LEHIGH VALLEY
HOSPITAL AND
HEALTH NETWORK

PROGRESS NOTES

Medical Staff

March, 2003 Volume 15, Number 3

In This Issue . . .

Happy Doctors' Day

See Page 11 for details regarding the Doctors' Day Celebration!

From the President

Hat's off to Dr. Ed Mullin! That's what this scribbler has been thinking over the past few weeks as he realizes what an extraordinary job Ed was quietly doing over the past two years. We all just thought that ***Medical Staff Progress Notes*** and ***Pro Tempore*** fell out of Ed's computer and into our inboxes. We thought there was some website with canned "President's Notes" that Ed used, kind of like the websites designed for inarticulate college freshmen desperate for help in dissecting Thomas Hardy's "Jude the Obscure" for English class. We assumed that month after month, season by season, out would roll interesting and educational material, a few jokes, and insight by the page. So here's hats off to Ed. Despite an exhaustive search of the computer in the President's office, no trace of any ***Medical Staff Progress Notes*** for March 2003 or indeed any subsequent issues have been found. If anyone finds any files by that description in their computer or on the Internet, please forward them to the Medical Staff Services Office, Attention: Beth Martin, where they will be gratefully received.

While searching for piercing insight, a source of inspiration arrived on the President's desk that made for illuminating reading. This was the latest iteration of the Medical Staff Bylaws, a document that is worth at least a glancing reading from time to time. Most of us moan and shake our heads when we hear about Bylaws changes, flip through the pages of incomprehensible and apparently jargon terminology, and mumble something about people wasting their time and energy. But, in fact, the Bylaws serve a very important and key function in codifying the oral traditions of a profession and organization. They allow us to maintain an internal society with civility, purpose, lawfulness, and fairness. Recently, the Bylaws have been endlessly scrutinized by the Bylaws Committee (thanks to its tireless members and particularly Al Berger for taking on the duties as chair), with the purpose of making the Bylaws more consistent, readable, and representative of the present activities of the Medical Staff.

The Bylaws set out first the purposes and responsibilities of the Medical Staff in general. Among the purposes are included "monitoring the quality of medical care in the Hospitals... and take action in order that patients admitted or treated in any of the facilities, departments, or services of the Hospitals shall receive medical care consistent with the circumstances and the available resources, manpower, and facilities". It is

Continued on next page

therefore the ongoing responsibility of the entire Medical Staff to monitor quality, a responsibility that is both individual and collective. "The Medical Staff shall strive for an acceptable level of professional performance of all practitioners and Allied Health Professionals...through the appropriate delineation of clinical privileges and/or clinical functions and the ongoing review and evaluation of the performance of practitioners and Allied Health Professionals". Note that all practitioners and Allied Health Professionals are again the collective responsibility of the Medical Staff. We are all responsible for making sure that each and everyone of us has an acceptable level of professional performance.

"The Medical Staff exists to provide a means through which individual members may participate in the policy-making, planning, staffing and development processes of the Hospitals." The Medical Staff provides a mechanism for members to exert their privileges of membership in creative ways. Service on Medical Staff committees provides us the opportunity to help craft a better 'mousetrap' for health care. It provides us the chance to make substantive changes which improve care and which continue forward to another generation of doctors, who, yes, will have to, at some future time, read the Bylaws.

"The Medical Staff shall provide an appropriate educational setting for members of the Medical Staff and personnel of the Hospitals in order to maintain and enhance professional knowledge and skill in the healing arts." Again, the responsibility for both self-education as a staff and education of our co-workers is one which we all share, not one which is ceded to the Center for Educational Development and Support, or to any individual group of persons who are the 'educators'. We are all at the same time educators and learners participating in a community of life-long learners. If the nurses don't know about the care of Multiple Sclerosis on the Neurosciences floor, it's my problem, not someone else's. The danger in actually reading the Bylaws is realizing the extensive responsibility inherent in the act of being a member of the Medical Staff.

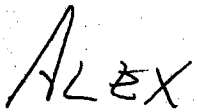
"The Medical Staff shall initiate, maintain, and, from time to time, amend these Bylaws and these Rules and Regulations of the Medical Staff consistent with the effective functioning and self-government of the Medical Staff." No confusion there. The Bylaws is a living document which changes with new processes, problems, procedures, policies, and politics. If there is new legislation, such as HIPPA, or new technology, such as the internet, our Bylaws must reflect and refract reality maintaining at all times a focus on the care of the individuals that seek our help.

"The Medical Staff shall provide a means whereby issues concerning the Medical Staff and the Hospitals may be discussed by the Medical Staff with the Boards of Trustees of the Hospitals and the Chief Executive Officer of the Hospitals." There are many occasions where the members of the Medical Staff are uniquely positioned to notice and respond to issues of care, from the temperature of the food to the presence of handwashing equipment, from the adequacy of operating rooms to the wait time in the Emergency Department, from the adequacy of nursing staffing to external forces, such as health care costs and an aging physician workforce. They have the responsibility to inform and guide the Boards and CEO upon such matters, in the spirit of providing input again with the sovereign goal of improving health care.

"The Medical Staff shall participate in a spirit of mutual cooperation with the Boards of Trustees of the Hospitals and the Chief Executive Officer of the Hospitals in all appropriate projects where the unique qualifications of the Medical Staff are an essential ingredient." Project development for health care is a wide playing field. It can include development of strategic initiatives, new program development, joint ventures, new physician practices, new educational opportunities, new research projects, indeed a host of innovative new ideas which, in cooperation with the Boards and CEO, make the Medical Staff an effective partner in moving our Hospitals to an even higher level of function and citizenship.

Bet you never knew there was so much that the Bylaws had to say to you. See, it's not all about signing your charts, seeing so many patients, and not lying on your application forms. Not that these are unimportant. They are crucial. But the Bylaws are a set of documents that set out far more than just the boundaries of clinical practice. The Bylaws of the Common Medical Staff of Lehigh Valley Hospital and Lehigh Valley Hospital-Muhlenberg, in similar ways that constitutions are for governments, are the articles by which our collective practice is guided, developed, molded and strengthened. They make for worthwhile reading. Of course, I will spare you the other 91 pages of the Bylaws; there's only so much room in our ***Medical Staff Progress Notes***. However, they are available any time you care to study them.

Ed said they make excellent bedtime reading!



Alexander D. Rae-Grant, MD
Medical Staff President

On February 13, Pre-Admission Testing at Cedar Crest & I-78 changed their Thursday hours to 10 a.m. to 7 p.m. Previously, hours on Thursdays were 7 a.m. to 7 p.m. Please make a note of the new hours.

Growing Organizational Capacity: Six-month Harvest

As more and more community members seek our Medical Staff's care, LVHHN is evolving to meet the demand. The 18-month Growing Organizational Capacity (GOC) program, aimed at improving access to care, recently reached its sixth-month benchmark. Ten GOC subprojects are going forward, and some early results are encouraging.

A project to find more beds, headed by Terry Capuano, Senior Vice President, Clinical Services, has located 15 additional medical-surgical beds (seven at Cedar Crest & I-78 and eight at LVH-Muhlenberg). It is anticipated that 48 more beds (three in SCU, 20 in the Regional Heart Center, and 25 med-surg) will be located by September as the project evolves.

The short stay hospital at 17th & Chew has shifted many one-to-two day ENT, gynecologic, orthopedic, urologic, plastic and general surgical stays from Cedar Crest & I-78, thus freeing up beds at Cedar Crest & I-78. Short stay patients are currently housed on part of 4S at 17th & Chew, but will move to a new 12-bed unit, the former 3T, in late April. The unit will include increased amenities for patients.

Troika members, along with Drs. David Caccese, John Castaldo and Steven Scott, rounded together with administrators and nurses last month to look at ways of improving patient discharge, another facet of GOC. Other advances thus far include an electronic tracking system – a first step in improving patient transport – and the Express Admit Unit, which, successful in its pilot, will be expanding in the upcoming months.

Increasing demand for services is a situation shared by LVHHN and all hospitals. GOC is aimed at finding new ways to alleviate patient frustrations (like lengthy Emergency Department wait times) and ensure an open door to all seeking our care. Our Medical Staff's support of GOC and its subprojects will help us become nationwide leaders in this area and further enhance our culture of excellence.

Safety Pearl of the Month

Don't be annoyed if the professional healthcare worker wants to read back the verbal order that you just gave. Similar medication names can easily be confused for another. Being able to read back and verify will catch errors before they occur.

News from CAPOE Central

7C Joins the CAPOE Crowd

During the month of February, 7C went live with on-line charting of vital signs and medication administration, and then was turned on as a CAPOE unit. Despite the complexity of the patients on that unit, the Nursing Staff and Pharmacy did an incredible job of making the transition smooth and safe. There are now seven Medical-Surgical units live with CAPOE. We will next turn our sights to 4A/4C and the Medical-Surgical Units at LVH-M, as now the majority of non-critical care units have been CAPOE-ized.

General Surgery Live with CAPOE in PACU

In follow-up to the successful implementation with Urology in the PACU, the Division of General Surgery went live with post-op orders in the PACU in February. Several order sets were created to facilitate order entry, and we expect to create several more based on user input and requests. We will move through the other surgical divisions over the next months.

More evidence that CAPOE is the right decision

A recent article in ***Health Data Management*** discusses the experience at Alamance Hospital, a not-for-profit community hospital in North Carolina. They have documented a 72% reduction in medical errors by implementing CPOE and have dramatically reduced the turnaround time for medication administration. The article quotes one of the community physicians using the system, Dr. Kenneth Fath. "CPOE is no longer an option, if it ever was," Fath says. "It's incumbent on all of us in health care to use the resources and tools available to best treat patients." Dr. Fath, a **Cardiologist**, continues, "It's no longer a luxury. If you're not using CPOE, you're not practicing medicine as safely as possible."

It is becoming increasingly clear that CAPOE will become an inescapable standard of care, and that hospitals must deal with the question of "when" and not the question of "if." As with many national initiatives that improve patient care and quality, Lehigh Valley Hospital is out in front in this area, answering the question of "when" with "now."

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LVHHN Medical Products Divisions Acquired by Air Products

Air Products has strengthened its position as the largest homecare provider in the northeast mid-Atlantic region with the acquisition of Health Spectrum Medical Products' respiratory therapy and durable medical products divisions, with operations in Allentown, Horsham and Harrisburg, Pa. The sale was completed on January 31, 2003.

Health Spectrum Medical Products comprises the medical products divisions of Lehigh Valley Hospital and Health Network (LVHHN). The respiratory therapy and durable medical products divisions will become part of Young's Medical Equipment of Easton, Pa., a division of American Homecare Supply, which is a wholly owned subsidiary of Air Products. Founded more than 25 years ago, Young's Medical is a leading supplier of respiratory products and services and home medical equipment serving patients in Southeastern and Central Pennsylvania and New Jersey. Health Spectrum patients will be transitioned to Young's Medical without interruption during a 60-day period ending March 31.

Health Spectrum's operations add approximately 5,000 patients to Air Products' existing base of 280,000 patients worldwide. Air Products has been providing products and services to the healthcare industry, including both institutional and home settings, for over 50 years and is widely recognized for its operational excellence and regulatory compliance expertise. Air Products has been a leader in the European homecare industry for decades and, last October, established a leading platform in the U.S. homecare market with the $165 million acquisition of American Homecare Supply, one of the top ten U.S. homecare providers.

"Health Spectrum's businesses are a great fit for us," said Robert Cucuel, CEO of American Homecare Supply. "Our goal is to provide quality coverage for our patients. By expanding our network along the northeast corridor, we are building a solid base that allows us to bring new products and services to our patients. As part of Air Products now, we have been able to strengthen and accelerate that goal."

According to Louis L. Liebhaber, LVHHN's chief operating officer, the sale is in the best interest of LVHHN and all of its patients, and will allow LVHHN to make more prudent use of community resources in areas that are critical to the organization's mission. "Successful medical equipment businesses across the country have high volumes, which lead to efficient operations. We believe Air Products, through its own experience in Europe, as well as through its American Homecare Supply subsidiary, has the critical mass, expertise and financial strength to successfully meet the needs of patients in our community."

Non-Punitive Patient Safety Program

Effective January 2003, Administration and the Medical Staff of LVHHN adopted a new policy titled **"Non-Punitive Patient Safety Program."** The policy is a result of over 18 months of work by a multidisciplinary Non-Punitive Task Force, including a comprehensive survey of staff in a position of potentially being involved in or reporting a medical mistake.

The thrust of the policy is to remove one of the major barriers of staff reporting medical errors, that being the risk of disciplinary action. Although it is impossible to say there will never be disciplinary action, the policy clearly articulates the Network's priority of re-awareness and education before discipline. The policy is further designed to:

1. Encourage open and honest reporting of actual/potential errors or injuries to patients, visitors and staff;
2. Facilitate forthright disclosure of process or system failures and/or human errors.

Why did LVHHN implement the "Non-Punitive Patient Safety Program"?

1. Pennsylvania State Law MCARE-Act 13 states no retaliatory action will be taken against a healthcare worker for reporting a serious event or incident,
2. JCAHO encourages it,
3. It supports a culture of safety through a non-punitive approach to all event reporting,
4. It is the **right** thing to do.

The "Non-Punitive Patient Safety Program" policy is attached on Pages 17-19 for your review. The policy can also be located in the Administrative Policy section of the LVHHN Intranet.

If you have any questions regarding this policy, please contact Fran Miranda, Risk Manager/Patient Safety Officer, at (610) 402-2803.

Attention Authors!

It is the intention of the Health Studies Unit at 17th & Chew to become a repository of published articles, book chapters, letters to the editors, etc., which members of the LVHHN staff produce. Therefore, all authors are requested to submit a copy of their work, shortly after publication, to William Cosgrove, Director of Administration, Health Studies, 17th & Chew. Access to the collected works in this repository will be open to all LVHHN staff.

Administrative Policies in the News

Code of Conduct

It is the policy of Lehigh Valley Hospital and Health Network (LVHHN) that all individuals within its facilities be treated courteously, respectfully, and with dignity. It is the responsibility of every member of Lehigh Valley Hospital and Health Network to act in a manner supporting this organizational statement and its supporting policies. This policy is not meant to suppress free speech or personal opinion.

All behavior will be guided by the principle that everyone shall be treated with respect, courtesy, and dignity without regard to sex, age, religion, race, creed, sexual orientation, color, national origin, disability, or any other basis that would constitute invidious discrimination. All individuals within this facility shall respond to the requests of patients and each other in a courteous and professional manner. In dealing with incidents of inappropriate conduct, the protection of patients, visitors, volunteers, students, employees, Allied Health Professional Staff, Medical Staff, others in the Hospital, and the orderly operation of the Hospital is of paramount concern.

In keeping with this policy, members of the Medical Staff are reminded that professional courtesy by all individuals within LVHHN facilities is expected at all times. Violations of this policy by members of the Medical Staff and Allied Health Professional Staff will be reported to and handled by the Chairperson or designee of their respective department in accordance with the Bylaws of the Common Medical Staff of Lehigh Valley Hospital and Lehigh Valley Hospital-Muhlenberg pertaining to corrective action.

For a copy of the complete policy, please contact Janet M. Seifert in Medical Staff Services at (610) 402-8590.

Release of Health Information to Family Members and/or Friends

A number of administrative policies have been developed or revised in response to the Health Insurance Portability and Accountability Act's Privacy Rule. One of the policies which deserves attention by members of the Medical Staff is the **Release of Health Information to Family Members and/or Friends**. This is a new policy to ensure proper communication with those individuals involved in a patient's care. Patients have a right to the privacy of their health information and it is the patient who should determine who else may have access to their information. Several scenarios are listed below to assist you with difficult situations that may arise related to disclosures to family members and friends.

If a patient is present, information may be disclosed to another person involved in the patient's care if the patient agrees. For example, every time clinical staff enter a patient's room and see a visitor, a patient should be asked: *"I would like to share some information about your illness. May I go ahead or would you like me to wait for a private moment?"* A provider may also reasonably infer from the circumstances that the patient does not object to the disclosure. For example, if a patient brings a spouse into a physician's office to discuss a treatment, the physician can infer that the patient does not object to disclosing this information to the spouse.

If the patient is not present, patient health information should not be communicated to any other person unless the patient has provided specific authorization. It is permissible to state: "The patient has provided us with a contact person, and it is our policy to communicate health information about the patient through this person." If the inquiring party is not listed as the contact person, it is necessary to obtain patient permission prior to any releases.

In the event of emergency or the patient is incapacitated, the provider can determine whether a disclosure is in the patient's best interest. In such cases, the information to be disclosed should only be that information directly relevant to the person's involvement with the patient's health care. For example, if a person brought a patient to the Emergency Department and the patient has suffered a heart attack, it is permissible to provide updates to that person on the patient's progress and prognosis when the patient is incapacitated and unable to make decisions about such disclosures. Alternatively, if there is reasonable belief that a patient is a victim of abuse and the provider further believes that the person seeking the information may have abused the patient, it would not be in the patient's best interest to release the information.

As a general guideline, ascertain if a patient has assigned their rights to make health care decisions to another individual through a durable power of attorney. Once legal proof of that individual's authority has been presented, information may be released to that individual. If there is no such document, information may be released to the patient's next of kin. When there is a question whether a disclosure is appropriate, it is advisable to contact Fran Miranda in Risk Management at (610) 402-2803 or Mary Ann La Rock, Corporate Compliance Officer, at (610) 402-9100.

For a copy of the complete policy, please contact Janet M. Seifert in Medical Staff Services at (610) 402-8590.

News from the HIM Department

Electronic Historical Medical Record (EHMR)

The Health Information Management and Information Services Departments have been working on a system upgrade to improve some of the system functionality and ease in processing medical records from paper to electronic images. The majority of changes affect process efficiencies in the HIM Department. Users will see little or no difference between the current system and the upgrade.

In order to accomplish this, from Thursday, March 6, through Sunday, March 9, the system will be placed in a "read only" mode. This means that no new medical record documentation will be added to the EHMR system during this time.

- Electronic medical records for discharges occurring up to March 6 may be accessed on line.
- A short downtime of approximately four hours will occur on Sunday, March 9, prior to completion of the upgrade. Specific times will be published via the IDX Broadcasting Messaging system.
- During the "read only" phase, HIM will have the ability to print and fax records from the system for continuity of patient care.
- Paper medical records will be available for discharges from March 6 through March 9 by calling (610) 402-3876.
- Physicians will NOT be able to complete medical record deficiencies from March 6 through March 9.

Physicians and clinicians may access the HIM web site to view the updated computer based training (CBT) program. To access the web site, go to the LVHHN home page, click "departments," click "clinical," click "HIM (Medical Records). Once you access the web page, choose the "Electronic Record Completion" or "Electronic Historical Record Access" tutorial.

If you have any questions regarding the upgrade, contact Susan Cassium, HIM Document Imaging Applications Specialist, at (610) 402-3864.

Pre-Admission Forms

Medical record forms are continually being updated to assure that all documentation requirements are being met. The upper right hand corner of the hospital form is used for patient identification. No other information should be included in this section except patient identification data (name, medical record number, etc.). The newer forms are bar coded to facilitate efficient electronic medical record processing.

Frequently used pre-admission forms include:

*Ambulatory History and Physical	MRD 60 Rev 7/01
*History and Physical	MRD 03 Rev 10/00
Consent for Procedure	MRD 04 Rev 10/02

Take a few minutes to review your supply of pre-admission forms. If they do not contain a bar code, you may order them directly from Consolidated Graphics via Pic n Pac or through the Physician Liaisons. Pre-admission chart forms ordered through Pic n Pac should be charged to Cost Center 907.

*According to regulatory documentation guidelines, histories and physicals must be performed within 30 days of patient admission/procedure.

Physician Copies of Medical Reports

Immediately following transcription of medical reports, complimentary continuity of care copies are electronically routed to the attending, referring, primary care/family physicians as well as the surgeons. Since mailing copies may result in delay in patient care, the process of mailing copies to physicians on the LVHHN Medical Staff will be discontinued. However, copies will be mailed to referring physicians who are NOT on the LVHNN Medical Staff if the physician indicates in his/her dictation to forward the copies.

If you are not receiving copies of transcribed reports electronically, please contact Marianne Lucas, Transcription Coordinator, at (610) 402-3863 to set up the process.

Change in Hours of Operation at LVH-Muhlenberg

The electronic medical record was implemented nearly two years ago at LVH-Muhlenberg. Since that time, physicians and clinicians have been able to access medical record documentation on line. As a result of efficiencies gained through the on-line medical record, and decreased usage of the physical Medical Record Department, the hours of operation are being reduced. Effective March 3, the hours of operation for Health Information Management at LVH-M will be Monday through Friday, 7:30 a.m. to 4 p.m. After hours, physicians may access the HIM Department with their photo ID badge.

If you have any questions regarding these issues, please contact Zelda Greene, Director, Health Information Management, at (610) 402-8330.

News from the Libraries

Nationwide-Libraries Facing Crisis Impact on LVHHN Physicians

The library subscription business has recently been plagued with a situation similar to the "Enron" debacle. Divine Inc. siphoned monies from its subsidiary RoweCom/FAXON to invest in start up companies and do some other "innovative and creative" things. RoweCom/FAXON was to have placed subscription orders for libraries all across the country with the monies paid to them by these libraries. Instead the monies ended up in Divine's coffers and have magically disappeared.

This will have tremendous impact on over 3,500 libraries, including those at Lehigh Valley Hospital. There has already been a decrease in the number of journals the LVH Libraries have received for 2003. Some publishers are willing to send a "grace issue" until a viable solution emerges. Already one buyer has backed down, a second has filed a letter of intent to buy RoweCom/FAXON, but no firm commitment has been made.

We are monitoring the labels on our journals very carefully, and of course, hope that some company ultimately buys Rowecom/FAXON and helps us salvage most of our orders.

Although the LVH Library received a list of journal titles that were supposedly ordered, it has been discovered that many of them were not. The Library will accept donations for these particular journals. Please do not throw away issues from your personal subscriptions as they might prove useful to the libraries in the near future.

Due to this crisis, the Library staff anticipates some difficulties or delays in retrieving articles that may be requested due to journals that have not arrived. Your patience and understanding during this time is appreciated.

Ovid Training

To arrange for instruction in the use of OVID's MEDLINE and its other databases, please contact Barb Iobst at (610) 402-8408.

Recently Acquired Publications

Library at 17th & Chew

AJCC. Cancer Staging Manual. 2002
Gershman. Geriatrics. 2002

Library at Cedar Crest & I-78

Silberman. Surgical Oncology. 2002
Hanno. Clinical Manual of Urology. 2001

Library at LVH-Muhlenberg

Lewis-Hall. Psychiatric Illness in Women. 2002
Emergency Nurses Assoc. Sheehy's Emergency Nursing. 2003

Please forward new book suggestions to Barbara Iobst at the Cedar Crest & I-78 Library.

Clinical Nutrition Update

Nutrition Education and Medicare

Diabetes, pre-dialysis and post-transplant nutrition education for your patients is now reimbursable by Medicare. Patients meeting the following diagnostic criteria will qualify for reimbursement:

- Fasting Glucose Tolerance Test (>126mg/dl)
- Glomerular Filtration Rate (13-15 ml/min/1.73 m2)

The labs listed above are denoted on the Physician Referral Form, which is attached on Page 20. Please feel free to make copies of the form for your use.

Nutrition assessment, education and regular follow-up with a Medicare credentialed Registered Dietitian are now available for your patients in the Center for Health Aging located at 17th & Chew. Patient registration is available by calling (610) 402-CARE. A physician referral is required.

Clinical Nutrition Services Formulary Changes

- Nutrashakes made by Ross are being discontinued and will be replaced with Healthshakes made by Novartis
- Free Amino Acid (FAA) elemental tube feeding made by Nestle is being discontinued and will be replaced by Vivonex as the house elemental formula.

If you have any questions regarding either of the Clinical Nutrition issues, please contact Kimberly Pettis, RD, Clinical Nutrition Director, at (610) 402-8609.

Interpreter Services

For non-English speaking patients, a 24-hour phone line interpreter service is available for inpatients, Emergency Department patients, and clinic patients at LVH and LVH-M. This service is accessible via any phone by dialing 1-800-892-5062. It is staffed by certified medical interpreters and covers over 140 languages. Once accessed, the caller must provide their cost center and state the requested language. Billing for this service is automatically sent to the Patient Representative Office.

For hearing impaired individuals, a list of paid interpreters is available on the Interpreter Bulletin Board. The unit calls to arrange for the interpreter. To access the Bulletin Board, open GUI e-mail; click on Bulletin Board and scroll to Interpreters. Also included on this list are the names and units of employee volunteers.

If you have any questions regarding Interpreter Services, please contact Janet Snyder in the Patient Representative Office, Monday through Friday, from 8 a.m. to 4:30 p.m., at (610) 402-8222. During non-business hours, please contact the nursing supervisor via the page operator.

Congratulations!

Robert X. Murphy, Jr., MD, Division of Plastic Surgery/Hand Surgery, Section of Burn, took the oath of office as the 151st President of the Lehigh County Medical Society at the Exchange of the Gavel ceremony held on January 28.

Daniel E. Ray, MD, Fellowship Director, Pulmonary-Critical Care, and **Gregory R. Harper, MD, PhD**, Physician in Chief, Cancer Services, John & Dorothy Morgan Cancer Center, were recently notified by the American Board of Hospice and Palliative Medicine that they have received certification in Hospice and Palliative Medicine. Drs. Ray and Harper join more than 1,200 fellow physicians in North America who have achieved this certification; however, they are only two of only 30 in Pennsylvania, and two of only three in the Lehigh Valley.

Palliative medicine is the medical discipline of the broad therapeutic model known as palliative care. The discipline and model of care are devoted to achieving the best possible quality of life for the patient and family throughout the course of a life-threatening illness through the relief of suffering and the control of symptoms.

The American Board of Hospice and Palliative Medicine was formed in 1995 to establish and measure the level of knowledge, attitudes and skills required for certification of physicians practicing hospice and palliative medicine. Eligibility requirements for certification are significant. In order to be eligible to sit for the certifying examination, applicants must have received prior major specialty certification, practiced at least two years following residency, worked as a member of an interdisciplinary team for at least two years and have directly participated in the active care of at least 50 terminally ill patients in the preceding three years. Alternatively, applicants must have completed specialty fellowship training in palliative medicine. The fellowship training program must be at lease one year in length and must meet the established voluntary standards for such a program.

Papers, Publications and Presentations

Geoffrey G. Hallock, MD, Division of Plastic Surgery/Hand Surgery, Section of Burn, recently had an article published in the ***Journal of Plastic and Reconstructive Surgery*** that was selected as the continuing medical education paper for the month of January. The article, "Direct and Indirect Perforator Flaps: The History and the Controversy," described the history of the evolution of flaps used in everyday practice by all plastic surgeons as they have continued to improve over the years.

Peter A. Keblish, Jr., MD, Division of Orthopedic Surgery, Section of Ortho Trauma, was an invited guest faculty for the Third Basel International Knee Congress and Instructional Course held in Basel, Switzerland. Dr. Keblish presented a paper titled "25 Years of Meniscal Bearing Knee Arthroplasty." The Congress was attended by over 600 international, primarily European, orthopedic surgeons and was in honor of the 70th birthday of Dr. Werner Muller, a well-known orthopedist and author of one of the "bibles" of soft tissue regarding the knee, titled "The Knee."

Dr. Keblish was also author of a scientific publication in the ***American Journal of Knee Surgery*** titled "Lateral Approach to the Knee." The section was devoted to surgical approaches in total knee arthroplasty.

Additionally, Dr. Keblish was co-author of a scientific poster exhibit at the American Academy of Orthopedic Surgeons annual meeting in New Orleans, La. The exhibit was titled "Autologous Patella Reconstruction During TKA in Patellectomized Patients - Isokinetic Strength After 6 to 12 Years."

Indru T. Khubchandani, MD, Division of Colon and Rectal Surgery, was a Visiting Professor at Al Khaliffa University in Abu Dhabi, United Arabic Emirates from January 3 to 10. Dr. Khubchandani was invited to instruct the faculty and to provide consultation for complex anorectal and colon cancer patients.

Continued on next page

He also performed stapled hemorrhoidectomy and demonstrated surgical techniques of complex fistulotomy and rectocele repair. In addition, from January 12 to 19, Dr. Khubchandani participated at the meeting of the Association of Colon and Rectal Surgeons of India. He lectured at Bombay Hospital, and demonstrated live surgery on three patients with stapled hemorrhoidectomy.

Stanley J. Kurek, Jr., DO, Chief, Section of Pediatric Trauma, and **Michael D. Pasquale, MD,** Chief, Division of Trauma-Surgical Critical Care, served as moderators for the plenary sessions at the Eastern Association for the Surgery of Trauma (EAST) 16th Scientific Assembly, January 15-18, 2003, titled, "Practice Management Guidelines: Management of Hypothermia" and "Practice Management Guidelines: Management of Pediatric Solid Organ Injuries." At the EAST meeting, Drs. Kurek and Pasquale also presented the poster titled, "Blunt Colonic Injury: Results from the EAST Multicenter Study of Hollow Viscous Injury." In addition, **Jayme Lieberman, MD,** general surgery resident, and Dr. Pasquale presented "Utilizing Admission GCS and Pupil Size/Reactivity in Determining Outcome in Trauma Patients."

M. Todd Miller, MD, general surgery resident, **Michael D. Pasquale, MD,** Chief, Division of Trauma-Surgical Critical Care, **Thomas E. Wasser, PhD,** research scientist, Department of Health Studies, and **John F. Cox, MD,** Chief, Section of Orthopedic Radiology, co-authored the article, "Not So Fast," which appeared in the January issue of the ***Journal of Trauma Injury, Infection, and Critical Care***.

Christopher J. Morabito, MD, Chief, Division of Neonatology, recently taught an upper-level psychology course at Moravian College titled "Developmental Implications of Medical Technologies."

James M. Ross, MD, Division of Rheumatology, was the lead author of the publication titled, "Association of Heterozygous Hemochromatosis C282Y Gene Mutation with Hand Osteoarthritis". The article was published in the January 2003 issue of ***The Journal of Rheumatology***.

Michael C. Sinclair, MD, Section of Cardiac Surgery/Thoracic Surgery, presented his paper, "Axillary Artery Cannulation for Cardiopulmonary Bypass: Safeguards and Pitfalls," at the University of Innsbruck in Austria in January.

Prodromos A. Ververeli, MD, Chief, Division of Orthopedic Surgery, was a participant at the annual meeting of the American Academy of Orthopedic Surgeons held on February 7. At the meeting, he lectured to a forum of investigators about the preliminary results of a randomized clinical trial evaluating the high flexion total knee replacement.

Members of the Critical Care Research Program of the Department of Medicine authored a number of poster presentations which were presented at the 32nd Critical Care Congress of the Society of Critical Care Medicine held in San Antonio, Texas, January 28 to February 2. Members of the research team include: **Kathleen Baker, RN**, Critical Care Outcome Research Coordinator; **Jane Dorval, MD**, Chief, Division of Physical Medicine-Rehabilitation; **Susan Golden, PT**, Physical Therapist; **Stephen C. Matchett, MD**, Chief, Division of Critical Care Medicine; **Thomas Wasser, PhD**, Research Scientist, Department of Health Studies; **Kenneth Miller, RRT**, Educational Coordinator, Respiratory Therapy; **Michael D. Pasquale, MD**, Chief, Division of Trauma-Surgical Critical Care; **Daniel E. Ray, MD**, Medical Director, Special Care Unit.

The titles of the presentations and the individuals who presented them include:

- "Poor Performance of a State-Mandated Severity Adjustment System in Critically Ill Patients: Implications for Public Policy" - Stephen C. Matchett, MD
- "Safety and Efficacy of MMV/ATC for the Weaning of Post-Operative Open-Heart Patients: A Pilot Study" - Daniel E. Ray, MD
- "Reliability of the In-Home Physical Therapist Versus Telephone Administered Functional Independence Measure (FIM)" - Thomas Wasser, PhD (Nominated for Scientist Research Award)
- "Validation of the Critical Care Family Satisfaction Survey (CCFSS) in 7 Adult and 2 Pediatric ICU Environments" - Thomas Wasser, PhD
- "Objectively Measured Functional Status 90 Days After Critical Illness in Medical ICU Patients" - Stephen C. Matchett, MD
- "Total Score Validation for the Critical Care Family Satisfaction Survey (CCFSS)" - Thomas Wasser, PhD

Upcoming Seminars, Conferences and Meetings

General Medical Staff Meeting

The quarterly meeting of the General Medical Staff will be held on **Monday, March 10**, beginning at **6 p.m.**, in the hospital **Auditorium, Cedar Crest & I-78**, and via videoconference in the **First Floor Conference Room at LVH-Muhlenberg.**

Plan to be there for some rewarding news about CAPOE!

Continued on next page

Win a Check for Free Dues!

ATTENTION:
Medical Staff Members

In an effort to increase attendance at the General Medical Staff meetings, a drawing will be held following the March meeting for FREE Medical Staff Dues* for a year!

Drawing Details Include:
- Arrive by 6:20 p.m.
- Receive a ticket
- Deposit ticket in box after meeting
- 3 lucky winners

Plan to attend the General Medical Staff Meeting on Monday, March 10, 2003, beginning at 6 p.m. The meeting will be held in the Auditorium (Cedar Crest & I-78) and First Floor Conference Room (LVH-M).

Amount will be based on actual dues charged, e.g., for FY 2003, the dues amount for active staff was $350.00.

LEHIGH VALLEY HOSPITAL AND HEALTH NETWORK

Computer-Based Training (CBT)

The Information Services department has computer-based training (CBT) programs available for 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	Excel 97
Word 97	GUI Email	
PowerPoint 97	PowerPoint 4.0	

Computer-based training takes place in **Information Services (Educational Room) at 1245 S. Cedar Crest Blvd., First Floor** and in the **Lehigh Valley Hospital-Muhlenberg I/S training room** (*off the front lobby*). The schedule of upcoming classes is as follows:

2003 CBT Sessions for 1245SCC (Educational Room):
(All sessions will be held from 8 a.m. to noon)

March 20	March 25	April 22
May 27	June 24	July 22

2003 CBT Sessions for LVH-Muhlenberg, I/S Training Room:
(All sessions will be held from noon to 4 p.m.)

March 20 (Cancelled)	April 17	May 15
June 19	July 17	

Twelve slots are available for 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.

Emergency Medicine Grand Rounds

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

March 6 - LVH-Muhlenberg, Banko Building Rooms 1 & 2
- Pediatric Case Review
- "The New Standard of Care in Acute Coronary Syndrome"
- Update on STD's

March 13 - LVH-Muhlenberg, 4th Floor Conference Room
- Resident Case Presentation
- Psych Topics
- PERLS from the Chair
- Tintinalli (pages 1661-1699)

March 20 - EMI - 2166 S. 12th Street
- Case Conference
- Routine/Difficult Airway
- Failed Airway Protocol
- Lab

March 27 - LVH-Muhlenberg, 4th Floor Conference Room
- Who Wants to be an ED Physician
- Resident Case Presentation
- Tintinalli (pages 1699-1739)

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

Continued on next page

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 LVH-Muhlenberg. Topics to be discussed in March will include:

- March 4 - "Update on Liver Transplantation"
- March 11 - "Update in Neurology"
- March 18 - "Achieving and Maintaining Cognitive Vitality with Aging"
- March 25 - "Prognosis in Chronic Disease: Polish for a Murky Crystal Ball"

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

Department of Pediatrics

Pediatric conferences are held every Tuesday beginning at 8 a.m. Pediatric conferences are held in the Education Conference Room 1 at Lehigh Valley Hospital, Cedar Crest & I-78, unless otherwise noted. Topics to be discussed in March will include:

- March 4 – "A Public Update on the Smallpox Vaccination Program and Public Health Emergency Preparedness" – **Location Change – Cedar Crest & I-78 Auditorium**
- March 11 – "Upper Airway Obstruction"
- March 18 – Case Presentation
- March 25 – Senior Resident Presentation

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

Doctors' Day Celebration!

In honor of **Doctors' Day**, there will be a brunch buffet for members of the Medical Staff on **Tuesday, March 25**, from **11 a.m. to 1:30 p.m.**, in the **Medical Staff Lounges** at **Cedar Crest & I-78** and **LVH-Muhlenberg**.

Please mark your calendar!

Who's New

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

Medical Staff

New Appointments

Vu Nguyen, DO
Family Doctor, Inc.
1040 Chestnut Street
Emmaus, PA 18049-1903
(610) 966-5549
Fax: (610) 967-0204
Department of Family Practice
Provisional Affiliate

Sally Ann Rex, DO
Health Dimensions
1343 Easton Avenue
Bethlehem, PA 18018-2624
(610) 866-0900
Department of Family Practice
Provisional Affiliate

Nicholas M. Romano, Jr., MD
104 S. Second Street
Bangor, PA 18013-2504
(610) 588-3133
Fax: (610) 588-5138
Department of Family Practice
Provisional Affiliate

Practice Change

Wayne E. Dubov, MD
(No longer with Good Shepherd Physician Group)
Orthopaedic Associates of Allentown
1243 S. Cedar Crest Blvd., Second Floor
Allentown, PA 18103-6268
(610) 433-6045
Fax: (610) 433-3605
(Effective March 1, 2003)

Address Changes

T.A. Gopal, MD
Allentown Medical Center
401 N. 17th Street, **Suite 312**
Allentown, PA 18104-5051
(610) 432-9003
(Effective March 10, 2003)

Continued on next page

Sethuraman Muthiah, MD
Eastern Poconos Internal Medicine, PC
419B King Street
East Stroudsburg, PA 18301-1206
(570) 424-2025
Fax: (570) 424-2028

Status Changes

Lori A. Barnett, DPM
Department of Surgery
Division of Podiatric Surgery
From: Affiliate
To: Provisional Active

Leigh S. Brezenoff, MD
Department of Surgery
Division of Orthopedic Surgery
From: Affiliate
To: Provisional Active

Michael F. Busch, MD
Department of Surgery
Division of Orthopedic Surgery
From: Affiliate
To: Provisional Active

Emil J. Dilorio, MD
Department of Surgery
Division of Orthopedic Surgery
From: Affiliate
To: Provisional Active

Edwin S. Hart, DPM
Department of Surgery
Division of Podiatric Surgery
From: Associate
To: Active

Wayne T. Luchetti, MD
Department of Surgery
Division of Orthopedic Surgery
From: Affiliate
To: Provisional Active

Raymond E. McCarroll, DPM
Department of Surgery
Division of Podiatric Surgery
From: Affiliate
To: Provisional Active

Meinardo R. Santos, Jr., DPM
Department of Surgery
Division of Podiatric Surgery
From: Affiliate
To: Provisional Active

Edward A. Schwartz, DPM
Department of Surgery
Division of Podiatric Surgery
From: Affiliate
To: Provisional Active

One-Year Leave of Absence

Ann M. McGeehan, MD
Department of Radiology-Diagnostic Medical Imaging
Division of Diagnostic Radiology
From: Provisional Active
To: Provisional Active/LOA

Resignations

Fred J. Bonacci, DMD
Department of Dental Medicine
Division of General Dentistry
Christian F. Sorensen, MD
Department of Family Practice

Allied Health Professionals

New Appointments

James Hamershock
Anesthesia Technical Assistant
(Lehigh Valley Anesthesia Services, PC - Thomas M. McLoughlin, Jr., MD)

Resignations

Jennifer A. Fitzgerald-Zaner, CRNP
Certified Registered Nurse Practitioner
(Lehigh Valley Hospital)

David G. Kane, PA-C
Physician Assistant-Certified
(Orthopaedic Associates of Bethlehem, Inc.)

Jane M. Lahovski, RN
Registered Nurse
(Lehigh Valley Medical Associates)

The Last Word...

Tips and Techniques for the Lastword™ User, by Kim Szep, RN, BSN

March, 2003 – Volume 2, Issue 5

Ordering Multiple KCL Boluses

To order multiple potassium boluses for your patient easily in the *CAPOE* system, click on the *Orders* tab from the *Physician Base* screen. On the *CAPOE Order Pad*, click on the *Fluids/Lytes* button. All the possible choices in this category will display. The potassium order set is listed as both *KCL IV BOLUSES* and *POTASSIUM CL IV BOLUSES*. Scroll down or type the beginning letters anywhere in the choice field (see Figure 1). Double click on the order to place it into the *Unprocessed Orders* box, then click the *Process Orders* button. The *POE – POTASSIUM IV BOLUSES* order set will display (see Figure 2). The KCL strengths and volume choices will display. Place an *X* in the box next to your choice by single clicking. Note, the default is one bag. If you wish to have more than one bag administered to the patient, change the number in the # *Bags* field. Click on the drop down arrow and double click on your choice, or delete the current number and type your choice into the field. When finished, click on the *Complete* button. The *Place a Parenteral Medication Order* screen will display (see Figure 3). Ensure that your choices are correctly reflected, and then click the *Place This Order* button.

To review the orders you have just placed, click on the *Back* button on the bottom of the *CAPOE Order Pad*. Click on the *Orders* chart tab to review the orders. They will have a category of *MEDS*, and be followed by a description of the medication, including the number of boluses to be administered.

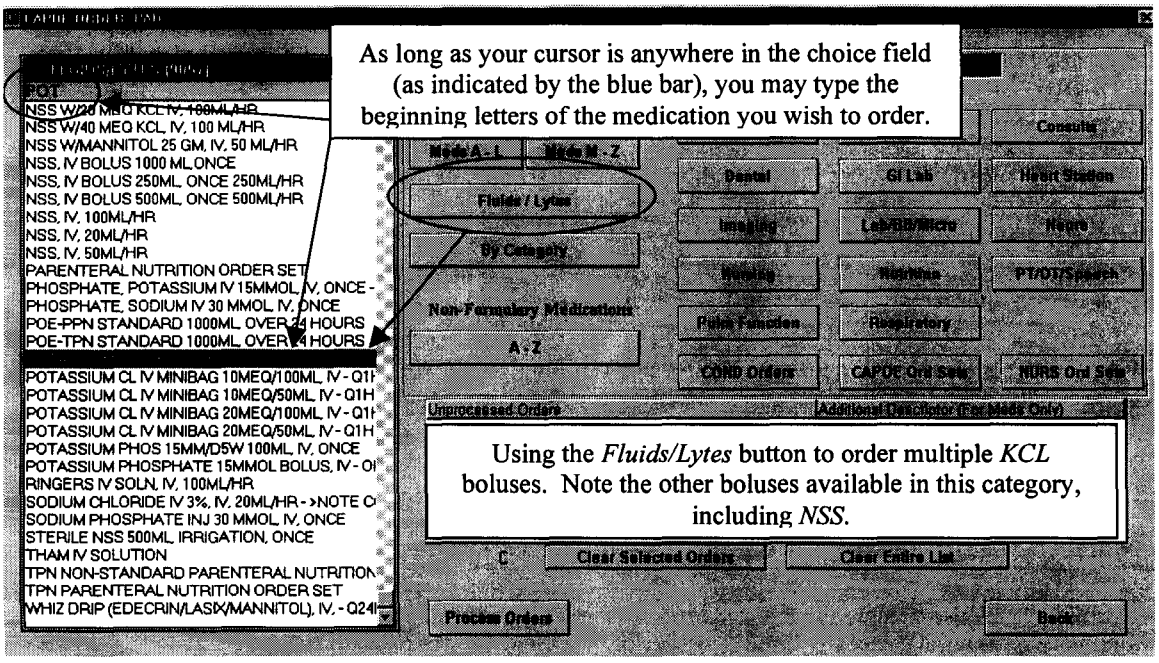


Figure 1 – Using an order set to infuse multiple KCL boluses

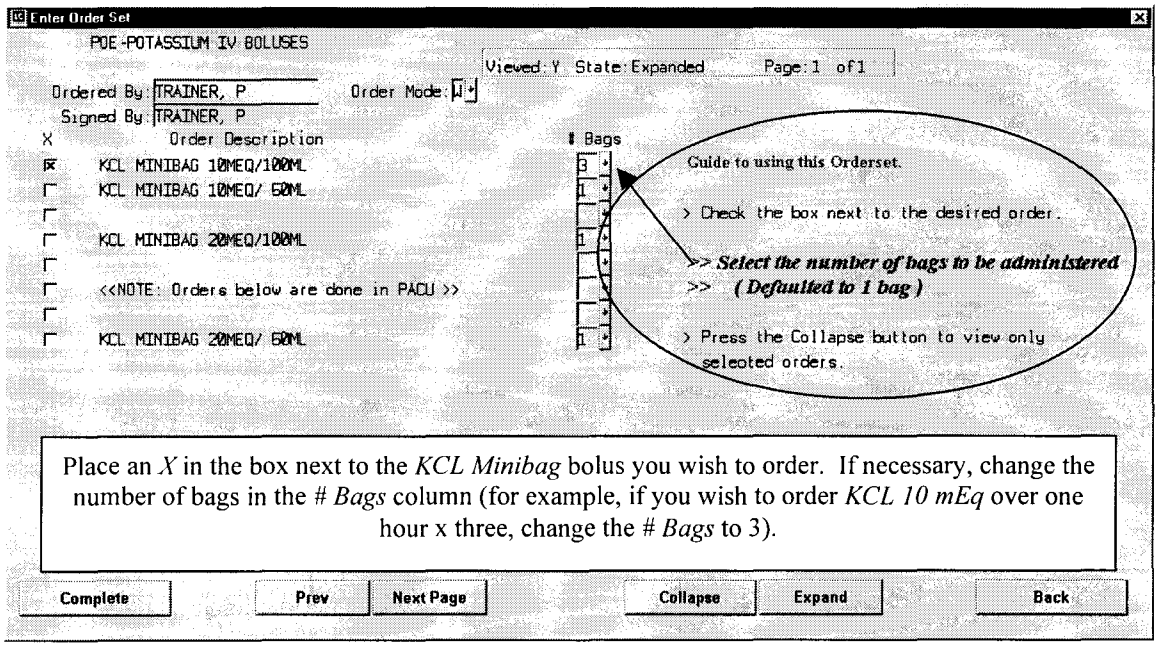


Figure 2 – Choosing the *KCL* bolus strength and number of bags to be infused.

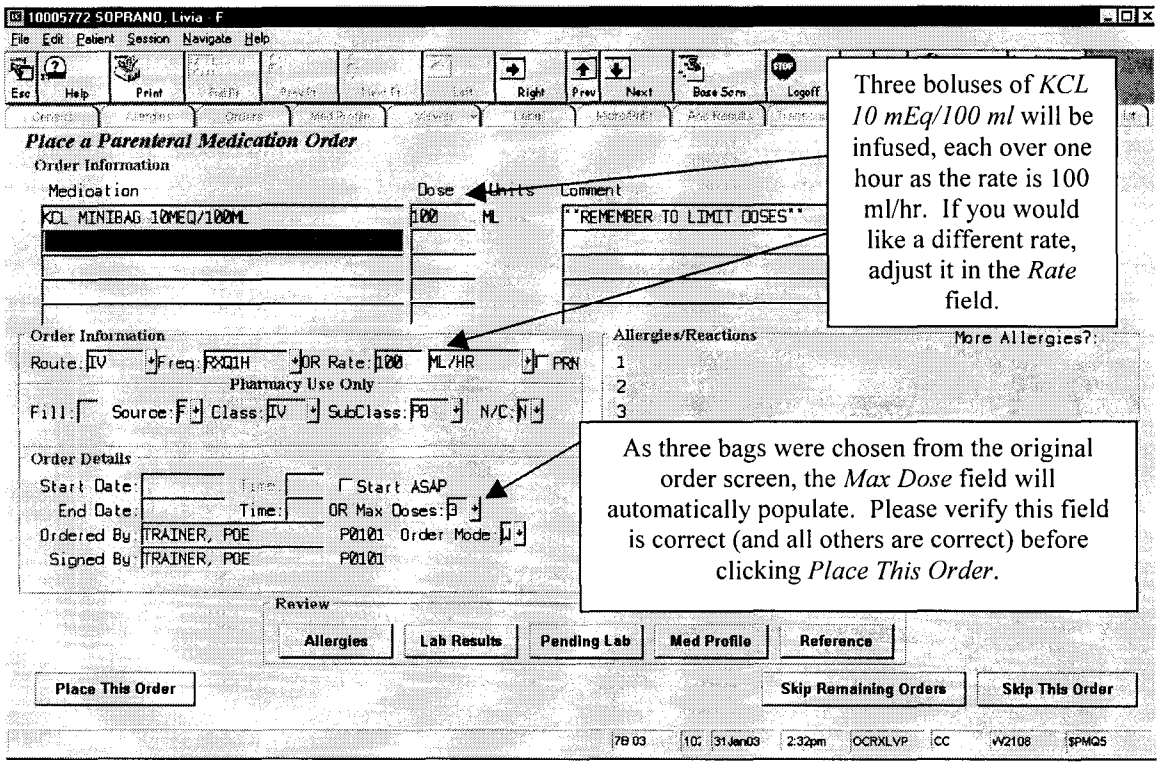


Figure 3 – The last step of placing the KCL bolus order set

Ordering Insulin Sliding Scales by Sensitivity

Order sets for insulin sliding scales by sensitivity, including regular and novolog, are a new addition in the CAPOE system. To use these new orders, click on the *Orders* tab from the *Physician Base screen.* Under *Formulary Medications*, click on the *A-L* button. Locate the insulin orders by either scrolling to the *I* section of the list, or by typing "insulin" in the choice display box. Double click on the ***INSULIN SS BY SENSITIVITY*** order. Process the order in the usual fashion. The *Enter Order Set*, **POE - *INSULIN SS BY SENSITIVITY*** screen will appear (see Figure 4). Choose the appropriate mg/dl coverage for the patient by placing an *X* in the box, then click on the *Complete* button. The *LEHIGH VALLEY HOSPITAL - CAPOE CLINICAL REFERENCE Insulin Sliding Scale for Calculated Sensitivity Factor* (followed by your choice) will display (see Figure 5). This screen contains valuable information regarding how to calculate a patient's insulin sensitivity factor, and displays the corresponding blood glucose values and insulin coverage scale. Once you have reviewed this screen, click *Back.* The *Place a Medication Order* screen will display (see Figure 6). Please review for accuracy, but please do not change the dose range. When finished, click *Place this Order.* Should you desire a different insulin sliding scale, we suggest you do not use this order set. Access the appropriate sliding scale option either under the *CAPOE Ord Sets* button, or under *Formulary Medications* on the *A-L* button. To review the order you have just placed, click on the *Back* button on the *CAPOE Order Pad.* From the *Physician Base* screen, click on the *Orders* chart tab. The *CAPOE Order Profile* will display. The order will have a category of *MEDS*, and be followed by the insulin order.

I Need Help...

Should you encounter difficulties or have questions while entering CAPOE orders, please call the **CAPOE Help Line at x8303, option #9.** Enter your call back number and your call will be returned by the on-call CAPOE team member. If you have not used CAPOE in a while and would like a refresher or would like someone to round with you, please contact one of the Educators.

Lynn Corcoran-Stamm – x1425
Carolyn K. Suess, RN – x1416
Kim Szep, RN – x1431

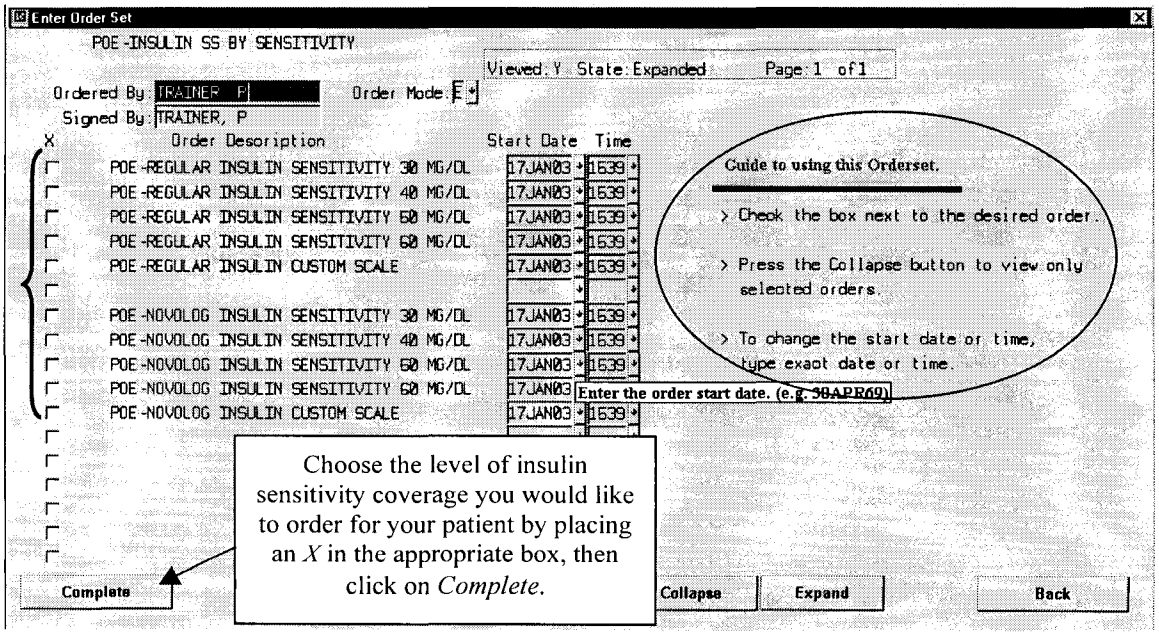
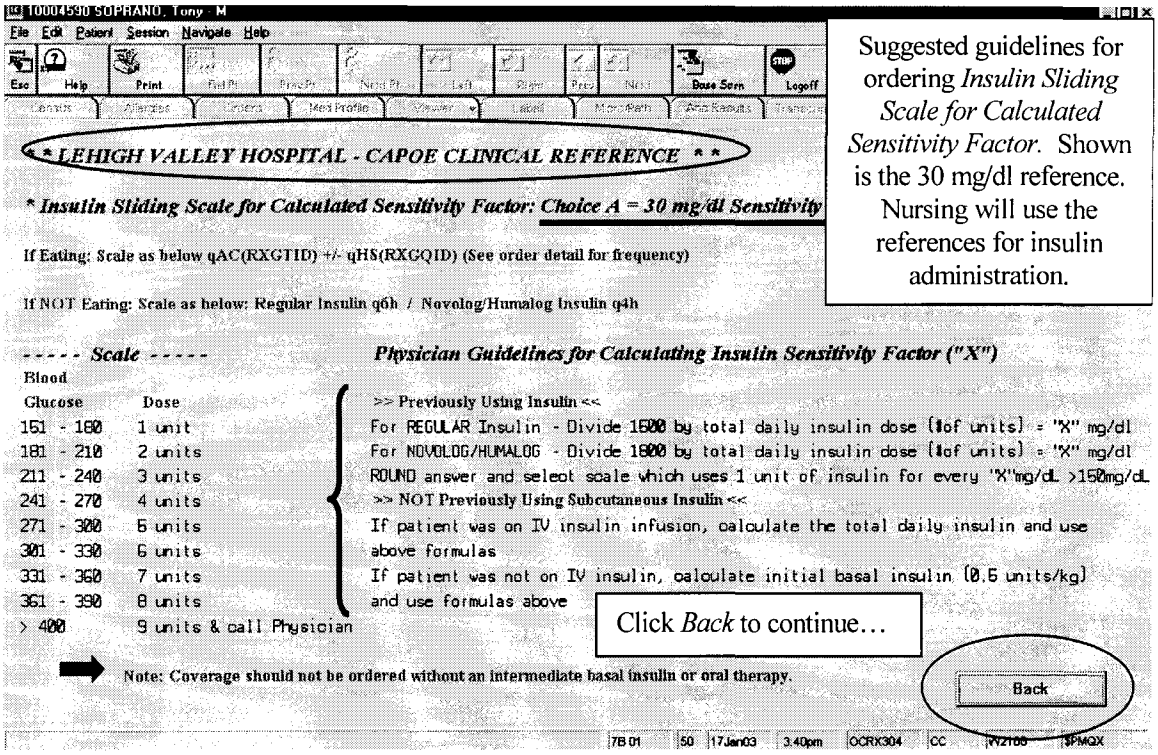


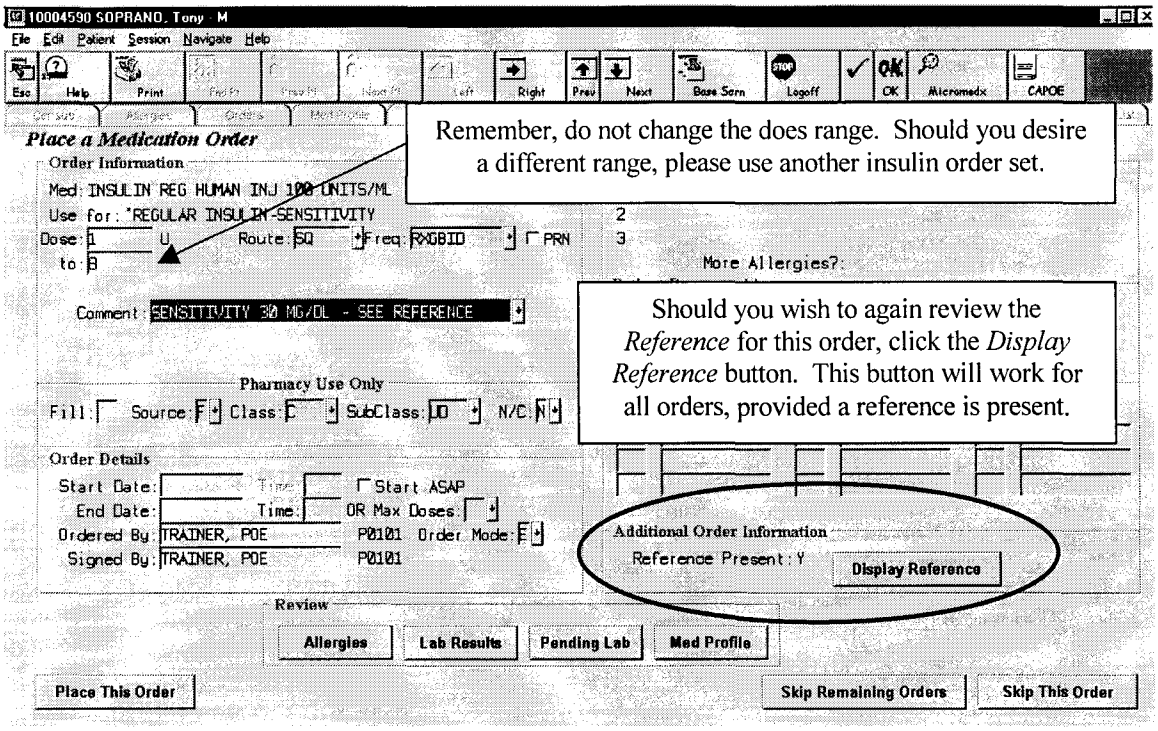
Figure 4 – Choosing an Insulin sliding scale by sensitivity



Suggested guidelines for ordering *Insulin Sliding Scale for Calculated Sensitivity Factor.* Shown is the 30 mg/dl reference. Nursing will use the references for insulin administration.

Click *Back* to continue…

Figure 5 – The reference screen for ordering insulin sliding scale by sensitivity



Remember, do not change the does range. Should you desire a different range, please use another insulin order set.

Should you wish to again review the *Reference* for this order, click the *Display Reference* button. This button will work for all orders, provided a reference is present.

Figure 6 – Placing the insulin order

Policy: Administrative
Subject: Non-Punitive
Patient Safety Program

Non-Punitive Patient Safety Program

I. Policy

It is the policy of Lehigh Valley Hospital and Health Network (LVHHN) to support the Culture of Safety through a Non-Punitive approach to Event Reporting.

II. Purpose

- To encourage open and honest reporting of actual/potential injuries/errors or hazards to patients, visitors and staff.
- To limit disciplinary action to those individuals who are involved in events (outlined in Procedure Item #3).
- To facilitate education and problem resolution through forthright disclosure to process failure and/or human error.

III. Scope

Medical and Dental staff, Allied Health Professionals not employed by LVHHN and Employees within LVHHN.

IV. Definitions

Near Miss - any error that was identified and resolved before it reached a patient.

Serious events – refer to Event Report Policy

Non-Punitive - no punishment or disciplinary action imposed.

System- an established way of doing a procedure.

Malicious Behavior – a willful disregard of the employers interest; a deliberate violation of the employers rules; disregard of standards of behavior which the employer has the right to expect, or negligence to such a degree which demonstrates wrongful intent or intentional or substantial disregard of the employers interests or the employees duties or obligation.

V. Procedure

1. Events or unusual occurrences, as defined in the Event Reporting policy, shall be reported within 24hr via an Event Report.

2. Reports will be completed by the healthcare worker who is involved in, witnesses, or discovers an event or unusual occurrence, particularly those, which pose a safety hazard.

3. Employees will not be subjected to a disciplinary action EXCEPT as follows:

   a. Event is not reported within 24hrs of discovery of the event or unusual occurrence in accordance with Act 13 (MCARE)
   b. Event involves sabotage, malicious behavior, chemical impairment or criminal activity.
   c. False information is provided on the Event Report or in follow-up investigation.
   d. An employee fails to respond to educational efforts and/or fails to participate in the education or other preventive plan, and/or fails to follow remediation recommendations.

4. Employees who meet any of the "Exceptions" listed in #3 will be subject to disciplinary action in accordance with Human Resources policy and procedures.

VI. Attachments

None

VII. Distribution

Administrative Manual

VIII. Approval

Signature	President and CEO Title	1/2/03 Date
Signature	President, Medical Staff Title	1/5/03 Date
Signature	Sr. Vice President Patient Care Services Title	1-2-03 Date

IX. Policy Responsibility

Legal Services

X. References

2002 Medical Care Availability and Reduction of Errors (Act 13)

XI. Disclaimer Statement

This policy and the implementing procedures are intended to provide a description of recommended courses of action to comply with statutory or regulatory requirements and/or operational standards. It is recognized that there may be specific circumstances, not contemplated by laws or regulatory requirements that make compliance inappropriate. For advice in these circumstances, consult with the department of Risk Management/Legal Services.

XII. Revision Dates

Origination: November 2002
Revision/Revise:

LEHIGH VALLEY HEALTH NETWORK
OUTPATIENT MEDICAL NUTRITION THERAPY (MNT)
PHYSICIAN REFERRAL FORM

Patient's name: _____ Med Rec #:_____ DOB:_____
Daytime phone:_____ Current Ht_____ Wt_____ SS#:_____

STEP ONE: Circle CPT code and add 5th digit

Diagnosis and diagnosis code(s):

250.0____ diabetes w/o complication
250.1____ diabetes w/ketoacidosis
250.2____ diabetes w/hyperosmolarity
250.3____ diabetes w/other coma
250.4____ diabetes w/renal manifestations
250.5____ diabetes w/ophthalmic manifestations
250.6____ diabetes w/neurological manifestations
250.7____ diabetes w/peripheral circulatory disorders
250.8____ diabetes w/other specified manifestations
250.9____ diabetes w/unspecified complication
585 Chronic renal failure
593.9 Unspecified disorder of kidney and ureter
V42.0 Status post renal transplant

***FIFTH DIGIT FOR DIABETES MELLITUS**

0	type II [non-insulin dependent] [NIDDM type] [adult onset] or unspecified type, not stated as controlled
1	type I [insulin dependent type] [IDDM] [juvenile type], not stated as uncontrolled
2	type II [non-insulin dependent type] [NIDDM type] [adult-onset type] or unspecified type, uncontrolled – use with type II adult-onset diabetic patients, even if the patient requires insulin
3	type I [insulin dependent type] [IDDM] [juvenile type], uncontrolled

other:_____

STEP TWO: Fill in Lab Result for Medicare Diagnostic Criteria or Medical Necessity:

_____Fasting Glucose Tolerance Test (>126mg/dl)
_____Glomerular Filtration Rate (13-15 ml/min/1.73 m2)

Other pertinent labs:_____

Additional dietitian hours above Medicare allotment is reimbursable when they are medically necessary due to: *(please check as appropriate)*

____Change in diabetes condition (*ie. Converting from oral med to insulin, frequent dietary modification, diabetic complication requiring tighter dietary control, lack of understanding of diet)*
____Change in renal condition *(ie. Significant clinical decrease in renal efficiency, lack of understanding of diet, malnutrition, completed DSMT with need for MNT to address renal condition)*
____Change in diagnosis
____Change in treatment regimen

.....which is documented in the medical record, requiring a change in MNT

STEP THREE: Written Physician Order:

(i.e., RD to provide MNT for.....as a necessary part of the patient's medical tx)

_____

_____

STEP FOUR: Obtain Insurance Information:

Insurance(s): _____
(attach photocopy of card - front and back)

Pre Cert: YES___ NO___ Authorization #:_____

****STEP FIVE: REQUIRED Physician information:**

Print Physician Name:_____

Physician Signature:_____ Date: _____
Physician office number:(___)_____Fax #:(___)_____**UPIN:** _____

FAX this form to the CENTER FOR HEALTHY AGING at 610-402-2627

LEHIGH VALLEY
HOSPITAL AND
HEALTH NETWORK

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

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Medical Staff Progress Notes

Medical Executive Committee

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

Articles should be submitted to Janet M. Seifert, Medical Staff Services, Lehigh Valley Hospital, Cedar Crest & I-78, P.O. Box 689, Allentown, PA 18105-1556, by the 15th of each month. If you have any questions about the newsletter, please call Mrs. Seifert at (610) 402-8590.