVH-Muhlenberg is (484) 884-2273.



## Spotlight on . . .

### **Peter A. Keblish, Jr., MD**

Born in Glen Lyon, Pa., Dr. Keblish completed his undergraduate education at the University of Pennsylvania and graduated from Hahnemann Medical College of Philadelphia. He completed a rotating internship at St. Luke's Hospital, Bethlehem, Pa. He then completed a one-year Surgery residency at Hahnemann and Philadelphia General Hospitals, Philadelphia, followed by a three-year Orthopedic Surgery residency at William Beaumont General Hospital, El Paso, Texas, and one year of Pediatric Orthopedic training at New Mexico Children's Hospital, Truth or Consequences, N.M. Dr. Keblish is certified by the American Board of Orthopaedic Surgery.

Dr. Keblish joined the hospital's Division of Orthopedic Surgery in 1970, served as Chief of the Division of Orthopedic Surgery for almost 10 years, and is in practice with Orthopaedic Associates of Allentown. He is an Associate Professor of Clinical Orthopaedics and Rehabilitation at the College of Medicine of The Pennsylvania State University. He has been involved in numerous research activities including the knee, ankle, and hip. Dr. Keblish is a widely published author and is an internationally-renowned speaker.

On a more personal note, Dr. Keblish and his wife, Ruth, have seven sons and 12 grandchildren. In his spare time, he enjoys skiing and skin diving.

In conclusion, Dr. Keblish has the following "words of wisdom" to offer his colleagues on the Medical Staff:

1. Your patients' welfare (quality care management) is a responsibility that is awesome and evermore demanding in our "knowledge based" sub-specialty practices of today. Remain current, reorganize, and maintain an appropriate communication with patients and families.
2. Remember that at the end of each day, the most important question to ask yourself is "have I done my very best in caring for my patients?" If not, why not and what can I learn from any outcome that is less than ideal?
3. Work in your sub-specialty area to develop and make available state-of-the-art technology and apply it at Lehigh Valley Hospital. Become involved in studies and clinical research, even if it is for your own personal satisfaction and not publication.

4. Challenge those around you who are negative about medicine and its future. Encourage the brightest, most enthusiastic of the younger generation (your own and/or others) to consider medicine and surgery as a career despite the many negative aspects that are being espoused.
5. Become involved with and open two-way communication despite differences your hospital and colleagues in a way that allows for positive of approach and opinions, etc. LVHNN is an outstanding institution that requires our ongoing support.

## Wound Care Product Conversion

In October, some of the wound care products were converted to similar ConvaTec products. The benefits to Lehigh Valley Hospital were availability of equal or better products at savings to the organization and a promise of educational support from ConvaTec. ConvaTec holds the Novation contract in advanced wound care products.

Products that were replaced include:

### OLD PRODUCT

Coloplast Comfeel Ulcer Dressings > DuoDERM Ulcer Dressings  
Kendall Calcium Alginate Dressings > Aquacel Hydrofiber Dressings

### NEW PRODUCT

### Advantages of New Products

DuoDERM's new Signal Ulcer Dressing is as thin as Comfeel with an enhanced border and greater absorbency than Comfeel.

Aquacel combines the advantages of hydrocolloids, alginates and hydrogels. It is more absorbent than alginate, while the fluid-retaining properties provide a moist healing environment, the lateral wicking holds the excess fluid away from surrounding skin, reducing the risk of maceration. Longer wearing time makes it more cost effective than alginates. The strong tensile strength allows for easy application and the gelling supports non-traumatic removal.

In addition to the products replaced above, after the first of the year, Saf-Cleans Wound Cleanser will replace Healthpoint's Allclenz Wound Cleanser and Saf-Cleans Hydrogel will replace Healthpoint's Curasol Hydrogel.

For more information, contact Carol Balcavage, Enterostomal Therapy Coordinator, at (610) 402-8634.



## News from the Physician Assistance Program

### Dealing with the Aftermath of September 11

Everyone who is involved in a traumatic event is likely to experience some form of distress. And in some way most, if not all, Americans were "involved" in the attacks of September 11. Our lives will never be exactly the way they were before. Our assumptions about our world and ourselves have been shattered. Many of us may still be struggling with the question, "Why did this happen?"

Most people will recuperate from trauma in their own way and in their own time.

But there are a number of things people can do for themselves to assist the recovery process:

- Maintain as normal a schedule as possible.  
Reestablishing daily routines helps to regain a sense of control.
- Eat nutritiously and regularly
- Do not use alcohol or other drugs to self-medicate and to suppress uncomfortable feelings or thoughts
- Exercise and remain active
- Talk to people

Keep in mind that a reaction to trauma may not occur until weeks or months after the event. Typically people reacting to trauma will experience:

- 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

However, 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.

For more information or to use the Physician Assistance Program, contact Robin Chase-Sittig, Clinical Manager, or Oliver Neith, Program Director, at (610) 433-8550.

### Anthrax Video Available to View

"Anthrax: What Every Clinician Should Know," a 1 1/2 hour videotape, is available to view in the Medical Staff Services Office. To schedule a time for viewing, please contact Beth Martin in Medical Staff Services at (610) 402-8980.

## Congratulations!

**Robert X. Murphy, Jr., MD**, Division of Plastic Surgery, was elected to the Board of Directors of the Northeastern Society of Plastic Surgeons at the annual meeting held in Philadelphia in early October.

**Michael S. Weinstock, MD**, Chairperson, Department of Emergency Medicine, was elected to Life Fellow of the American College of Emergency Physicians while attending the Annual Scientific Assembly in Chicago on October 17.

## Papers, Publications and Presentations

On October 5 and 6, **Larry R. Glazerman, MD**, Division of Primary Obstetrics and Gynecology, taught at a post-graduate course in Orlando, Fla., on advanced laparoscopic and hysteroscopic surgery. He presented four talks -- Laparoscopic myomectomy and tissue removal techniques, hysteroscopic myomectomy, laparoscopic management of the adnexal mass, and abnormal uterine bleeding. The program, sponsored by Innovations in Medical Education and Training (IMET), also included inanimate lab sessions.

**Geoffrey G. Hallock, MD**, Division of Plastic Surgery/Hand Surgery, Section of Burn, recently presented a paper at the 5<sup>th</sup> International Conference on Perforator Flaps held in Gent, Belgium. The paper -- "The Anatomy of the Gastrocnemius Perforator-based Flap" -- involved the study of the blood supply to the skin of the calf to better elucidate how that could be used either as a local flap for coverage of wounds about the knee or as a potential donor site for microsurgical free flap transfers, which was the essence of the entire conference.

**Houshang G. Hamadani, MD**, Department of Psychiatry, presented a paper, titled "Report of Five Years Diagnosis, Treatment and Outcome of Immigrants with Psychiatric Disorder Treated in Private Practice," during the annual meeting of the Society for the Study of Psychiatry and Culture, which was held in Santa Fe, N.M., on October 3.

**Peter A. Keblish, Jr., MD**, Division of Orthopedic Surgery, Section of Ortho Trauma, was author/co-author of two poster exhibits at the recent 14<sup>th</sup> Annual Symposium of the International Society for Technology in Arthroplasty held in Maui, Hawaii. The poster presentations were titled "Valgus Total Knee Arthroplasty: Results of 255 LCS with 5-15 Years" and "Arthrofibrosis in Total Knee Arthroplasty: Is There a Correlation with Femoral Component Mal-Rotation?" Dr. Keblish also presented a paper at the Hip Symposium on "Autograft Impaction Technique in Primary Cementless Total Hip Arthroplasty."

(Continued on Page 8)



(Continued from Page 7)

**Robert J. Laskowski, MD**, Chief Medical Officer, was a forum panelist at the Pennsylvania Economic Summit held at Lehigh University on October 11. He participated in a discussion with four other business leaders about Lehigh Valley's regional economy, bringing the perspective of health care and medical research to the forum.

**Lester Rosen, MD, Robert D. Riether, MD, John J. Stasik, MD, and Indru T. Khubchandani, MD**, members of the Division of Colon and Rectal Surgery, co-authored the article, "Actual Colonoscopy: What Are the Risks of Perforation?" which appeared in the September issue of *The American Surgeon*.

**Orion A. Rust, MD**, Section of Maternal-Fetal Medicine/Clinical Inpatient Obstetrics, was invited to participate as visiting faculty at ACOG's District VII Operative Obstetrics meeting held September 22-26, in Tulsa, Okla. Dr. Rust presented lectures on "Vaginal Birth after Cesarean and Uterine Rupture," "Cervical Incompetence and Cerclage," and "Surgery during Pregnancy (Gynecologic and otherwise)."

**Jay S. Talsania, MD**, Division of Orthopedic Surgery/Hand Surgery, Section of Ortho Trauma, published a chapter in *The Clinics Atlas of Office Procedures - Common Hand Disorders*, March 2001, titled "Common Traumatic Injuries - Bone and Soft Tissue."

Several physicians from the Department of Emergency Medicine presented posters at the annual American College of Emergency Physicians Scientific Assembly held in Chicago, Ill., from October 15-18. **Alexander M. Rosenau, DO**, Associate Vice Chair/Practice Management, and Residency Program Director, presented four posters on the Emergency Severity Index triage system including, "Implementation and Validation of the Emergency Severity Index Triage Algorithm: Resource Intensity by Triage Level." **Marna Greenberg, DO**, presented two posters on smoking cessation titled, "Success of a Brief Smoking-Cessation Intervention in the Emergency Department" and "Emergency Department Staff Attitudes Are Not a Firm Barrier to Participating in a Tobacco-Cessation Intervention." Other authors included **Michael S. Weinstock, MD**, Chairperson; **Barbara Davis, BSN, CEN**, Emergency Department; **Deborah Gaston, MSW**, psych social worker; and **Lawrence Kleinman, MD**, Chief, Health Studies. **John F. McCarthy, DO**, Chief, Section of Prehospital Emergency Medical Services, presented the poster, "The Feasibility of Wireless Out-of-Hospital ECG Transmissions for Acute Chest Pain Patients: Implications for an Out-of-Hospital Acute Myocardial Infarction Alert Program." Other authors included

**Brian A. Nester, DO**, Associate Vice Chair (LVH-M); **John Kostenbader, EMT-P**, MedEvac Flight Paramedic; **Tim Blackston, EMT-P**, MedEvac Flight Paramedic; **Rick Shurgalla, MHA**, Administrative Director; and **Dr. Weinstock**.

## 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 November will include:

- November 6 - "Update on Chronic Hepatitis C Virus Infection"
- November 13 - "The Genome & Medical Care: New Questions, What Next?"
- November 20 - "Transplantation at Lehigh Valley: The Last Decade and the Next Decade"
- November 27 - "Molecular Biology for the Practitioner"

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. (unless otherwise noted), in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78. Topics to be discussed in November include:

- November 6 - "Pediatric Diabetes Education"
- November 13 - "The Genome & Medical Care: New Questions, What Next?" (This program will be held at 7 to 8:30 a.m., and at noon to 1 p.m.)
- November 20 - "Diabetic Ketoacidosis"
- November 27 - "Case Presentation"

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





## 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

### MaryAnne Freeman Brndjar, DO

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1611 Pond Road, Suite 102  
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Division of Primary Obstetrics and Gynecology  
Site of Privileges - LVH & LVH-M  
Provisional Active

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Department of Surgery  
Division of Oral and Maxillofacial Surgery  
Site of Privileges - LVH & LVH-M  
Provisional Active

### Mark A. Helfaer, MD

CHOP-Pediatric Critical Care Medicine  
Children's Hospital of Philadelphia  
Dept. of Anesthesia & Critical Care Medicine  
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Department of Pediatrics  
Division of Hospital Based Pediatrics  
Section of Critical Care Medicine  
Site of Privileges - LVH & LVH-M  
Provisional Associate

### Samir F. Henien, MD

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Division of Neonatology  
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Position: Associate Chief, Division of Hematology-Medical Oncology

**P. Mark Li, MD**

Department of Surgery  
Division of Neurological Surgery  
Position: Chief, Division of Neurological Surgery

**Status Change****Khalid Karim, MD**

Department of Medicine  
Division of General Internal Medicine  
From: Provisional Active  
To: Associate

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Divisional of General Dentistry

**Vatsala Kesavulu, MD**

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Section of Critical Care Medicine

**Shanta V. Mathews, MD**

Department of Pediatrics  
Division of Neonatology

**Rovinder S. Sandhu, MD**

Department of Surgery  
Division of General Surgery



## Allied Health Staff

### Appointments

#### Ric Baribeault, GRNA

Physician Extender

Professional - GRNA

(Allentown Anesthesia Associates Inc - Thomas M. McLoughlin, Jr., MD)

Site of Privileges - LVH & LVH-M

#### Gail O. Brown, CRNP

Physician Extender

Professional - CRNP

(ABC Family Pediatricians - Michael D. Schwartz, MD)

Site of Privileges - LVH & LVH-M

#### Eleanor A. Epser, CRNA

Physician Extender

Professional - CRNA

(Allentown Anesthesia Associates Inc - Thomas M. McLoughlin, Jr., MD)

Site of Privileges - LVH & LVH-M

#### Jason E. Sommer, PA

Physician Extender

Physician Assistant - PA

(Melvin L. Steinbook, MD)

Site of Privileges - LVH & LVH-M

#### Kyra A. Yurko, GRNA

Physician Extender

Professional - GRNA

(Allentown Anesthesia Associates Inc - Thomas M. McLoughlin, Jr., MD)

Site of Privileges - LVH & LVH-M

### Additional Supervising Physician

#### Kathleen B. Sullivan, RN

Physician Extender

Professional - RN

(Yeisley Cardiothoracic Surgery, LLC - Geary L. Yeisley, MD)

Additional Supervising Physician - Antonio C. Panebianco, MD

Site of Privileges - LVH & LVH-M

### Change of Supervising Physician

Allentown Anesthesia Associates Inc

From: Alphonse A. Maffeo, MD

To: Thomas M. McLoughlin, Jr., MD

- S. Elizabeth Abrams, CRNA
- Nancy A. Adams, CRNA
- Charlene M. Barletta, CRNA
- Gregory J. Binder, CRNA
- William P. Borger, CRNA
- Alicia A. Bosha, LPN
- Bonita L. Budura, CRNA
- Deborah A. Burris, CRNA

- Christopher J. Bury
- Carmel L. Castagna, CRNA
- Donald G. Connell, CRNA
- Donna F. Connor, CRNA
- Elizabeth A. Conroy, CRNA
- Kathryn J. Cooper, LPN
- Seamus C. Cunningham, CRNA
- Ramon J. Deeb, CRNA
- Margaret R. Dorney, CRNA
- Paul J. Evans, CRNA
- Cheryl A. Faust, CRNA
- Janice D. Gerlach, CRNA
- David R. Hanssen
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- Michelle R. Huber, CRNA
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- John E. Kresge, CRNA
- Michael E. Krestynick, CRNA
- Frances Kriebel
- Anthony J. Lewandowski, CRNA
- Suzanne L. Lindenmuth, CRNA
- Stephen E. Lobko, CRNA
- Loretta A. Long
- Michael C. Loomis, CRNA
- Terrie A. Mahala, CRNA
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- Sharon R. Monahan, CRNA
- Bernadette M. Monchak, CRNA
- Mary A. Muraro, CRNA
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- Evelyn J. Ochar, CRNA
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- Carol A. Parfitt, CRNA
- John F. Schell, CRNA
- Charlene E. Silva, CRNA
- Mae L. Uttard, CRNA
- Kevin A. Virgo, Sr., CRNA
- Karen L. Voorhees, CRNA
- William J. Waldron, CRNA
- Michael T. Wilchinski, CRNA
- Raymond A. Yedlock, CRNA

The Heart Care Group, PC

From: Michael A. Rossi, MD

To: Donald J. Belmont, MD

- Jeanette Addis
- Beatrice A. Oertner, RN
- Diane C. Rizzetto, RN

(Continued on Page 12)



(Continued from Page 11)

**Resignations**

**Joseph T. D'Amico, CRNA**  
Physician Extender  
Professional - CRNA  
(Allentown Anesthesia Associates Inc)

**Linda S. Duffy, RN**  
Physician Extender  
Professional - RN  
(The Heart Care Group, PC)

**Stephen J. Mould, PA-C**  
Physician Extender  
Physician Assistant - PA-C  
(Lehigh Valley Orthopedic Group, PC)

The Heart Care Group, PC  
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To: Donald J. Belmont, MD  
➤ Donna L. Brown  
➤ Carol K. Carbone, RN  
➤ Lori A. Emerich, CRNP  
➤ Lori E. Holliday  
➤ Faith M. Lauer, LPN  
➤ Judith M. McDevitt, CRNP

The Heart Care Group, PC  
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To: Donald J. Belmont, MD  
➤ Linda Gorman, RN  
➤ Susan A. Nabhan, RN

The Heart Care Group, PC  
From: James A. Sandberg, MD  
To: Donald J. Belmont, MD  
➤ Donna F. Petrucci, CRNP

The Heart Care Group, PC  
From: D. Lynn Morris, MD  
To: Donald J. Belmont, MD  
➤ Dorothea M. Radokovitch

**Answer to Medical Staff Mystery Member –  
Bala B. Carver, MD**

# THE CENTER FOR EDUCATIONAL DEVELOPMENT AND SUPPORT

November 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.

### Announcement: New Online Trial Subscriptions.

The hospital currently has two new online trial subscriptions. OVID has provided us with the EBM Review databases which includes the Cochrane database. There are no special instructions for accessing them. They automatically appear in the list with all the other ones when you first enter OVID online.

Emedicine has also provided us with a free trial. The URL is <http://www.emedicine.com/institution>. No password is required when accessing it from a hospital network computer. This database provides timely peer-reviewed electronic articles on various subjects. Please contact Barbara Iobst at 610-402-8408 with feedback.

### New Library Publications.

#### **CC & I-78 Site**

*"Current Surgical Therapy," 7<sup>th</sup> edition*  
*"Essential Atlas of Heart Diseases," 2<sup>nd</sup> ed.*

#### **17 & Chew Streets Site**

*"20 Common Problems in Geriatrics"*  
*"American Psychiatric Press Textbook of Geriatric Neuropsychiatry," 2<sup>nd</sup> ed.*

#### **Muhlenberg**

*"Cancer, Principles and Practice of Oncology," 6<sup>th</sup> ed.*  
*"Merritt's Neurology," 10<sup>th</sup> ed.*

### 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:

November 13, noon - 4pm  
December 18, noon - 4pm  
January 8, 8am - 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

# November

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
				<b>1</b> 12 noon Combined TB JDMCC CR1 8am Emergency Medicine GR -LVH-M 4 <sup>th</sup> floor	<b>2</b> 7am GYN GR CC CR1 11am Neurology Conf JDMCC CR1A/B 12 noon Breast TB JDMCC CR1	
<b>4</b>	<b>5</b> 12 noon Colon/Rectal TB JDMCC CR1	<b>6</b> 7am Family Practice GR-JDMCC 1A/B 7am Surgical GR CC-Aud 8am Pediatric GR CC-Aud 12 noon Medical GR CC-Aud	<b>7</b>	<b>8</b> 12 noon Combined TB JDMCC CR1 8am Emergency Medicine GR -LVH-M 4 <sup>th</sup> floor	<b>9</b> 7am OBGYN GR CC CR1 11am Neurology Conf CC CR1 12 noon Breast TB JDMCC CR1	<b>10</b>
<b>11</b>	<b>12</b>	<b>13</b> 7am Surgical GR CC-Aud 8am Pediatric GR CC-Aud 12 noon Medical GR CC-Aud	<b>14</b> 12 noon Pulomon TB JDMCC CR1	<b>15</b> 12 noon Combined TB JDMCC CR1 8am Emergency Medicine GR -LVH-M 4 <sup>th</sup> floor	<b>16</b> 7am OBGYN GR CC CR1 11am Neurology Conf JDMCC- CR1A/B 12 noon Breast TB JDMCC CR1	<b>17</b>
<b>18</b>	<b>19</b> 12 noon Colon/Rectal TB JDMCC CR1	<b>20</b> 7am Surgical GR CC-Aud 8am Pediatric GR CC-Aud 12 noon Medical GR CC-Aud 12 noon Urology TB JDMCC CR1	<b>21</b>	<b>22</b>  Happy Thanksgiving!	<b>23</b>	<b>24</b>
<b>25</b>	<b>26</b>	<b>27</b> 7am Surgical GR CC-Aud 8am Pediatric GR CC-Aud 12 noon Medical GR CC-Aud	<b>28</b>	<b>29</b> 12 noon Combined TB JDMCC CR1 8am Emergency Medicine GR -2166S12th	<b>30</b> 7am OBGYN GR CC CR1 11am Neurology Conf CC-CR1 12 noon Breast TB JDMCC CR1	Page 14

2001

# The Last Word...

Tips and Techniques for the Lastword User

November, 2001 – Volume 1, Issue 1

## On-Line Access to Clinical Data

by Carolyn K. Suess, R.N.

As electronic entry of clinical data expands at Lehigh Valley Hospital, it is important to note where patient information such as vital signs, intake and output, and medication administration is found in Lastword.

The **Viewer chart tab** in Lastword provides not only the clinical data mentioned, but also the same information found in the Laball and Micro/Path chart tabs (see Figure 1).

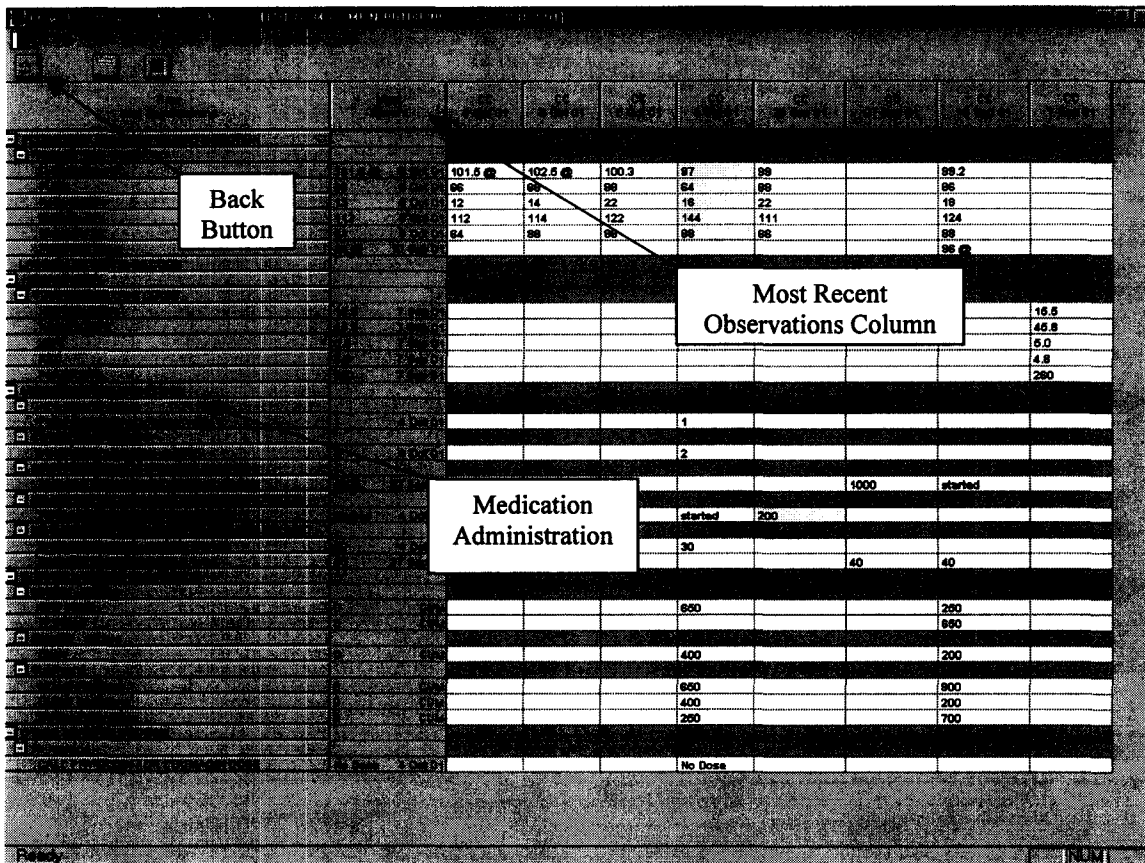


Figure 1 - Flowchart Viewer displaying Most Recent and Medication Administration information

The Viewer chart tab menu lists several views from which to choose:

**VIEWALL** – This view displays Flowsheet Charted Results\* (vital signs, height/weight), Laboratory Results,

**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.

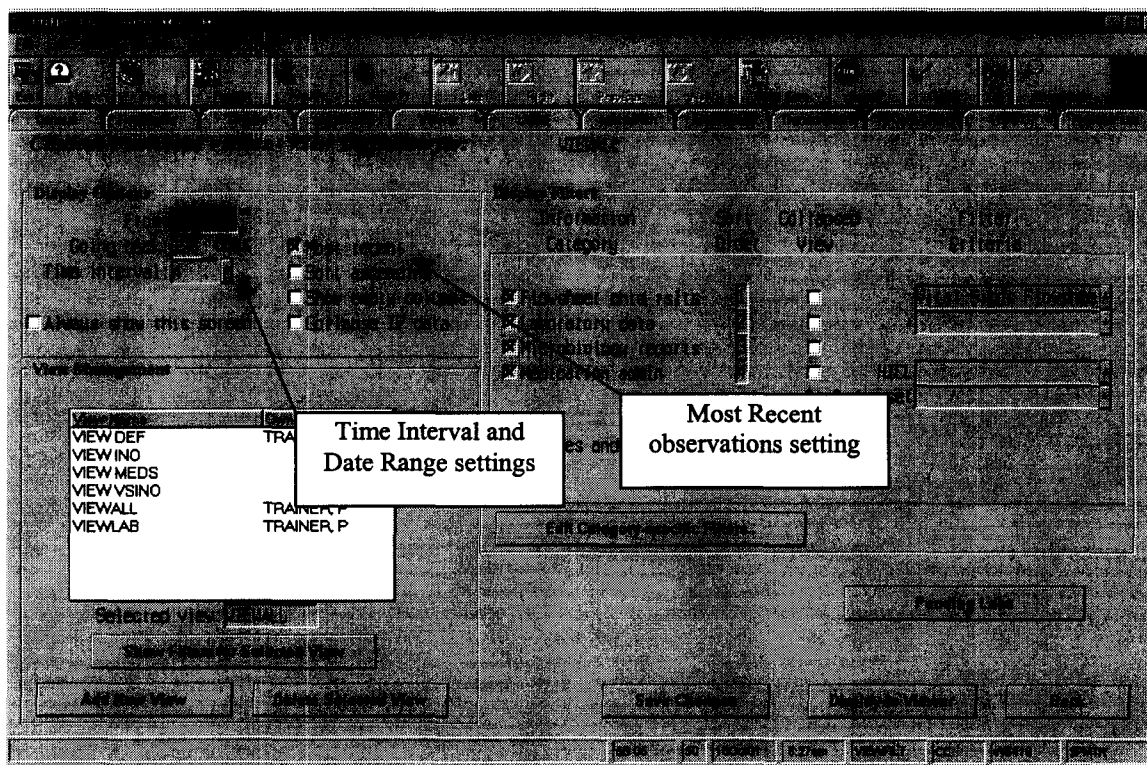


Figure 2 - View Definition Screen



**Active Medications**

Admit Reason: S/P MOTOR VEHICLE ACCIDENT  
 Ht (cm): 182.88 Wt (kg): 90.72 6-Mar01 BSA (m2): 2.13

Pharmacy Notes

Height, Weight, BSA

**Allergies**

Medication	Dose	Ren	Units	Freq	PRN	Start	Stop	Rate	Units	Comme	Status
D5 - nss / kcl 20 meq	1000		ML	RXQ13H		28Feb01 1550		P IVL	75	ML/HR RATE	
D5w - 1/2 nss with kcl 20 meq	1000		ML	Q8H		7-Mar01 1541		P IV/O	120	ML/HR add cor	
Fluoxetine hcl	20		mg	RXQD				P C UD			N...80
Heparin 25,000 unit/250 ml bag +	800		UNIT/	RXQ24H				P IVPB	800	UNIT/	HEPARIN DRIP...96
iv. total parenteral nutrition (tpn)	1000		ML	RXQD21				N IVT...			C...30
iv. total parenteral nutrition (tpn) +	1000		ML	RXQD21		16Mar01 1335		P IVT...	63	ML/HR COMMENT FO	C...105
Sertraline hcl	100		mg	RXQD		6-Mar01 1338		P C UD			N...78
Sodium chloride 0.45%	iv	1000	ML	Q1H		28Sep01 1618		P IV/O	1000	ML/HR	125
Vitamins a and d	-12oz	60	GM	REQUEST		1-Mar01 1623		P C N		USE 1 APPLICA	S...70
Fentanyl	25		MCG	RXQ72H		14Mar01 1027		F C N			N...85
Morphine sulfate (see details for form)	4		mg	RXQ4H		14Mar01 1027		F C N		AS NEEDED FO	N...86
Oxycodone hcl/acetaminophen	1	2	TAB	RXQ4H		14Mar01 1803		F C N		AS NEEDED FO	N...99
Acetaminophen	650		mg	RXQ4H	pm	11Sep01 0827		F C UD		AS NEEDED FO	N...118
Insulin reg human rec +	2	10	UN	RXQ6H	pm	12Mar01 1443		F C SS		2	H...84

Buttons: Add Med Orders, Discontinue, D/C + Reorder, Reorder, Sort or Level, View Inactive, Detail/Extra, Audit, Cumulat. Dose

Footer: SB 01 32 240x01 11:28am FPM0A1 CC 188-TREY RMTR

Figure 3 - Med Profile Screen

The Viewer can be customized to reflect a desired time interval and date range. Further customization permits the user to list *Most Recent* observations in a separate column. These and other modifications are done in the *View Definition* screen (see Figure 2). To access the *View Definition* screen, click on the *View Definitions* option of the Viewer chart tab menu, or click on the **Back** button in the Flowsheet Viewer screen (see Figure 1).

Another on-line source for medication administration and orders is the **Med Profile chart tab**. Med Profile displays active medications, allergies and pharmacy notes (see Figure 3). Med Profile also lists a patient's height,

weight, and body surface area in the upper right side of the screen.

The Medication window *lists all active medications*. Inactive medications can be viewed by clicking the **View Inactive** button located at the bottom right side of the screen. Clicking on any one column heading in the Medication window will sort that column alphabetically. Clicking a second time will return the column to the original order.

To view order detail for a specific medication, click on the desired medication then click on the **Detail** button located beneath the Medication window. The Medication Order Display window opens, providing information such as when and by whom the order was placed.

00100200 ZITHRO Max M

File Edit Patient Session Navigate Help

Esq Help Print Find Rx View Rx Last Rx Order Previous Next Base Serm Logout Check OK Minimize

Review an Order Audit Trail

Status	Description	Entry Date/Time	Start Date/Time	End Date/Time	Ordered By	Entry Mode	Signed By
ID/DC'D	DEXTROSE 10% IN WATE	10Sep2001 0749	10Sep2001 0749	28Sep2001 0838	TRAINER, POE	Electronic	TRAINER, POE

Status	DC Reason	Entry Date/Time	Ordered By	Entry Mode	Approve Flg	Sign/Ver By	Entered By
NU/New		10Sep2001 0749	TRAINER, POE	Electronic	Signed	TRAINER, POE	TRAINER, POE
NV/Verify		10Sep2001 0749					TRAINER, POE
ID/DC'D		28Sep2001 0838	TRAINER, POE	Electronic	Signed	TRAINER, POE	TRAINER, POE
OV/DC Veri		28Sep2001 0838			Verified	TRAINER, POE	TRAINER, POE

Exit Review Audit Trail

SB 05 50 16Oct01 8:04am LOCALDT CC WS416 SPMT

Figure 4 - Review and Order Audit Trail screen

The **Audit** button allows the user to view the medication order audit trail. Click on the **Audit** button. The *Review an Order Audit Trail* screen displays when the order was placed and by whom, and any changes made to the order (see Figure 4).

Additional features of both the Viewer and Med Profile chart tabs are described in detail in the Lastword 4.1.7 Physician User Guide. Please take a moment and review the on-line documentation for Lastword Version 4.1.7. Both the CAPOE and Non-CAPOE Physician

User Guides can be found on the LVHHN Intranet under the *Resources* heading **Lastword for Physicians**.

If you wish to obtain a paper copy of either document, please contact one of the Physician Software Educators on staff:

**Lynn Corcoran-Stamm - ext.1425**  
**Kimberlee Szep, R.N. - ext. 1431**  
**Carolyn K. Suess, R.N. - ext.1416**

Lynn, Kimberlee and Carolyn will be pleased to assist you.

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

Articles should be submitted  
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P.O. Box 689, Allentown, PA  
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each month. If you have any  
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