



PROGRESS NOTES

Medical Staff

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From the President

We shall defend our Island,
whatever the cost may be.

We shall fight on the beaches; we shall fight on the landing
grounds. We shall fight in the fields and in the streets. We
shall fight in the hills; we shall never surrender.

- Winston Churchill
House of Commons – June 4, 1940



Clinical pathways – the result of evidence-based medicine –
the action plan for patient care. These plans are developed by
physicians and are based on the best current practice
standards from literature search and consensus conferences.
This is one aspect of the system of care that the Institute of
Medicine encourages. This is where modern medicine is
headed! This is a component of the plan to reduce clinical
errors and improve patient safety.

Is this cookbook medicine? The term "cookbook" is used to
describe rote following of preprinted directions without
deviation. Clinical medicine is far from "cookbook" and must
allow for physician judgment. The clinician can ALWAYS
override the clinical pathway for legitimate reason. But the
clinical pathway gives us a place to start and permits deviation
with documented justification. Pathways include the important
details for patient safety that might be overlooked when a very
sick patient presents in our emergency department.

Current examples of clinical pathways that need our support
NOW are: Chest Pain, Congestive Heart Failure, and
Community Acquired Pneumonia. In addition, certain patient
safety measures have been implemented including:

- Blue Bands for anticoagulation – the blue wristband alerts
all caregivers that this patient is on coumadin or a form of
heparin. The strategy is deceptively simple, but may
prevent catastrophic consequences of bleeding.
- DVT prophylaxis for all patients undergoing immobilization
in our hospital to prevent sudden and devastating
complications of pulmonary emboli.

Please understand and use these clinical pathways and safety
measures. We will be reviewing the performance of the
medical staff on these items.



Continued on next page



The Reality of Modern Medicine = Think Team!

The physicians and medical staff members at LVHHN are members of a TEAM. Modern medicine is too complex to be a one man/woman show. We need to understand this concept and live by it! We must demonstrate mutual respect and work together. Besides, it's more rewarding and fun to work as a team.



Crossing the Quality Chasm - Recommendations from the Institute of Medicine in their second publication and the role for clinical pathways.

Change (and improvement) is required at all four levels of health care delivery:

- (1) Experience of the individual patients (patient encounters)
- (2) Small units of care delivery-microsystems (clinical offices)
- (3) Organizations that house or support the microsystems (the hospital network)
- (4) Health care environment (the nation)

Recommendations for Organizations (such as LVHHN):

- Better systems for identifying and implementing best practice standards
- Information technology support for clinical decision making
- Work force knowledge and skills development
- Consistent development of effective teams and teamwork
- Better coordination of care among services and settings, especially for those with chronic illnesses
- More sophisticated, extensive and informative measurement of performance outcomes

At some level, we all recognize and accept the IOM ideas enumerated above. I thought it would be helpful to see the recommendations of a national task force as they are being implemented in your hospital. They include clinical pathways and decision-making support. The emphasis is on quality improvement and then measuring that improvement.



If you can't say anything good about someone... sit right here by me.

- Alice Roosevelt Longworth



Self Reporting Requirement

As of May 19, 2002, Pennsylvania law requires physicians to self-report the following:

- medical professional liability complaints (include the court where the case was filed, the docket number, a description of the allegations, and a copy of the complaint)
- disciplinary action by another jurisdiction
- controlled substance convictions

- arrests for certain offenses (homicide, aggravated assault, sexual offenses, controlled substance violations)

These reports must be made by the physician within 60 days from the date of the incident. Reports should be made by mail to: State Board of Medicine, P.O. Box 2649, Harrisburg, PA 17105-2649 OR via e-mail at: medicine@pados.dos.state.pa.us

Urgent Consults – the current bylaws of the LVH Medical Staff require direct physician to physician conversation for urgent consults. This allows appropriate focus on the clinical question to be answered. It also allows colleagues to interact in an efficient way, i.e., what is the key (and presumably urgent) question to be answered in, what may be, a complicated patient with a large chart and multiple medical problems. We now strongly encourage all members of the medical staff who place an urgent consult to call, page or otherwise discuss all urgent consults with the requested consultant.

The bottom line: urgent consults require doc to doc communication or they may not be considered urgent

Other guidelines:

- consults should be responded to within 24 hours
- the attending physician for any inpatient must write a daily progress note in the chart



The Eiffel Tower is the Empire State Building after taxes.

- Anonymous



Neurosurgery is alive and well at LVH

Despite the news item below, the neurosurgery program at LVH is busy and growing under the direction of Dr. Mark Li. The Division of Neurosurgery also includes Drs. Mark Lester, Joseph Coladonato and Robert Marcincin. The trauma service, the hospital and the community will continue to be served by these physicians.

The Lehigh Valley Region is losing one-third of its dozen Neurosurgeons to other states by July 31, posing a threat to hospitals, trauma centers and patients. Three doctors leaving next month blame unrelenting problems with medical malpractice insurance for their decisions; the fourth left this month for a better opportunity elsewhere, reported the Morning Call. Departing physicians include the only full-time neurosurgeon operating at Easton Hospital in Wilson or Warren County Hospital in Phillipsburg, the Morning Call noted. (Morning Call, June 27, 2002)



Continued on next page



My wife really likes to make pottery, but to me it's just kiln time.



HIPAA - Health Insurance Portability and Accountability Act of 1997

EVERY member of the medical staff is responsible for HIPAA. You or your designee must access the Center for Medicare/Medicaid Services website at www.cms.hhs.gov/hipaa by October 15, 2002 and request a one-year extension. You must simply inform them that you do have a HIPAA compliance plan in process. Medicare will not rate your plan. All you have to do is request this extension. If you do not, the HIPAA regulations will go into effect for YOU on October 15, 2002. If you do not comply, you will not receive payment from Medicare. This is the LAW.

Here are the recommended steps:

- Focus on the privacy requirements by having an office meeting and discussing all the details. Access the websites and read what they want. We suggest www.pamedsoc.org plus the CMS site listed above.
- Decide where the problems lie and set priorities, deadlines, and follow-up meetings for solution – this is your PLAN. Be prepared to document any release of patient information.
- Select a compliance officer who will take responsibility and follow through. Sometimes it is helpful (but not required) to hire a consultant to assist with these steps. The larger the practice, the larger the job.
- Have the compliance officer access the website and request the extension.

Additional HIPAA questions can be directed to Mary Ann La Rock, LVHVN Corporate Compliance Officer, at (610) 402-9100.

Beginning with this issue of *Medical Staff Progress Notes*, a HIPAA Update will be included with each issue of the newsletter.



Character is who you are when no one but God is watching.
- Anonymous



Emergency Department Organizational Changes

(1) So your patient is going to the emergency department? If you want the ED physician to see your patient, (considered an urgent consult) you must call and speak with that physician – just like any other urgent consult. If you want to come in and see your patient, you must inform the triage nurse. Either way is fine, but it is necessary to communicate with the Emergency Department to provide continuity of care.

(2) In the next few months, the Emergency Department will be reorganized into three teams (pods) operating as independent units, each with its own administrative partner, physician, and nursing staff. The goal is pod efficiency and responsiveness.

(3) We are investigating the possibility of providing a copy of the discharge summary to the Emergency Department physician who admitted your patient (some 40% of the inpatient population). In this way, that physician can get appropriate feedback on decisions made in the Emergency Department. In a sense, the Emergency Department physician is one of the treating physicians and deserves some follow up for quality purposes.



A successful diet is the triumph of mind over platter.

And finally, time flies like an arrow. Fruit flies like a banana.

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

"The Joys of a Life of Practicing Medicine"
will be presented by
John Hayden Hollingsworth, MD
(Retired Cardiologist, novelist, poet and storyteller)
on
Monday, September 9, 2002
in conjunction with the
General Medical Staff Meeting
beginning at
6 p.m.
in the Auditorium
of
Lehigh Valley Hospital,
Cedar Crest & I-78

All members of the medical staff and their spouses or significant others are invited to attend.

A reception will immediately follow the presentation in Classrooms 1 and 2.

In order to estimate the number of people attending, please call Janet M. Seifert in Medical Staff Services at (610) 402-8590 if you plan to attend.



Lehigh Valley Hospital Named Among Best in U.S. for Heart Care

Lehigh Valley Hospital (LVH) ranks as one of the nation's top hospitals for cardiology care and cardiac surgery in the 2002 U.S. News & World Report guide to "America's Best Hospitals." This is the seventh consecutive year that LVH has made the U.S. News rankings. In past years, the hospital earned distinction for cardiology/cardiac surgery, urology, hormonal disorders, geriatrics and respiratory disorders.

"We are gratified that our teams of cardiac health care professionals have received this national recognition," said Elliot J. Sussman, MD, Lehigh Valley Hospital and Health Network's (LVHNN) president and CEO. "While honored by this distinction, even more important to us is that our community continues to rely on our physicians, our nurses and our hospital for the care they need when it matters most."

LVH ranked 32nd out of 50 hospitals on the Heart & Heart Surgery list, joining just four other hospitals in Pennsylvania on the list.

"We're extremely proud of our heart specialists in receiving this honor," said Robert J. Laskowski, MD, LVHNN's chief medical officer. "This confirms what our community has told us through independent research, that our physicians, nurses and technical staff are recognized for providing cardiac care that ranks among the best in the nation."

According to U.S. News & World Report, "America's Best Hospitals" assessed care in 17 specialties. In order to be considered, a hospital must meet one of three standards: membership in the Council of Teaching Hospitals, affiliation with a medical school or availability of specified items of medical technology. In each specialty, a hospital must perform a given number of procedures or had to be cited by at least one physician in the past three years of U.S. News surveys. These hospitals received a score that equally weighs reputation, mortality and certain care-related factors such as nursing.

"This honor is a tribute to my colleagues in cardiac services whose expertise, commitment and diligence in patient care, research and education have helped the hospital earn this reputation among the top heart care programs in the U.S.," said D. Lynn Morris, MD, chief of cardiology. "And we're in good company on this honor roll, including Cleveland Clinic, Mayo Clinic and Massachusetts General Hospital."

Each year, the cardiac physicians at LVH perform 1,000 cases of open heart surgery, nearly 5,000 cardiac catheterizations, 1,900 angioplasties and 1,250 procedures for electrical problems of the heart, making it the fourth largest heart

program in Pennsylvania. In addition, LVH is a regional center for cardiovascular research, currently testing the effectiveness of drug-coated stents in preventing scar tissue re-growth and the administration of vascular growth factor to generate new coronary blood vessels in people with stable angina.

"These volumes and activities reflect the confidence our community and referring physicians have in the skills of our heart specialists and attest to the solid foundation of support there is for our cardiac program at Lehigh Valley Hospital and Health Network," said Gary Szydowski, MD, chief of cardiothoracic surgery. "It's gratifying to know that our efforts are being recognized at a national level."

News from CAPOE Central

"CAPOE - Coming to a Payer Near You"

The following story was recently reported in The Daily Briefing:

(July 8, 2002) "New York-based Empire BlueCross BlueShield has begun making bonus payments to hospitals treating health plan members employed by IBM, Verizon, Xerox and Empire itself, if the hospitals **use or will use computerized physician order entry systems**. The quarterly 4% bonus payments are part of an experiment by the companies as partners in The Leapfrog Group, a consortium of large employers demanding more efficient and safe health care. The Leapfrog Group champions order entry as a vital component in preventing medical errors."

It is clear that computer physician order entry is becoming increasingly important to employers and insurers. I believe that with our proximity to New York (and Philadelphia), it will not be long until local and regional payers take a position similar to Empire's. With the CAPOE project, we are clearly ahead of the curve, as it is estimated that only 3% of American hospitals have any form of computer physician order entry.

I would like to congratulate the Medical Staff and Residents who are using CAPOE for their willingness to be on the cutting edge, and their patience in learning how to use the system. We are beginning to track the utilization of CAPOE by those physicians that have been trained. We will work through the other hospital units and continue to train the remainder of the active Medical Staff.

Don Levick, MD, MBA
(610) 402-1426 (office)
(610) 402-5100 7481 (pager)



Patient Access and Central Scheduling Consolidate

On July 31, LVHHN took another step closer to its original vision for the scheduling departments, that of a single point of access, when the Patient Access Department joined the Central Scheduling Department and consolidated into one location at 17th & Chew in the School of Nursing. The single number to call is (610) 402-8378 (TEST). When you call, you will be asked to select Option #1 for Outpatient Diagnostic Testing (Radiology, Nuclear Medicine, Heart Station, etc.) scheduled at Cedar Crest & I-78, 17th & Chew, LVH-M, and Bath, or Option #2 for Patient Access. As a reminder, Patient Access handles all calls for elective inpatient admissions to all three hospital sites, OR procedures in the main OR's at Cedar Crest & I-78, 17th & Chew, and LVH-M; Short Procedure cases in SPU at LVH-M; GI Lab procedures in the GI Lab at Cedar Crest & I-78; and Cardiac Cath Lab reservations that contain patient demographic, financial and admission information.

OR scheduling has also relocated to 17th & Chew in the School of Nursing. The new number is (610) 402-4990. The hours of operation will remain the same, Monday-Friday from 8 a.m. to 4:30 p.m., and Sunday from 9 a.m. to 1 p.m.

"One number does it all" - (610) 402-8378 (TEST)
 Option #1 - CC, 17th, LVH-M Scheduling
 Option #2 - Patient Access

OR Scheduling - (610) 402-4990

The fax number for both OR Scheduling and Patient Access is (610) 402-4979.

Additional Tests Now Scheduled through Central Scheduling

On July 29, Central Scheduling began scheduling tests and procedures performed in the following areas:

- Interventional Radiology Departments at Cedar Crest & I-78 and LVH-M
- Pulmonary Function Testing at 17th & Chew
- Glucose Tolerance Testing at Cedar Crest & I-78 and 17th & Chew
- Sweat Chloride Testing at Cedar Crest & I-78 and 17th & Chew
- Audiology Testing at Cedar Crest & I-78 and 17th & Chew

These are in addition to those tests currently being scheduled by the Central Scheduling Department in Pre-admission Testing, Non-Invasive Cardiology, Neurodiagnostics, Pulmonary Function, Nuclear Medicine and the Sleep Disorder Center.

Physician offices who call to schedule patients for Interventional Radiology procedures are reminded that there is a requirement for some patients to have pre-admission testing performed 72 hours prior to the scheduled procedure. When calling to schedule those Interventional Radiology procedures, pre-admission testing will be scheduled at that time. A separate patient reservation or phone call to Patient Access Services will no longer be necessary if you are able to provide the insurance information at the time of the call. If a reservation needs to be faxed to save time in the office, fax it to (610) 402-4979.

Depending on the insurance plan that a patient has, most procedures performed in Interventional Radiology require a referral and an authorization number from the managed care company. In addition, all tests are required to have a written order (prescription) which includes appropriate signs and symptoms as a reason for the test. In order to create the most positive experience for the patient when they arrive at the hospital, the scheduling clerk will remind the office staff or the patient when the test or procedure is scheduled, that the above is required. In order to streamline the process from physician offices and decrease phone calls back and forth, please communicate the prescription and the referral and/or authorization numbers via phone or fax to Central Scheduling prior to the scheduled test.

Patients who arrive without a referral, authorization, and/or prescription, will unfortunately have to be rescheduled. In an effort to avoid this from occurring, a scheduling clerk will call the physician's office 48 hours in advance to secure any necessary information that is still missing.

The number for Central Scheduling is (610) 402-TEST (8378). The fax number is (610) 402-4888. For physician office convenience, Central Scheduling is open Monday through Friday from 7a.m. to 7 p.m.

If you have any questions, comments or concerns, please contact Lisa Coleman, Director of Support Services, at (610) 402-8066, or Mark Holtz, Vice President of Operations, at (484) 884-4710.

??? Mystery Medical Staff Member ???

- ? Born in Williamsport, Pa.
 - ? Earned Bachelor of Science degree from King's College
 - ? Graduated from Hahnemann Medical College of Philadelphia
 - ? Completed a three-year residency at the Allentown Affiliated Hospitals
 - ? Joined the Medical Staff in 1975
 - ? Wife's name is Audrey
 - ? Father of four children including a set of twins
 - ? Enjoys flea markets, antiques and woodworking
- Give up? Turn to page 11 for the answer.



Radiology Update

The Department of Radiology has revised the Priority of X-ray Services policy to better serve the needs of physicians and patients. Please note that the Radiology Department will handle cases in the following priority sequence and target response times:

A. Trauma alert or code red cases

Target Response Time: Immediate or by announced ETA

B. STAT

- Acute hemodynamic or respiratory change in patient's condition
- Status post line/ tube placement
- Pre-op for emergency surgery or emergency situations based on patient's condition.

Target Response Time: Within 30-60 minutes

C. ASAP

- Status post line/tube placement
- Mild, moderate or progressive change in the patient's condition
- Pre-op

Target Response Time: Within 2 hours

D. Routine – Non urgent requests

Target Response Time: Within 8 hours

Routine cases ordered after 9 p.m. should be discussed with the on-duty technologist to schedule a time.

If you have any questions regarding this issue, please contact Joy Schatz, Operations Coordinator, at (610) 402-0386.

Informed Consent

Act 13, Section 504 – Effective March 20, 2002

Except in emergencies, a physician owes a duty to a patient to obtain the informed consent of the patient or the patient's authorized representative prior to:

- (1) performing surgery
- (2) administering radiation or chemotherapy
- (3) administering a blood transfusion
- (4) inserting a surgical device or appliance
- (5) administering an experimental medication

If the patient is medically incompetent, this right passes to the next of kin. Physicians are not permitted to delegate this duty to nurses under Pennsylvania common law.

Consent is informed if the patient has been given:

- (1) a description of the procedure

- (2) the risks and alternatives that a reasonably prudent patient would require to make an informed decision as to that procedure

A physician may be held liable for failure to seek a patient's informed consent if the physician knowingly misrepresents to the patient his or her professional credentials. (Be careful how you respond to the patient/family regarding experience, etc.)

If you have any questions or need further clarification regarding this issue, please contact Risk Management/Legal Services at (610) 402-5210.

The Burn Recovery Center,

"a center for outpatient burn care and burn rehabilitative services,"

is now open on the 2nd Floor of the
Jaindl Pavilion

(across from the inpatient Burn Center)

Burn Recovery Center hours are:

Monday & Tuesday: 8 a.m. to noon

Wednesday: 8 a.m. to 4:30 p.m.

Thursday: 12:30 to 4:30 p.m.

Dr. William Dougherty is Medical Director

For an appointment, please call:

(610) 402-8355

20 20 20 20 20

The Wound Healing Center,

"a comprehensive outpatient treatment center for difficult to heal and non-healing wounds and ulcers,"

is now open at Lehigh Valley Hospital,
Cedar Crest & I-78.

Located on the 2nd Floor of the
Jaindl Pavilion

(across from the inpatient Burn Center)

Wound Healing Center hours are:

Monday & Tuesday: 12:30 to 4:30 p.m.

Thursday: 8 a.m. to noon

Friday: 8 a.m. to 4:30 p.m.

Dr. Robert X. Murphy, Jr., is Medical
Director

To schedule an appointment, please call:

(610) 402-8355



KePRO National Clinical Priority Projects -- Pneumonia

Lehigh Valley Hospital and Lehigh Valley Hospital–Muhlenberg participated in the National Clinical Priority Project – Pneumonia. The project consisted of collection of baseline measurement data for the time period of April 1, 1998 to September 30, 1999. The organization was then required to submit an action plan for improvement for various quality indicators. Quality indicators include: initial antibiotics within eight hours after arrival, initial antibiotics consistent with current recommendations, blood cultures collected before antibiotics administered, patient screened or given influenza vaccination (October-December), and patient screened or

given pneumococcal vaccination. The re-measurement time period was April 1, 2000 to December 31, 2000.

Improvement efforts for this project focused on improving time from admission to antibiotic administration and influenza and pneumococcal screening/vaccination. This project will be repeated in KePRO's Seventh Scope of Work, however, they will be emphasizing antibiotic administration within four hours of admission and have placed a strong emphasis on smoking cessation advice/counseling. Time from admission to first dose of antibiotic is reported quarterly to the Department of Medicine Quality Assurance Committee as well as to the Pneumonia team.

| PNEUMONIA RESULTS | | | | | | |
|--|------------------------|------|-------------------------------------|------|--------|--------|
| Quality Indicators | Lehigh Valley Hospital | | Lehigh Valley Hospital – Muhlenberg | | State | |
| | Pre | Post | Pre | Post | Pre | Post |
| Initial antibiotics within eight hours after arrival | 70% | 91% | 88% | 96% | 83.36% | 86.50% |
| Initial antibiotics consistent with current recommendations | 83% | 93% | 77% | 100% | 72.71% | 81.10% |
| Blood cultures collected before antibiotics administered | 88% | 95% | 88% | 95% | 85.60% | 85.28% |
| Patient screened or given influenza vaccination (October-December) | 50% | 61% | 20% | 13% | 11.00% | 22.00% |
| Patient screened or given pneumococcal vaccination | 41% | 35% | 6% | 8% | 8.01% | 17.39% |

Venous Leg Ulcer Clinical Research Trial

The Wound Healing Center of Lehigh Valley Hospital (Cedar Crest & I-78 and LVH-Muhlenberg) is participating in a clinical research trial. A metabolically active bioengineered tissue product will be utilized in addition to standard care to treat venous ulcers of at least one-month duration. All eligible patients will receive free study related supplies.

Inclusion Criteria:

- Venous ulcer on lower limb with a surface area of 2 sq cm to 20 sq cm.
- Ulcer duration of one month.
- History of venous insufficiency.
- Able and willing to participate in a clinical trial for six months.

Exclusion Criteria:

- Infected limb or ulcer.

- Uncontrolled diabetes (FBS >180 AND glycosylated hemoglobin A1C >12%).
- Anemia (hemoglobin <12 g/dL for males and <10 g/dL for females).
- Chronic renal insufficiency (serum creatinine >1.5 mg/dL).
- Congestive heart failure as defined by New York Heart Association Class IV.
- History of DVT within the last six weeks.
- Amputation of either limb.
- History of alcohol or drug abuse within the last year.
- Have received treatment with systemic corticosteroids, immunosuppressive agents, radiation, or chemotherapy within 90 days prior to screening.
- Have received treatment with growth factors within 90 days.
- Have received treatment with skin grafts or biologically active products within six months.

If you would like additional information or would like to refer a patient, please contact The Wound Center at (484) 884-2989.



Improving Hospital Management of Patients with Diabetes

by Larry Merkle, MD, Chief, Division of Endocrinology, and Joyce Najarian, RN, MSN, CDE, Helwig Diabetes Center

Over a year ago, the hospital initiated a PNN project to improve the peri-operative management of patients with diabetes. The project was piloted on vascular surgery patients. While statistical analysis has not been completed, we are pleased to report that there are definite positive trends with reducing overall infection rates, re-admissions, and length of stay. As you know, educational efforts and standard order sets were directed towards improving glucose management. Over the past year, literature has continued to provide evidence that IV insulin infusions and aggressive glucose management (of inpatients with known diabetes or hyperglycemia with no

history of diabetes) can significantly reduce morbidity and mortality in surgical patients, critically ill patients, as well as improve outcomes in acute MI and stroke. Based on literature and our own experiences, we have determined as a team that it was time to make some additional hospital wide changes. Coming in late August or early September, there will be two new pre-printed order sets to help you to manage your hospitalized diabetic patient. We will be attending various physician department meetings in the upcoming weeks to review specifics, but listed below are the highlights of what you can expect to see.

New/Revised Order Sets Related to Diabetes Coming Late August- September 2002

A. Revised IV Insulin Protocol Highlights :

| Existing Protocol | New Protocol |
|--|--|
| 1. Concentration 0.5 units = 1 cc | 1. Concentration 1.0 unit =1cc |
| 2. Starts when BG > 180 | 2. Starts when BG > 150 |
| 3. Target glucose range 120- 180 | 3. Target glucose range 90-130 |
| 4. Staff reported some confusion regarding appropriate use and starting rates on existing order set. | 4. Starting rates for the insulin are clearly defined based on physician selecting the indication for the protocol as : a. Surgical Management (major surgery) b. Critically Ill Diabetes Management c. Critically Ill Hyperglycemia "Non-diabetes" |
| 5. Titration based on current BG only | 5. Titration based on current and previous BG (More guidance to prevent hypoglycemia as well as achieve BG control sooner) |
| 6. Hypoglycemia Treatment for BG < 80 | 6. Hypoglycemia Treatment for BG < 70 |
| 7. Confusion about when to discontinue. | 7. Clear guidelines for discontinuation. |

Goals of IV Insulin Order Revisions:

- Improve glucose management with tighter control which has been shown in studies to:
 - Decrease surgical site infections
 - Reduce morbidity and mortality
 - Reduce LOS
- Reduce medications errors with 1:1 concentration
- Reduce inappropriate use of insulin protocol (not for individuals who are eating or who are in DKA or HHS)
- Standardize hospital hypoglycemia treatment

Added Benefits:

- Shorter order set than current set
- Reduce phone calls to MD with better guidance for nurses to make appropriate adjustments

B. Adult General Diabetes Management Orders (Previously in trial version with the PNN project) will now be housewide.

1. Goals of this order set include:
 - Reduction of Medication Errors
 - Improvement of DM Care Standards

- Better Glucose Management by guiding physicians to:
 - Avoid "traditional" Sliding Scale Insulin (Known to precipitate hyperglycemia when used without a basal insulin)
 - Initiate temporary basal insulin during stress response
 - Individualize insulin correction scales based on patient's insulin sensitivity factors. (The amount of insulin that should drop one's BG "X" mg/dL)

2. Advantages

- Back of the orders provide formulas to guide dose orders
- Will easily integrate into CAPOE
- Automatic hypoglycemia orders- less phone calls to MD for treatment
- Incorporation of urine ketone results on insulin correction dose to be given.

High quality care of the patient with diabetes is our goal. We hope we can engage your interest in assisting LVHNN to surpass others in its inpatient management of diabetes. If you have any questions, please contact Dr. Merkle via pager (610) 402-5100 9173, or Joyce Najarian, via pager (610) 402-5100 1233, or call the Helwig Diabetes Center at (610) 402-5000.



Due to lack of resources and staff, effective July 26, the Palliative Care Program will no longer provide clinical consults at Lehigh Valley Hospital.

Discharge/Transfer Form Highlights

On August 1, 2002, the Discharge/Transfer Form will replace the following forms:

At Cedar Crest & I-78:

- Discharge form NSG 204-1,2,3
- Transfer form NSG 61-1,2

At LVH-Muhlenberg:

- Nursing Discharge Summary Item # 1325
- Physician's Patient Discharge Instructions Item # 5381
- Physicians Transfer Discharge information Item # 2974

The physician may complete any section of the form or the comprehensive practice specific discharge instruction form. The physician **must** complete and sign page 3 of the form for orders for Home Health care or transfer to a Skilled Facility, or an Acute Care/ Rehab Facility. A physician referral is required for all outpatient consults to the Helwig Diabetes & Nutrition Center. Upon completion, a copy of the Discharge/Transfer instruction form will:

- Remain on the medical record (white chart copy)
- Be provided to the patient/ receiving facility (white patient copy)
- Be retained by the Discharge Physician (pink Physician copy)

Question regarding the form may be directed to Pat Matula, Professional Development, (610) 402-1733, or Sharon Rabuck, LVH-Muhlenberg (884) 484- 2413.

Coding Tip of the Month

Documentation Required for Burns

For patients with burns, coding requirements include:

- Anatomical Site of Burn
- Depth of Burn
- Extent of body surface involved. Both the total percentage of body surface involved and also the percentage of body surface involved in third degree burn only are required.
- If debridement was done, was anesthesia used, how extensive was the debridement, was it excisional or non-excisional?

Congratulations!

Wayne E. Dubov, MD, Division of Physical Medicine-Rehabilitation, successfully met all eligibility and examination criteria and was recently designated a Certified Independent Medical Examiner.

Robert X. Murphy, Jr., MD, Division of Plastic Surgery, was recently elected to the American Association of Plastic Surgeons (AAPS). The AAPS is an exclusive organization with membership by invitation only. Membership is limited and only a percentage of applicants are accepted each year. Currently, there are only about 400 members world-wide.

Papers, Publications and Presentations

Dennis B. Cornfield, MD, Section of Hematopathology & Clinical Laboratory Medicine, was the lead author of a paper -- "Natural Killer-like T-Cell Lymphoma of the Parotid in a Patient Infected with Human Immunodeficiency Virus" -- which was published in Vol. 126, June 2002 issue of *Archives of Pathology & Laboratory Medicine*. Dr. Cornfield also presented a poster titled "The Potential Role of Flow Cytometry in the Diagnosis of Small Cell Carcinoma" at the Annual American Thoracic Society meeting held in Atlanta, Ga., in May.

Herbert C. Hoover, MD, Chairperson, Department of Surgery, presented "Controlled Trials of Adjuvant Active Specific Immunotherapy (ASI) of Colon Cancer" at the 19th Biennial Congress of the International Society of University Colon and Rectal Surgeons (ISUCRS), in Osaka, Japan, April 14-18, 2002.

Dr. Hoover also presented "Active Specific Immunotherapy and Other Adjuvant Clinical Trials for Colon Cancer" at the Penn State Cancer Institute Interdisciplinary Conference on May 21, 2002, in Hershey, Pa.

Indru T. Khubchandani, MD, Division of Colon and Rectal Surgery, was an invited guest to the Annual Meeting of the Association of Coloproctology of Great Britain and Ireland from July 2-5, held in Manchester, England. Dr. Khubchandani showed a video on "Closed Hemorrhoidectomy with Local Anesthesia." He also had a breakfast session -- "Meet the Professor" -- with a group of trainee surgeons.

In April, **Nelson P. Kopyt, DO**, Division of Nephrology, was an invited visiting professor at the 22nd annual meeting of the Korean Society of Nephrology in Korea, where he taught a symposium on "The Role of Uric Acid in the Development in Progressive Renal Disease and Renal Fibrosis" and "Uric Acid: A Risk Factor for Renal and Cardiovascular Disease."

Continued on next page



Thomas D. Meade, MD, Division of Orthopedic Surgery, Section of Ortho Trauma, was recently an invited clinical instructor at the American Academy of Orthopaedic Surgeons Learning Center in Rosemont, Ill., to instruct in auto and allograft anterior cruciate ligament replacement surgical techniques.

Dr. Meade also has developed a new surgical technique for insertion of anterior cruciate ligament allografts using the bone mulsh-washer lock device. This surgical technique has been published by Arthrotek and is used as a surgical technique and educational tool for both orthopedic surgeons and patients.

Additionally, Dr. Meade has been invited to be one of the six national primary investigators in the prospective randomized study investigating functional outcomes in anterior cruciate ligament reconstruction in elite level athletes utilizing quadruple hamstring autograft vs. allograft tissues for anterior cruciate ligament substitution. The results will be published after the 24-month follow-up data is collected nationwide. A unique aspect of this study is that all data is collected real time online in the principal investigators' offices. As patients are evaluated, the data is recorded online to a national data bank repository where all outcome measurements will be made.

Robert X. Murphy, Jr., MD, Division of Plastic Surgery, presented a paper -- "Local Recurrence of Breast Cancer after Mastectomy with or without Reconstruction" -- at the VIII Congress of Italian and American Plastic Surgeons, which was held in June in Ischia, Italy.

Michael C. Sinclair, MD, Section of Cardiac Surgery/Thoracic Surgery, and D. Lynn Morris, MD, Chief, Division of Cardiology, co-authored the article "Coronary Artery Bypass: The Increasing Role of Off-Pump Surgery in a Large Community Hospital," which appeared in the May issue of *Heart Surgery Forum*.

Physician Parking During the Allentown Fair

Beginning Tuesday, August 13, through Monday, September 9, parking for physicians will be reassigned to Lot #4 (North West Street). Physician photo IDs will be programmed to access this area during this period. Residents will utilize the same lots as employees during this period.

If you have any questions regarding this issue, please contact Louis Geczi in Security at (610) 402-2986.

Upcoming Seminars, Conferences and Meetings

Computer-Based Training (CBT)

The Information Services department has assumed responsibility for the computer-based training (CBT) programs available to Lehigh Valley Hospital (LVH) staff. CBT programs replace the instructor-led classes previously held at LVH. 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.

Topics covered by the CBT programs include:

| | |
|---------------|--------------|
| Access 97 | Windows NT 4 |
| Word 97 | GUI Email |
| PowerPoint 97 | Excel 97 |

Computer-based training takes place in Suite 401 of the John & Dorothy Morgan Cancer Center (*the training room*) and in the Lehigh Valley Hospital-Muhlenberg I/S training room (*off the front lobby*). The 2002 schedule of classes is as follows:

2002 CBT sessions for JDMCC, Suite 401:

(All sessions are held from 8 a.m. to noon, unless otherwise noted.)

| | |
|---------------|------------------|
| October 22 | November 26 |
| December 18 * | (noon to 4 p.m.) |

2002 CBT sessions for LVH-Muhlenberg, I/S Training Room:

(All sessions are held from noon to 4 p.m., unless otherwise noted.)

| | |
|---------------|------------------|
| August 15 | September 19 |
| October 17 | November 21 |
| December 19 * | (8 a.m. to noon) |

Twelve seats are available at each session. To register for a session in email, go to either the [Forms_LVH](#) or [Forms_MHC](#) bulletin board, (based on your choice of site and training room). The form has all the available information in an easy to choose format, detailing titles, dates, times, and locations. Simply do a "Use Form" (a right mouse option) on the [I/S Computer Educ Request](#) form. Complete the form indicating your desired session selection and mail the form. Shortly thereafter, you will receive a confirmation notice.

If you have any questions, please contact Information Services by calling the Help Desk at (610) 402-8303 and press option "1." Tell the representative that you need assistance with I/S education.

Continued on next page



Emergency Medicine Grand Rounds

Emergency Medicine Grand Rounds are held on Thursdays, beginning at 8 a.m., at alternate locations. Topics for August will include:

August 1 - Banko Building, Rooms 1 & 2

- M & M
- "Procedural Sedation and Analgesia" - Carl Chudnofsky, MD, Visiting Professor
- Disaster Management: Avianca Flight 52

August 8 - LVH-M, 4th Floor Conference Room

- Evaluation of Blunt Abdominal Trauma
- Visiting Professor - Dr. Hughes
- Infectious Disease
- Tintinalli (pages 1072-1112)

August 15 - LVH-M, 4th Floor Conference Room

- Temperature Related Illnesses
- M & M
- The Crying Infant
- Radiology Case Review

August 22 - EMI - 2166 S. 12th Street

- Advanced EKG Interpretation
- TBA
- Medical Command Tapes
- Tintinalli (pages 1112-1155)

August 29 - EMI - 2166 S. 12th Street

- Simulator Lab

For more information, please contact Dawn Yenser in the Department of Emergency Medicine at (484) 884-2888.

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 August will include:

- August 6 - "Hyperthermia/Hypothermia"
- August 13 - "Hygiene Hypothesis in Pediatric Allergy and Asthma"
- August 20 - "Case Presentation"
- August 27 - "Morbidity and Mortality Conference"

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

Answer to Mystery Medical Staff Member
Ronald A. Lutz, MD

Expanded Tumor Board Schedule

The tumor board conference schedule at Cedar Crest & I-78 was expanded in July to accommodate additional Colon/Rectal and Pulmonary Tumor Boards. The following changes have resulted:

Colon/Rectal Tumor Board, which had been held on the first and third Mondays of every month, will now meet every Monday. Dr. Robert Riether will serve as moderator. Pulmonary Tumor Board, previously held only on the second Wednesday of every month, will meet on both the second and fourth Wednesdays of every month with Dr. Jonathan Hertz continuing to serve as moderator. (All conferences will continue to be held from noon to 1 p.m. in Conference Rooms 1A/1B in the John and Dorothy Morgan Cancer Center.)

Calendars are posted online on LVH-TAO e-mail and can be accessed by first opening "Bulletin Boards" and then "Tumor_Board_Calendar". For offices without access to LVH e-mail, calendars can be obtained from the Tumor Registry by contacting Vivian Person at (610) 402-0519.

Tumor Board is open to both clinicians and non-clinicians. Nurses, technicians, social workers, and those with an interest in or involvement in cancer care are invited and encouraged to attend. Continuing education credits will continue to be offered as part of attendance and sign-in sheets will be provided. Lunch will also be sponsored.

A special afternoon of fun, friends, family and food has been planned – the **LVHHN Employee Picnic!** Bring the family and join us for bingo, clowns, facepainting, DJ and karaoke, lawn games, games for the kids, and of course, rides...rides...rides! Plus special guests SpongeBob SquarePants, Scooby Doo, Elmo and Winnie the Pooh*.

DATE: Sunday, September 8 - Rain or Shine

TIME: Noon to 6 p.m.

PLACE: Bushkill Park, Easton

COST: \$8 Adult Admission (no rides)

\$10 Adult Admission with Rides

\$8 Child with Rides (ages 12 and under)

Tickets are being printed and will go on sale soon!

Hope to see you there! Don't forget your camera and appetite. Stay tuned for more information on where and when to purchase your tickets!

Sponsored by the LVHHN Recreation Committee, Administration and the Medical Staff.

**scheduled to appear, subject to change without notice.*



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

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 Division of Diagnostic Radiology
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 Department of Surgery
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 Section of Ortho Trauma
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 Division of Trauma-Surgical Critical Care
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 Division of Emergency Medicine
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Address Changes

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 ■ **Naseer A. Humayun, MD**
 ■ **Joseph M. Zasik, Jr., MD**
 5325 Northgate Drive
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 Bethlehem, PA 18017-9416

Michael D. Schwartz, MD
 ABC Family Pediatricians
 Health Center at Trexlertown
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 (Effective August 21, 2002)

**Practice Changes****Ian Chan, MD**

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Douglas P. Harr, MD

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(610) 439-0303
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Pager: (610) 830-4914

John W. Margraf, MD

(No longer with Valley Neurology Consultants, PC)
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Status Changes**Marc N. Abo, MD**

Department of Surgery
Division of General Surgery
From: Active
To: Affiliate
Site of Privileges: None

Atul K. Amin, MD

Department of Surgery
Division of Plastic Surgery
From: Active
To: Affiliate
Site of Privileges: None

Suzette V. Barreto, MD

Department of Medicine
Division of General Internal Medicine
From: Active
To: Associate
Site of Privileges: LVH & LVH-M

J. Alberto Bastidas, MD

Department of Surgery
Division of Plastic Surgery
From: Active
To: Affiliate
Site of Privileges: None

Marzena L. Bieniek, MD

Department of Medicine
Division of Rheumatology
From: Provisional Active
To: Active
Site of Privileges: LVH-M

Jeanette M. Blauth, MD

Department of Radiation Oncology
From: Provisional Active
To: Active
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Jonathan W. Bortz, DO

Department of Medicine
Division of General Internal Medicine
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Michael F. Busch, MD

Department of Surgery
Division of Orthopedic Surgery
From: Active
To: Affiliate
Site of Privileges: None

**Mario A. Candal, MD**

Department of Obstetrics and Gynecology
Division of Primary Obstetrics and Gynecology
From: Active
To: Affiliate
Site of Privileges: None

Paul J. Chwiecko, MD, DPM

Department of Family Practice
From: Active
To: Affiliate
Site of Privileges: None

Robert A. Diamond, DPM

Department of Surgery
Division of Podiatric Surgery
From: Associate
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Emil J. Dilorio, MD

Department of Surgery
Division of Orthopedic Surgery
From: Active
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Department of Obstetrics and Gynecology
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From: Provisional Active
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Division of General Dentistry
From: Associate
To: Affiliate
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Brian L. Fellechner, DO

Department of Medicine
Division of Physical Medicine-Rehabilitation
From: Associate
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Jay B. Fisher, MD

Department of Surgery
Division of Vascular Surgery
From: Active
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Division of Physical Medicine-Rehabilitation
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Department of Surgery
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Subhashchandra J. Javia, MD

Department of Psychiatry
From: Active
To: Associate
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Don Walter Kannangara, MD

Department of Medicine
Division of Infectious Diseases
From: Active
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Sara C. Karabasz, DMD

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Division of Orthodontics
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Deborah N. Kimmel, MD

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Department of Surgery
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Department of Obstetrics and Gynecology
From: Division of Primary Obstetrics and Gynecology
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H. Christina Lee, MD
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Division of Reproductive Endocrinology & Infertility/Gynecology
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Nancy R. Lembo, DO
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Division of Physical Medicine-Rehabilitation
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Mary E. Loftus, DPM
Department of Surgery
Division of Podiatric Surgery
From: Associate
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Wayne T. Luchetti, MD
Department of Surgery
Division of Orthopedic Surgery
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To: Affiliate
Site of Privilege: None

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Division of General Surgery
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Division of Podiatric Surgery
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Division of Ophthalmology
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Division of Hematology-Medical Oncology
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Department of Medicine
Division of General Internal Medicine
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Department of Family Practice
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Site of Privileges: None



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Division of Plastic Surgery
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Site of Privileges: None

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Division of General Internal Medicine
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To: Active
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Division of Periodontics
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To: Associate
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Howard A. Silverman, MD
Department of Family Practice
Section of Geriatrics
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Department of Obstetrics and Gynecology
Division of Primary Obstetrics and Gynecology
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To: Affiliate
Site of Privileges: None

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Department of Family Practice
Section of Geriatrics
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Division of Cardiology
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To: Affiliate
Site of Privileges: None

Jay D. Varrato, MD
Department of Medicine
Division of Neurology
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To: Active
Site of Privileges: LVH & LVH-M

Syed Viqar, MD
Department of Psychiatry
From: Associate
To: Affiliate
Site of Privileges: None

Additional One-Year Leave of Absence

Carla M. Rossi, MD
Department of Medicine
Division of Infectious Diseases

**Resignations**

Michele A. Bernardich, DMD
Department of Dental Medicine
Division of Orthodontics

Richard E. Brannan, DO
Department of Medicine
Division of General Internal Medicine

Daniela H. Davis, MD
Department of Pediatrics
Division of Critical Care Medicine

Frank DeFrank, MD
Department of Family Practice

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

Sara R. Kossuth, DO
Department of Medicine
Division of General Internal Medicine

John P. Kristofich, MD
Department of Medicine
Division of Cardiology

Martin LeBoutillier III, MD
Department of Surgery
Division of Cardio-Thoracic Surgery
Section of Cardiac Surgery

Thomas Little, MD
Department of Medicine
Division of Cardiology

John B. Longenhagen, MD
Department of Medicine
Division of General Internal Medicine

Mehrdad F. Mehr, MD
Department of Pediatrics
Division of Critical Care Medicine

Robert E. Morrison, MD
Department of Surgery
Division of Ophthalmology

Minh Ly T. Nguyen, MD
Department of Medicine
Division of Infectious Diseases

Jorge A. Otero, MD
Department of Pediatrics
Division of General Pediatrics

Dori J. Papir, DMD
Department of Dental Medicine
Division of Orthodontics

Boris Paul, MD
Department of Surgery
Division of Vascular Surgery

Charles J. Perruzzi, Jr., DMD
Department of Dental Medicine
Division of General Dentistry

John Rafetto, DPM
Department of Surgery
Division of Podiatric Surgery

Sally Ann Rex, DO
Department of Family Practice

Chandrakant C. Shah, MD
Department of Medicine
Division of General Internal Medicine

Prakash N. Shah, MD
Department of Medicine
Division of General Internal Medicine

Christopher Snyder, DO
Department of Medicine
Division of General Internal Medicine

Richard H. Snyder, MD
Department of Medicine
Division of General Internal Medicine
(Effective August 29, 2002)

Vaghenag V. Tarpinian, MD
Department of Family Practice

Athena F. Zuppa, MD
Department of Pediatrics
Division of Critical Care Medicine

Continued on next page

**Allied Health Staff****Appointments****Lisa M. Beloli, GRNA**

Physician Extender
Professional - GRNA
(Lehigh Valley Anesthesia Services, PC - Thomas M. McLoughlin, Jr., MD)
Site of Privileges: LVH & LVH-M

Mary C. Brinker, RN

Physician Extender
Professional - RN
(The Heart Care Group, PC - Donald J. Belmont, MD)
Site of Privileges: LVH & LVH-M

Joseph Kieba, CRNA

Physician Extender
Professional - CRNA
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Steven J. Kritz, CRNA

Physician Extender
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Susan A. Macomber, CRNA

Physician Extender
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Site of Privileges: LVH & LVH-M

James C. Miller, CRNA

Physician Extender
Professional - CRNA
(Lehigh Valley Anesthesia Services, PC - Thomas M. McLoughlin, Jr., MD)
Site of Privileges: LVH & LVH-M

Kimberly A. O'Sullivan-Smith, CRNP

Physician Extender
Professional - CRNP
(LVPG-Psychiatry - Joel Lerman, MD)
Site of Privileges: LVH & LVH-M

Changes of Supervising Physician**Marsha K. Evans, CRNP**

Physician Extender
Professional - CRNP
(LVPG-Neonatology)
From: Ian M. Gertner, MD
To: Christopher J. Morabito, MD
Site of Privileges: LVH & LVH-M

N. Jayne Hatfield-Robinson, CRNP

Physician Extender
Professional - CRNP
(LVPG-Neonatology)
From: Ian M. Gertner, MD
To: Christopher J. Morabito, MD
Site of Privileges: LVH & LVH-M

Sandra R. Kowalski, CRNP

Physician Extender
Professional - CRNP
From: John E. Castaldo, MD - LOVAR
To: Geraldo A. Saavedra, MD - Helwig Diabetes Center/Vascular Center
Site of Privileges: LVH & LVH-M

Pamela K. Monceaux, CRNP

Physician Extender
Professional - CRNP
(LVPG-Neonatology)
From: Ian M. Gertner, MD
To: Christopher J. Morabito, MD
Site of Privileges: LVH & LVH-M

Rebecca L. Peterson, CRNP

Physician Extender
Professional - CRNP
(LVPG-Neonatology)
From: Ian M. Gertner, MD
To: Christopher J. Morabito, MD
Site of Privileges: LVH & LVH-M

Resignations**Craig I. Matsumoto, CNIM**

Physician Extender
Technical - Intraoperative Neurophysiological Monitoring Specialist
(Surgical Monitoring Associates, Inc)
Site of Privileges: LVH & LVH-M

Kathleen B. Sullivan, RN

Physician Extender
Professional - RN
(Yeisley Cardiothoracic Surgery, LLC)
Site of Privileges: LVH & LVH-M

The Last Word...

Tips and Techniques for the Lastword™ User

August, 2002 – Volume 1, Issue 10

“Start Now” Added to Medication Orders in CAPOE

by Carolyn K. Suess, R.N.

On June 26, 2002 improvements were made to all medication orders in CAPOE. The new order screens provide a *Start Now* check box option. This enables the ordering physician to indicate a dose be given now and continued per the specified schedule (see Figure 1).

Prior to this change, a “Now and Continue” frequency would have to be entered for the patient to receive a dose now and then continue on a particular dosing schedule.

This process is streamlined with the addition of the *Start Now* checkbox. To enter the order with the same dosing, click on the *Start Now* check box prior to clicking the **Place This Order** button.

Should you have any questions pertaining to this recent change, please feel free to 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.

The screenshot shows the 'Place a Medication Order' screen in the CAPOE system. The window title is '10002439 KERR, Richard - M'. The menu bar includes File, Edit, Patient, Session, Navigate, and Help. The toolbar contains icons for Exit, Help, Print, Find Pt, Pres Pt, Next Pt, Left, Right, Prev, Next, Base Scrn, Logoff, OK, Alioremedx, and CAPOE. The main window has tabs for Orders, Med Profile, Viewer, Legal, MicroPath, and Refs. The 'Orders' tab is active, displaying the 'Place a Medication Order' form.

Order Information:
Med: CEFUROXIME TABLET 250 MG
Use For: CEFTIN 250MG TABLET
Dose: 250 mg Route: PO Freq: Q12H PRN
to: |

Comment: |

Pharmacy Use Only:
Fill: Source: P Class: E Subclass: JD N/C: N

Order Details:
Start Date: | Time: | Start Now
End Date: 2-JUL-2002 Time: 8:00 OR Max Doses: |
Ordered By: TRAINER, POE P0101 Order Mode: E
Signed By: TRAINER, POE P0101

Allergies/Reactions:
1 HYPOTENSIVES, ACE INHIBITOR Hypertension
2
3
More Allergies?:

Patient Demographics:
Height (cm): 177.80 Weight (kg): 20.000 BSA (m2): 1.10

Initial Dose Schedule if Different than Frequency Time:
| | | | |

Additional Order Information:
Reference Present: **Display Reference**

Review:
 Allergies Lab Results Pending Lab Med Profile

Place This Order **Skip Remaining Orders** **Skip This Order**

TT04A 12 27Jun02 11:10am OCPXUD CC W4516 SPMQX

Figure 1 – Medication order screen showing *Start Now* check box

Med Profile Screen Now Displays Medication Route

by Carolyn K. Suess, R.N.

Feedback from physician users brought about further changes to the Lastword system on June 26, 2002.

The change adds a new column containing the route for each medication listed (see Figure 2). Previously, this was only available in the detail screen.

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

If you wish to obtain a paper copy of

either document, or are interested in a personal training session, 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

Priorities Added to Consult Orders in CAPOE

by Carolyn K. Suess, R.N.

As of June 25, 2002 all consult orders, both Physician and Ancillary, now have expanded *Priority* options as part of the order screen (see Figure 3). This allows users to specify how urgently the consult is needed.

Three different priorities are available:

Column Sorting Enabled/Multi-Ingredients Not Showed - Press Sort or Level Button to Change

| Medication | Dose | Ran. | Units | Route | Freq | PRN | Start | Stop/Max | Rate | Units | Comment | HCL | Ord# |
|--------------------------------------|------|------|-------|-------|--------|-----|--------------|--------------|------|-------|-----------------|--------|------|
| Enoxaparin sodium | 40 | | mg | SO | PXOD | | 25Jun02 0900 | | | | | Bloc.. | 149 |
| Percocetol | 5 | | MG | IV | PXOOD | | 8-May02 1152 | | | | GIVEN DUR. | Vita.. | 88 |
| Warfarin sodium + | 2.5 | | mg | PO | CUSTOM | | 24Jun02 1200 | 29Jun02 1400 | | | | Bloc.. | 135 |
| *ci - | 1 | | EACH | MISC | PXCI | prn | 13May02 1032 | | | | Subject-1 Co. | | 99 |
| *ci + | 1 | | EACH | MISC | PXCI | prn | 13May02 0852 | | | | this is a capo. | | 98 |
| Acetaminophen | 1000 | | mg | PO | PXO6H | prn | 2-May02 1129 | | | | AS NEEDED | Nerv.. | 72 |
| Captopril | 25 | | mg | PO | PXTID | prn | 1-May02 1108 | | | | | Card.. | 67 |
| Lisinopril | 20 | | mg | PO | PXO6H | prn | 2-May02 1200 | | | | | Card.. | 70 |
| Neomycin sulfate/polymyxin b sulfat- | 1 | | ML | TOP | PXQ24H | prn | 23May02 1217 | | | | FOR IRRIG | | 109 |
| Nitroglycerin | 0.4 | | mg | SL | PXNTG | prn | 12Apr02 0743 | | | | CHEST DISC. | Card.. | 36 |

Buttons: Detail, Audit, Cumulat. Dose, Sort or Level, View Inactive, Print Meds, Back

Footer: ITD04A | 12 | 27Jun02 | 11:29am | PPMDA1X | CC | W5416 | SPMDX

Figure 2 – Med Profile screen displaying new Route column for active medications

Routine – See patient within 24 hours
STAT – See immediately, patient in distress
ASAP – See patient today

The default priority setting for consult orders is **R** (for *Routine*). If another priority is indicated, click on the down arrow adjacent to the *Priority* field to open the drop-down listing. Double-click on the desired priority to select it. Please remember **all STAT priority consults orders must be communicated verbally** to the nursing staff at the time of entry.

Should you have any questions pertaining to this recent change, please feel free to contact one of the Physician Software Educators on staff for assistance.

Using the Consult Command in Lastword

by Carolyn K. Suess, R.N.

Periodically, physicians have noticed patients' names do not appear on their census after they have been consulted, or have not been removed from their census after the consult has been completed. There is a simple way to add or remove these patients using the **Consult** command.

To add a consulting physician, locate the **Command:** textbox located beneath the *Current Patient List* window on the *Physician Base* screen. Type the word "consult" in the textbox and press the **ENTER** key on your keyboard.

The *Account Selection* screen opens. Double-click on the appropriate patient

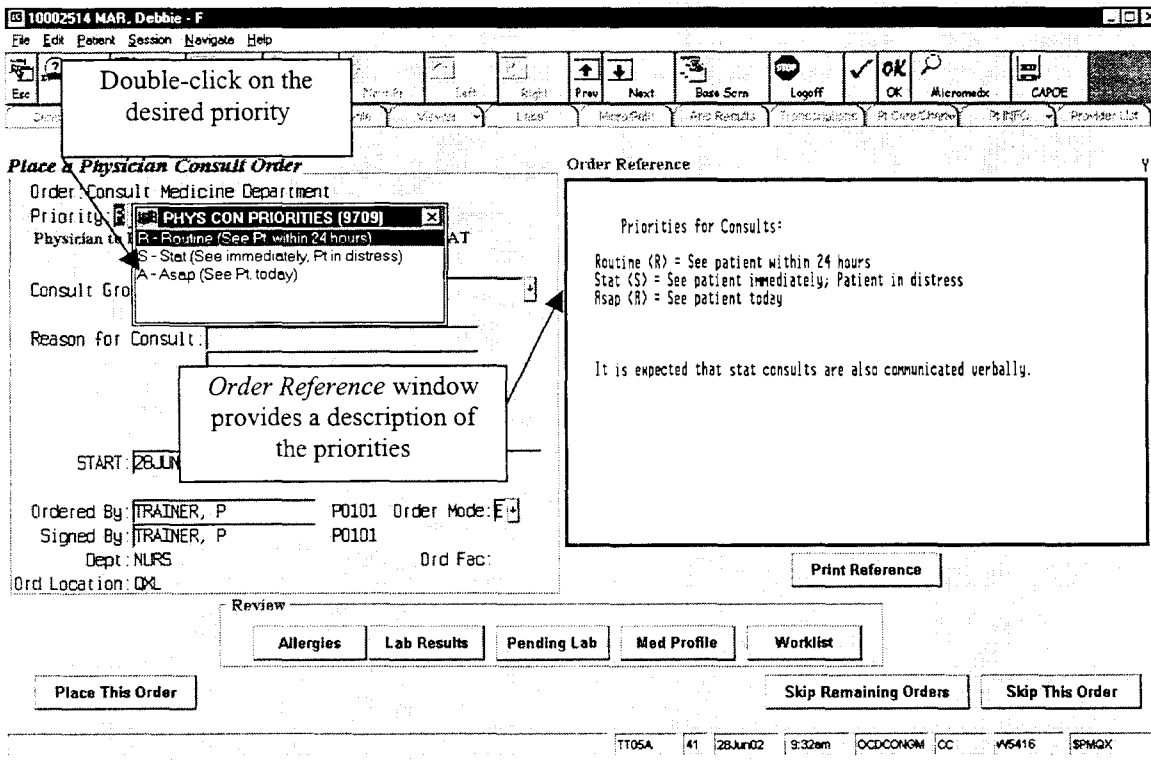


Figure 3 – Consult order screen displaying Priority selections

THERAPEUTICS AT A GLANCE

The following actions were taken at the June 2002 Therapeutics Committee Meeting - Joseph Ottinger, R.Ph., MS, MBA, Janine Barnaby, R.Ph., Jenny Boucher, Pharm. D., Jason Laskosky, Pharm.D., Fred Pane, R.Ph., Kimberly Pettis, R.D.

For Your Ears Only!

FLOXIN OTIC (ofloxacin) 0.3% solution added to the Formulary

Since fluoroquinolone antibiotics were introduced for systemic use in the 1980s, their indications and use have increased rapidly. Recently, topical formulations for the ear have appeared, expanding the options for the treatment of certain bacterial infections.

Fluoroquinolones are formulated by adding fluorine and other groups to nalidixic acid. Their bactericidal and bacteriostatic properties result from inhibition of the enzyme DNA gyrase. The broad spectrum of fluoroquinolone activity especially activity against *Staphylococcus aureus* and *Pseudomonas aeruginosa*, has generated interest in the use of this class of agents for topical eye and ear treatment.

Bacterial ear infections, such as necrotizing (malignant) otitis externa and otitis media in ears with intact tympanic membranes, require systemic treatment. However, other forms of infection respond well to topical antibiotics. Two otic preparations of topical fluoroquinolones, ofloxacin 0.3 percent (**Floxin otic**) and ciprofloxacin 0.2 percent with hydrocortisone 1.0 percent (Cipro HC otic), have been introduced. Ofloxacin otic solution is approved for the treatment of otitis externa and otitis media with perforated or ventilated tympanic membrane. Ciprofloxacin otic suspension is approved for the treatment of otitis externa. Both preparations may be used in patients one year or older.

Because *P. aeruginosa* and *S. aureus* are common pathogens in otorrhea, they must be considered at the time of treatment selection. Currently, no narrow-spectrum agent is available for the coverage of these two microbes. For the treatment of acute diffuse otitis externa, polymyxin B-neomycin-hydrocortisone combinations and fluoroquinolones are equally effective, and neither treatment carries known risk. The twice-daily dosing schedule of topical fluoroquinolones may improve compliance. When selecting treatment for acute otitis media with perforation, topical fluoroquinolones represent a good first-line option, although not clearly better than traditional topical therapy. For chronic suppurative otitis media topical fluoroquinolones likely represent the best choice because treatment is long, and repeated therapy is common.

Side effects of topical otic fluoroquinolones are rare. Many studies have reported no adverse reactions. In one study, headache, ear pain and pruritus necessitated premature discontinuation of treatment in less than 1 percent of subjects. Another study reported a 35 percent incidence of candidal over-growth in patients treated with ciprofloxacin. Other studies have looked for fungal over-growth and found none. To date, topical use of fluoroquinolones has not been shown to result in ototoxicity.

Dosage Ranges for Pain Medications

In order to improve patient care and comply with JCAHO criteria, medication orders for pain medications that contain dose ranges, CANNOT be accepted for use at LVH-CC, LVH-17, LVH-M

Eg. Morphine 2-4mg IV Q4H PRN pain
Percocet 1-2 tabs PO Q4H PRN pain

This applies to **Pain Medications only**, within the hospital setting. A dose range is left up to interpretation by a nurse. A specific order, specifying a drug, dose, frequency, route and type of pain is acceptable.

Eg. Tylenol #3 one tab PO Q4H PRN moderate pain
 Percocet two tabs PO Q4H PRN severe pain
 Morphine 2mg IV Q4H PRN severe pain

A pain scale order is also acceptable.

Eg. Morphine 2mg IV Q4H PRN for a pain scale score of 5

Preprinted physician order sheets have already been changed, to reflect these changes. If an order is written for a dosage range for a pain medication, either a nurse or pharmacist will contact the prescriber to clarify the order.

Formulary Review – Some Issues to Consider

There was an article published recently called “New Medicines Seldom Contain Anything New.” Of 1035 drugs approved by the FDA from 1989 to 2000, only 361, or 35% contained new active ingredients. The rest contained active ingredients that were already available on the market.

Pharmacy frequently gets asked to review drugs for formulary addition. Factors that we consider are efficacy, safety, and cost. Published literature and studies are reviewed, along with as much data as we can obtain on patients treated within our Lehigh Valley Hospital and HealthNetwork. In a majority of cases, LVH outcomes are better, when compared to the clinical trials and studies published and there may appear to be no or minimal improvement in patient outcomes. Clinical data is not always apples to apples.

E.g. DVT rate – our reported rates are less than published for many procedures.
 Our antimicrobial resistance rates are less than similar size hospitals and are tracked quarterly.

When cost is looked at, we review the cost/day and impact on a DRG reimbursement. Will we increase our cost/day, without any noticeable improvement in patient outcome or decrease of LOS?

With safety, we look at potential side effects and issues related to educating new drugs and potential patient Adverse Events which can occur.

E.g. Med Errors caused by look-alike, sound-alike drug names.
 The need to monitor the drug levels (therapeutic effect).
 Renal dosing requirements.

Whenever a drug is added to formulary and inappropriate education occurs, we risk patient harm.

E.g. Low Molecular Weight Heparin and problems with Renal dosing ADE's we have experienced.

These are just some of the issues we address, through the formulary review process.

Licensure for Registered Dietitians the Law of the Land in Pennsylvania

Licensure for Registered Dietitians in the PA has been a long time coming with much sweat and tears. PA has joined the other 43 states that license dietitians, recognizing RD's as the expert source for

medical nutrition therapy. Governor Schweiker signed HB497 on Saturday, June 29. It is now a law, Act 99. This comes in perfect timing to the following proposal presented to Therapeutics Committee in March and June, due for discussion and approval October 16th of this year. We ask for your support on this proposal as we continue to strive to work together to improve patient care. Contact Kimberly Pettis, Director of Clinical Nutrition at X8609 or by email at Kimberly.Pettis@lvh.com, your feedback is appreciated.

Registered Dietitian (RD) Scope of Practice in the provision of Medical Nutrition Therapy(MNT)

Summary: Registered Dietitians are constantly challenged to provide timely nutrition intervention that positively affects patient outcomes and reduced length of stay. Nutrition care plans positively impact patient outcomes and decrease length of stay when initiated in a timely fashion. We recommend a formalized approach to initiate nutrition orders for patients in Acute and Long Term Care settings by allowing RD's to write and immediately implement nutrition care orders. The following scope of practice components are outlined below:

- Types of nutrition care orders that may be written
- Competency requirements for the RD
- Monitoring and evaluation procedures

Background: Support for clinical privileges of the RD through outcome research is mounting, most notably in the *Journal of the American Dietetic Assoc. (JADA)* Jan 2002; 102:72-81, as well as the references noted at the end of this proposal. Joint Commission on Accreditation of Healthcare Organizations (JCAHO) approves for the expanded role of the RD under standard TX.4.2 which states, "Authorized individuals prescribe or order food and nutrition products in a timely manner." The intent of that standard reads, "Food and nutrition products are administered only on the prescription or order of a medical staff member or another individual who has been granted clinical privileges to write such prescriptions or orders." The American Society for Parenteral and Enteral Nutrition Standards of Practice for Nutrition Support Dietitians, NCP 15:53-59, Feb. 2000 Standard 3.3 under Medical Nutrition Therapy Care Plan states: "[Nutrition Support Dietitians] may recommend, write orders, or obtain verbal orders for enteral and parenteral formulations (as guided by professional licensure or delineated by clinical privileges of an institution), adjust regimens on the basis of response to therapy, clinical condition and nutritional parameters."

Expanded Roles for the RD have been implemented across the country. The Pennsylvania State Regulations, last revised in Dec 1987, address Written Orders under 107.61 and states, "Medication or treatment shall be administered only upon written and signed orders of a practitioner acting within the scope of his license and qualified according to medical staff bylaws. Professional licensure for Registered Dietitians in Pennsylvania was signed into law on June 29, 2002.

Benefits achieved with implementation of expanded roles for the RD are;

- Expedited order implementation of appropriate nutrition care
- Improved patient nutritional response
- Increased RD responsibility
- Physician-Dietitian interaction time now available for discussing patients' medical condition, treatment plan and expected progress rather than for permission for orders.
- Dietitians give greater priority to monitoring and communicating to the medical staff the medical effect of the nutrition order that they are now responsible for with implementation of clinical privileges.

Surveys demonstrate widespread physician support of this process as it has been found to meet the needs of patients, dietitians, patient care providers, hospital administrators and regulatory bodies alike. Results of the program published in the aforementioned JADA Jan 2002 article reference revealed physician/physician group participation increased from 77% on implementation of the program to

94%. The majority of physicians selected all items on the list, the few which did not amended their selections to increase participation. No physician/physician group has ever withdrawn their consent or further restricted RD order writing authority.

Procedure: Specific nutrition orders have been categorized and defined for provision of nutrition care within the scope of the Registered Dietitian (sample authorization form listed in Figure 1). Physician participation may be set up through meetings with each attending physician or physician group to discuss and request participation in the program. Physicians who chose to participate select from the preapproved nutrition orders by checking off choices on the form and then signing the authorization form. The authorization forms are kept on file. Registered Dietitians operate in compliance with the physician/physician group pre-approved nutrition orders and implement nutrition care plans immediately. Upon review of the medical record, the physician signs the nutrition order as acknowledgement. At the physician's discretion, the order may be discontinued.

Figure 1: Physician Consent Form for Dietitian Nutrition Order Writing

Enteral Nutrition:

- Tube Feeding product change
- Tube Feeding rate change
- Change hours of feeding

Parenteral Nutrition:

- Change TPN macronutrients
- Change TPN rate
- Change TPN laboratory monitoring

Oral Diets:

- Increase or Decrease diet consistency
- Change Calorie Levels
- Modify Diet Restrictions

Diet Education:

- Based on RD assessment of appropriate diet for health promotion

Laboratory Monitoring:

- Check Comprehensive Metabolic Profile (max. once per week)
- Check Prealbumin, C-reactive Protein (max. once per week)
- Check Total Urine Nitrogen (max. once per week)
- Check Total Iron Binding Capacity (once per week)
- Check Stool for clostridium Difficile

Consults:

- Occupational Therapy evaluation to check self-feeding capabilities (one time)
- Speech Therapy evaluation to check swallowing at bedside (one time)
- Order Metabolic Cart Study

The Registered Dietitian has my permission to order the items checked when nutrition evaluation indicates.

Physician Signature

Competency requirements for RDs should include maintenance of the RD credential with the Commission on Dietetic Registration from The American Dietetic Association. For enteral and parenteral nutrition order writing authority, additional requirements are: 1.) the RD must be credentialed as a Certified Nutrition Support Dietitian by the American Society of Parenteral and Enteral Nutrition National Board of Nutrition Support Certification, Inc, 2.) demonstrate competency in writing parenteral and enteral nutrition orders as verified by the clinical nutrition manager and the medical staff director, 3.) continued professional education with emphasis in nutrition support, and 4.) employed on staff as an RD for a minimum of 6 months. After meeting competency requirements, each RD will be granted a 3-month probationary period. The clinical nutrition manager, medical director/authorized individual reviews the RD's order writing record to grant full status order writing authority.

Monitoring and evaluation of the established process will be conducted using an order-tracking tool, keeping a record of orders written by RD's. Records will be evaluated as part of RD annual performance appraisals by clinical nutrition managers and annually at medical staff meetings.

Documented results: The program implemented in the JADA reference has demonstrated through a previously established quality improvement indicator 3 months post program implementation, a 75% improvement in the nutritional status of patients (defined by serum albumin level on admission vs. discharge).

July/August 2002

HIPAA UPDATE

Topic: One-Year Extension for Complying with HIPAA's Standards for Electronic Transactions and Code Sets

The compliance date of **OCTOBER 15, 2002** for filing an extension is fast approaching. If you want to continue to be reimbursed for your services, don't miss the deadline.

HIPAA Standards for Electronic Transactions and Code Sets were published in the Federal Register on August 17, 2000. Providers who transmit health information electronically in connection with the transactions must comply by October 16, 2002. HOWEVER, if you submit a plan to the Secretary of the Department of Health and Human Services (DHHS) no later than October 15, 2002 describing how you will come into compliance with the standards, you will receive an extension of an additional year.

Important Information:

- The Secretary of DHHS has developed a model form that may be used in submitting this required plan. The form can be found on the Center for Medicare and Medicaid Service's website at www.cms.gov/hipaa/hipaa2/ASCAForm.asp. The website also includes 20 frequently asked questions to assist in completing the form. It is recommended to use the form, it is quick and satisfies the requirements for the plan.
- It is best to submit the plan electronically because you will receive an e-mail confirmation back, which is proof of filing. If you file by mail, you won't receive a response from the government, so make sure to get a receipt of delivery.
- Even if you are prepared to comply with the standards, you should submit a plan. It will give you an additional year of testing. If you don't submit a plan and you discover that you are having problems with the submission of claims after October, it will be too late to file.
- In order to qualify for the extension, it is mandated that the timeframe for testing the transactions will begin not later than April 16, 2003. This is an important date because you need to know where your vendor or billing service is in the process to ensure compliance with this date.
- The extension for Electronic Standards and Code Sets does not impact the compliance date for the Privacy Regulations. Providers must comply with the Privacy Rule by April 14, 2003.

This update was written by Mary Ann La Rock, Corporate Compliance Officer for LVHHN. The HIPAA UPDATE will be published monthly.

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