In This Issue . . .

We are Magnet! Page 4
Lehigh Valley Hospital to Begin Pancreas Transplants Page 4
News from CAPOE Central Page 5
Lehigh Valley Hospital Opens Anticoagulation Management Service Page 5
Center for Healthy Aging set to open in the Fall Page 6
Restraint/Seclusion Highlights Page 7
?? Mystery Medical Staff Member ?? Page 7
Inpatient Only Procedures -- Medicare Patients Page 8
Infection Control Update Page 8
Physician Assistance Program Page 9
Good Shepherd to Open Rehab Hospital in Bethlehem Page 10
The Last Word Tips and Techniques for the Lastword User Pages 15-18
HIPAA Update Page 19

From the President

It is so simple a remedy, merely service.
Not one ignoble thought or act is demanded of any of all men and women in the world to make fair the world. The call is for nobility of thinking, nobility of doing. The call is for service, and such is the wholesomeness of it. He who serves all best serves himself.
- Jack London 1876-1916

CAPOE -- Coming to a unit near you
Let's review how we got here - and why we are doing this in the first place. Two and a half years ago, the Institute of Medicine first published its startling report on patient safety -- and the number of patient deaths from medical errors. It was reported that the most common errors in a hospital were medication errors: incorrect drug, incorrect dose, incorrect schedule, etc. At LVH, most of these medication errors and adverse drug effects were related to a combination of illegible handwriting (57%) plus mistakes in transcription (18%), dispensing (10%) and administration (13%). Thus, CAPOE has the potential to eliminate 75% of potential medication errors. Recent studies and reviews confirm these conclusions. (What Practices Will Most Improve Safety? Leape, Berwick & Bates. JAMA, July 24/31, 2002.)

After review of healthcare data and outcome studies, the Leapfrog Group (a coalition of over 90 major employers, like AT&T, IBM, GE, GM, etc.) has endorsed CAPOE, among other initiatives, to improve patient safety and to get the most value for their employees from their health care premium dollars. They were recently joined in this effort by the Hospital Corporation of America (HCA) (which owns almost 200 hospitals). CAPOE has been mandated by the California legislature for all hospitals in that state within the next several years. In addition, CAPOE is happening now elsewhere in the Lehigh Valley.

This is not a test or a pilot program. It's the present and the future. I am truly convinced that it is inevitable and is part of a good change that is happening in healthcare. With this in mind, the LVH medical staff should all be focused on making the system work, and we must remember that we are doing it for our patients and their safety. The CAPOE committee of the PHO has made sure that there has been physician input and direction every step of the way. We will own this! We are going to do this together, and we will make every effort to accommodate all physicians in this process. All we ask is a positive attitude.

Continued on next page
There will be the inevitable computer glitches and system problems. Under the leadership of Dr. Don Levick and the CAPOE committee, these are being addressed as they develop. There will be some frustration as physician orders will take longer to enter at the start. There can be some innate frustration in dealing with computers in general. However, the advantages of this system outweigh the difficulties. It is what society expects from a leader. It's where we are going. All of us.

If at first you do succeed, try to hide your astonishment.

- Harry F. Banks

The country’s largest hospital owner has joined a powerful employer coalition that is pressuring the nation’s hospitals to reduce medical errors. HCA Inc., which owns nearly 200 hospitals, joined the Leapfrog Group, a collection of major employers, in an attempt to leverage the billions of dollars they spend annually on employees’ health care into better hospital performance, reported the Wall Street Journal. Using its financial clout, Leapfrog is pushing hospitals to install computerized order and prescription systems to replace doctors’ handwritten notes, to keep an intensive care specialist in the ICU at all times, and to perform certain surgeries only at hospitals that can do high volumes of the procedures, the Journal noted. (Wall Street Journal, June 27, 2002)

Note: LVH is the only local hospital, and among few in Pennsylvania, to win the Leapfrog Group’s award for meeting or exceeding their standards.

DVT Prophylaxis — In the same JAMA article published in July 2002, another strongly recommended patient safety practice with the greatest strength of evidence was appropriate venous thromboembolic prophylaxis. We are recommending this pathway for inclusion in your clinical care.

I skate to where the puck is going to be, not to where it has been.

- Wayne Gretzky

Editorial note: this isn’t just about hockey . . .

Change is becoming a way of life in modern medicine and today’s medical staff needs to accept the changes that benefit our patients and question those that do not. The point is that change is here to stay and may actually be accelerating – sometimes driven by technological changes, genetics, pharmacology, etc. We need to stay mentally nimble and flexible to keep our life-long learning process active. Our education gave us all a framework for continued learning (not intellectual complacency) and this is our challenge...and our stimulus.

We can do this! Physician morale need not suffer from the adjustments needed for the new technology. Ultimately, we will be able to do our jobs more quickly and safely. Harness the power of the technology and your own brain!

When spider webs unite, they can tie up a lion

- Ethiopian proverb

Magnet Status - A Remarkable Achievement for Nursing at LVHHN

In mid-August, it was announced that the American Nurses Credentialing Center had granted LVHHN hospitals Magnet Nursing Services Recognition! LVH is the first full-service hospital to receive the prestigious designation in Pennsylvania, only the second hospital in the state to receive the recognition, and one of only 56 hospitals nationwide to be designated a Magnet organization. This is a truly outstanding accomplishment! Congratulations to the Magnet team and to all the nurses at all sites! We watched this application process unfold with admiration.

The LVH medical staff truly sees nurses as their partners in health care. Nursing is a vital and integral component of the team approach. As a medical staff, we have admired and adopted the "culture of respect" which was introduced by Terry Capuano.

LVHHN joins prestigious institutions around the country like Cedars-Sinai, the Mayo Clinic and Robert Wood Johnson as a national leader in nursing care, research and education.

According to one of the Magnet reviewers who visited LVHHN in June, "nursing is front and foremost in this organization . . . a very strongly recognized professional partner throughout the institution." (The medical staff would support that conclusion.)

We also recently read on the news wire that current JCAHO studies indicate that adequacy of nursing staff is a major factor in positive patient outcomes. Our nursing staff makes a difference!

It's not whether you get knocked down; it's whether you get up again.

- Vince Lombardi

Continued on next pag
HIPAA Reminder
YOU must contact Health and Human Services to request the one-year extension. The requirements are divided into two parts:

> Privacy regulations which still go into effect for all on April 14, 2003 - see the latest update on the HIPAA website
> Transaction and Code Set regulations which will go into effect October 15, 2002 unless you or a member of your practice contacts:

www.cms.hhs.gov/hipaa/hipaa2/ascaform.asp

You have the option to file electronically or simply print the form, fill it out and submit by mail. All you have to do is supply the necessary information, inform them that a plan is in process, and the one-year extension is granted.

Health and Human Services (HHS) has stated it will not deny an extension to any party requesting one. LVH Information Services strongly suggests that you obtain the one-year extension.

Additional HIPAA questions can be directed to Mary Ann La Rock, LVHHN Corporate Compliance Officer, at (610) 402-9100. Please refer to the HIPAA Update attached to this newsletter.

Energy and persistence conquer all things.
- Benjamin Franklin

Illegible handwriting – this is an item that has been around forever. I remember discussing this at Medical Record Committee meetings some 20 years ago with Dr. Fred Fister. Let’s face it! Handwriting is somewhat of a fine motor skill and some members of our medical staff have very poor handwriting – which, in some cases, is frankly illegible. (No, I am not going to print examples of illegible orders and embarrass any member of the medical staff.) They know it and so do their colleagues, the nurses, the administrative partners, and frankly everyone who tries to read it. This does not make them “bad physicians,” but it does make it quite difficult for them to use the hospital chart as a communication tool among the caregivers. They need an alternative “medium” to handwriting.

It is required for all physicians to print their name (or use a pocket stamper provided at no charge by Medical Staff Services – 610-402-8590) after writing orders in the chart. This allows the staff to call the physician or healthcare provider to eliminate uncertainties about orders.

This problem will gradually resolve as computer assisted physician order entry (CAPOE) rolls out throughout the institution. Although CAPOE will help with illegible orders (an obvious safety issue), it will not help with illegible entries in the progress notes. We strongly recommend that any physician with poor handwriting dictate his/her consult notes. To paraphrase that line from the Godfather, “This ain’t personal; it’s just business.”

Away out here they have a name for rain and wind and fire
The rain is Tess, the fire’s Joe and they call the wind Mariah
- The Kingston Trio

Computerized Physician Order Entry

> Reduces delays and errors in transcription of orders
> Improves turnaround time for lab tests
> Allows remote ordering from any hospital unit or office
> Allows physicians direct access to all orders for review – current and past
> Reduces need to rewrite orders upon patient transfer
> Allows development of order sets for all physicians
> Encourages use of clinical pathways per diagnosis
> Provides allergy cross checking
> Insures legibility and completeness of orders
> Insures legibility of physician signature
> Eliminates duplicate orders
> Helps guide cost effective medication choices
> Insures accurate and complete radiology orders

All of the above will improve quality of care and patient safety

Thoughts to ponder:

> There is always death and taxes; however, death doesn’t get worse every year.
> It’s easier to fight for one’s principles than to live up to them.
> I don’t mind going nowhere as long as it’s an interesting path.

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

Effective September 18, 2002, the Lehigh Valley Hospital-Muhlenberg Emergency Department phone will be answered by an auto attendant. In order to bypass the auto attendant, physicians calling the Emergency Department should call (484) 884-2517 to be connected directly to the Emergency Department Administrative Partner.
We are Magnet!

It is an extreme honor and pleasure to announce that Lehigh Valley Hospital and Health Network (LVHHN) has received the American Nurses Association’s highest honor for excellence in nursing. The American Nurses Credentialing Center (ANCC) has granted LVHHN hospitals Magnet Nursing Services Recognition! We are Magnet!

As you know, this is no small feat. Lehigh Valley Hospital is the first full-service hospital to receive the prestigious designation in Pennsylvania, only the second hospital in the state to receive the recognition, and one of only 56 hospitals nationwide to be designated a Magnet organization. Congratulations!

The Magnet journey began several years ago with the compilation of data and materials that grew to 3,250 pages and filled 5 binders. That paper proof of nursing and clinical excellence was witnessed firsthand by the ANCC during a site visit in June. Now LVHHN joins prestigious institutions around the country like Cedars-Sinai, the Mayo Clinic and Robert Wood Johnson as a national leader in nursing care, research and education.

Clearly, our nurses are front and center during this exciting time, but Magnet designation could not happen without the interaction and support of the rest of the LVHHN team—and we know our nurses would be the first to acknowledge that. The level of teamwork here is a major source of PRIDE for all of us. Look at the obvious respect and admiration between our medical staff and nurses. We may take it for granted, but it is not a given in health care. Our nurses don't demand respect, they quietly command it with their talent, demeanor and tone. Our medical staff truly sees nurses as their partners.

Nursing, as we all know, is the heart and soul of the patient experience. All across our hospital, 24 hours a day and seven days a week, it's the eyes, ears, hands and intellect of our nursing staff that we all depend on. Our physicians and patients tell us daily how tremendously talented those nurses are. Now, the American Nurses Association—an organization that sets a very high bar—has come and validated that we are who we say we are: a hospital of nursing excellence.

Congratulations to the nursing staff and to all involved in earning Lehigh Valley Hospital the distinction of being a National Magnet Hospital. We can share enormous pride in this achievement.

Lehigh Valley Hospital to Begin Pancreas Transplants

The Transplant Center at Lehigh Valley Hospital (LVH) is adding pancreas transplants to its list of services, making it the first program in the region to offer this surgery. The center’s physicians, Craig R. Reckard, MD, and Pradip K. Chakrabarti, MD, will begin immediately to evaluate patients for their suitability for a pancreas transplant and expect to perform the first one within the next year.

"Pancreas transplantation dramatically improves the lives of persons with Type 1 diabetes," said Dr. Chakrabarti, who will perform the pancreas transplants with assistance from Dr. Reckard. "In addition to curing diabetes, a pancreas transplant reverses neuropathy (nerve damage) and cardiovascular complications caused by diabetes, and stops the progress of retinal degeneration which causes blindness in diabetics."

Dr. Chakrabarti, the region's only fellowship-trained pancreas transplant surgeon, performed more than 100 pancreas transplants while at the University of Pittsburgh, where he received fellowship training and held a faculty position. He came to LVH in April 2001 to help Dr. Reckard expand the kidney transplant program and to start the pancreas program.

"As the only transplant center in Northeastern Pennsylvania, our Center will provide access to this life-enhancing, and sometimes life-saving, surgery of the same high quality available in large urban centers, but closer to home," said Dr. Reckard, Chief of the Division of Transplantation Surgery at LVH. Dr. Reckard launched the kidney transplant program at LVH in 1991, where more than 300 kidneys have been transplanted.

Drs. Chakrabarti and Reckard will transplant a pancreas either in combination with or after a kidney transplant.

Candidates between 25-60 years of age will be thoroughly evaluated for their ability to undergo a major surgery. In addition, their overall physical health, heart function and condition of their vascular system will be assessed.

Once approved for a transplant, a person may wait a year before a pancreas becomes available. But, for many persons with no other medical option, the wait will be well worth it.

"This news gives hope to diabetics within the community," Dr. Chakrabarti said. "They no longer have to travel far from home to receive a transplant that can dramatically change their lives."
News from CAPOE Central

Placing Admit Orders on-line from the Emergency Department

You may have seen the signs in the Emergency Department that state that admit orders should now be done in CAPOE for adult med-surg patients going to non-critical care units. With four units now live with CAPOE, many of the medicine and surgery patients are being admitted to CAPOE units from the Emergency Department. Thus, it makes sense to have the admit orders entered on-line, even if the patient is eventually placed on a non-CAPOE unit.

The CAPOE team met with representatives from the Emergency Department to determine the best process for handling on-line orders. When the patient moves from the Emergency Department to a CAPOE unit, the receiving unit will look on-line for the orders. When the patient is admitted to a non-CAPOE unit, the Emergency Department staff will print out the orders and send them with the patient. For this system to work, the admitting physician needs to make the Emergency Department staff aware that admission orders have been entered on-line. This can be accomplished by either writing an order on the Emergency Department chart ("admit orders on-line") or telling the Emergency Department nurse that the orders are on-line. Once all the med-surg units are live with CAPOE, it will no longer be necessary to inform the nurses that the admission orders are on-line.

Please remember to enter your orders on-line for adult med-surg patients going to non-critical care units; and remember to either tell the nurse or write on the Emergency Department record that the admission orders are on-line.

CAPOE and Lastword Support in the Medical Staff Lounge

The CAPOE team is finding that as more units come on-line, physicians are asking more questions about the various parts of the Lastword system, including CAPOE, and using the Viewer, Med Profile screen, and Orders Profile. A significant portion of patient data is now on-line, and it is critical for physicians to fully understand the Lastword system. To help provide support and training for physicians who want to learn more about using the system, one of the CAPOE support team members will be in the Medical Staff Lounge two mornings per month to answer questions and provide support. There is a computer in the lounge specifically designated for training. The schedule for the Medical Staff Lounge support will be posted in the lounge. Please take advantage of this opportunity for one-on-one assistance to learn how to fully utilize the Lastword and CAPOE systems.

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

Lehigh Valley Hospital Opens Anticoagulation Management Service

Lehigh Valley Hospital and Health Network (LVHHN) has opened the Lehigh Valley Anticoagulation Management Service (AMS) for patients taking medications such as warfarin or low molecular weight heparin. Lehigh Valley Hospital is the first hospital in the region to offer this comprehensive management service.

Commonly known as blood thinners, anticoagulants reduce the amount of clots forming in the blood. They are often prescribed for patients who have experienced a stroke, atrial fibrillation, pulmonary embolism or deep vein thrombosis, or have had heart valve replacement surgery. The proper dose is critical to achieving the right balance of clotting ability.

"Proper monitoring of patients on anticoagulants is vital," explains Mark D. Cipolle, MD, PhD, Chief, Section of Trauma Research and an AMS director. "Too much medication and excess bleeding can occur. Too little and harmful clots can form. Either extreme can have deadly consequences."

Patients referred to the service by their physician will undergo a simple blood test to determine clotting time. Results are available immediately, and adjustments to the patient's medication dosage can be made on the spot.

A nurse practitioner specially trained in anticoagulation management performs the test, reviews the results and adjusts medication accordingly, and educates patients on medication interactions and dietary issues relating to anticoagulation. The nurse practitioner also keeps patients' physicians informed of their progress.

The service is located in the Diagnostic Care Center in the Jaindl Pavilion at Lehigh Valley Hospital, Cedar Crest & I-78. A physician's order is required for this service. For more information regarding this new service, contact Renee Mitterling, Nurse Practitioner at the Anticoagulation Management Service, at (610) 402-0079, or page Dr. Cipolle at (610) 402-5100 2115.

In Memoriam

Glen L. Oliver, MD
July 9, 1937 – July 8, 2002
"A Physician and a Gentleman"
Center for Healthy Aging set to open in the Fall

Lehigh Valley Hospital and Health Network has long been considered a regional and national leader in providing comprehensive care to older adults. In recent years, the hospital was recognized by U.S. News and World Report as one of the top 50 geriatric programs in the country. In October, the Center for Healthy Aging, will draw upon the strengths of Lehigh Valley Hospital and Health Network and the community-at-large to present a range of programs aimed at meeting the physical, psychological and social needs of older adults in the community.

The physical site of the Center for Health Aging will be located on the ground floor at 17th & Chew. Its programs, however, are geared to transcend the entire health network and into the community. The Center for Healthy Aging will foster linkages with community physicians by creating a more informed team of caregivers to meet the needs of the aging community. Physicians and other clinicians will have opportunities to further enhance an evolving gero-centric and gero-friendly environment.

Conceptually the Center for Healthy Aging has a major stake in establishing appropriate linkages with those in the community—health care providers, faith-based organizations, community agencies, families and other caregivers—rendering services to the elderly. These linkages are designed to ensure that health and community services provided to older adults and their caregivers will be delivered in a gero-sensitive manner.

The Center for Healthy Aging is, as its name implies, being designed to promote healthy and successful aging...and will serve to reduce the risk for disease and related disabilities among older adults.

The one-stop shopping approach of care for older adults will offer ease of access to a team of geriatricians, certified registered nurse practitioners, and a licensed social worker with an advanced degree. The Center for Healthy Aging will offer easy access and referrals to Lehigh Valley Hospital and Health Network, the region’s largest network of family and specialty services. It will also promote a shift in focus from reacting to illness to disease prevention.

A number of health programs will be available on-site at the Center for Healthy Aging, among those including screenings for memory impairment, osteoporosis, urinary incontinence, and fall and gait disorders. Community programs sponsored by Lehigh Valley Hospital will also encompass Vitality Plus/Healthy You classes, group teaching models on disease management, nutrition, pain management, and home care-hospice.

Community organizations such as the AARP, Area Agencies on Aging, Meals on Wheels, the Association for the Blind and Visually Impaired, and the Alzheimer’s Association will also have a strong presence through the Center for Healthy Aging.

The Center for Healthy Aging will also offer social, leisure and exercise classes through the Vitality Plus program whose membership includes adults age 55 and older. The Vitality Plus program is designed to help older adults maintain close relationships with others, remain involved in meaningful activities and stay fit.

Educational programs through the Center for Healthy Aging will enable older adults to better manage their health and improve the quality of their lives. Resources available will include the Health Library and Learning Center, disease management programs, and monthly classes and lectures on a wide range of topics. Patients and caregivers will have the ability to access health and wellness Internet websites, as well as related reference materials, through the Health Library and Learning Center.

For more information regarding this new program, please contact Francis A. Salerno, MD, Chief, Division of Geriatrics, or Edward Roberts, Director of Geriatric Services, at (610) 402-7775.

Attention Osteopathic Physicians

If you are an osteopathic physician, you are probably aware that your Pennsylvania license will expire on October 31, 2002. Renewal applications are mailed 60 to 90 days in advance of the expiration date to the last address of record provided by the licensee. If your address has changed since your last license renewal and you have not yet received your renewal application, you may want to notify the Pennsylvania Department of State of your new address. Don’t take the chance of having your license expire. Once you receive your license renewal, please be sure to send a copy to Medical Staff Services, Lehigh Valley Hospital, Cedar Crest & I-78, P.O. Box 689, Allentown, PA 18105-1556. Thank you.
**Restraint/Seclusion Highlights**

Beginning September 2, you will see newly revised restraint/seclusion order sets. The Restraint for Acute Medical/Surgical Care order set is used for patients who require restraints for clinical reasons. The key points to remember when using this order set are:

- There is an increased emphasis on utilization of alternatives to restraints prior to requesting an order for restraints.
- A physician order (telephone or written) must be obtained within one hour of initiation of restraint by clinical services.
- The physician order must include clinical justification for application of restraints, the type of restraint used, and the time limit, not to exceed 24 hours.
- At NO time can the restraint order be PRN.
- Family members should, if appropriate, be notified upon initiation of restraints.

The Restraint/Seclusion order set for Behavioral Management patients has two components: the initial order and the reassessment order. These order sets are used when restraints are applied for behavioral management reasons (regardless of where the patient is located). The key points to remember when using this order set are:

- The JCAHO standards require the patient to be seen by a licensed independent practitioner (LIP) or their designee within one hour of placing the patient in restraints for behavioral reasons.
- Restraint or seclusion for behavior management is considered an emergency measure and is used only when a patient’s behavior becomes violent, presenting an immediate, serious danger to his/her safety or that of others.
- Emergent use may be initiated before obtaining a physician’s order, based on the nurse’s professional judgment.
- A physician order (telephone or written) must be obtained within one hour of initiation of restraints.
- The physician order must include the clinical justification for use of restraints, type of restraint used, time frame (not greater than four hours for adults, two hours for ages 9–17, and one hour for children under 9), and criteria for release.
- The LIP or designee must examine the patient within one hour of initiation of restraints and document in the progress record the behaviors that warrant the use of restraints.
- The attending physician must be notified ASAP if the restraint was ordered by another LIP or designee.
- Restraints may be released as soon as release criteria are achieved. If released early, a new order must be obtained for reapplication.

- If patient is released before the LIP or designee sees patient (within one hour), the LIP or designee must still see the patient and document as noted above.
- Prior to the expiration of the original order, the nurse will reassess for the need for continued restraints. The nurse will obtain a telephone order for an additional time limit of four hours for adults, two hours for ages 9–17, and one hour for children under 9.
- If the patient remains in restraints longer than eight hours for adults, four hours for ages 9–17, and two hours for children under 9, and his/her behavior warrants continued restraint, the LIP or designee must perform a face to face assessment and write a new restraint order. Time limits for the new restraint order are four hours for adults, two hours for ages 9–17, and one hour for children under 9.
- All patients who are restrained will be placed in 1:1 patient observation. Reassessments will be performed every 15 minutes and documented on a Behavioral Management Restraint/Seclusion Observation checklist.
- A debriefing session will be held as soon as possible but no more than 24 hours following conclusion of the restraint/seclusion episode.
- Family will be notified if appropriate.
- Clinical Leadership, which is defined as an individual who has authority for a department, is notified in any instance in which a patient remains in restraints/seclusion for more than 12 hours, or experiences two or more episodes of restraint/seclusion of any duration within 12 hours.

Questions about these order sets and key points should be directed to the PCS on each unit.

---

**Mystery Medical Staff Member?**

- Born in Allentown, Pa.
- Earned Bachelor of Science degree from Pennsylvania State University
- Graduated from Philadelphia College of Osteopathic Medicine
- Completed Family Practice residency at St. Luke’s Hospital-Allentown (Allentown Osteopathic Medical Center)
- Joined the Medical Staff in 1987
- Wife’s name is Anne
- Father of a baby daughter
- Drives a black Volvo
- Enjoys playing golf

Give up? Turn to page 13 for the answer.
**Inpatient Only Procedures - Medicare Patients**

Did you know that hospitals won’t get paid if a physician performs one of the “inpatient only” procedures on an outpatient basis? The Health Care Financing Administration (HCFA) has designated 1803 Healthcare Common Procedure Code System (HCPCS) codes that represent procedures requiring inpatient care and will not be paid under the Hospital Outpatient Prospective Payment System (OPPS). This is even more confusing in that the rule differs from many other payors who will pay only as outpatient for some of the procedures on this list.

The list is contained within the Federal Register, Volume 66, No. 231, November 30, 2001, Rules and Regulations. It states, in part: “In the April 7, 2000 final rule, we defined a set of services that are typically provided only in an inpatient setting and, hence, would not be paid by Medicare under the OPPS.” This set of services is referred to as the “inpatient list.” These are services that require inpatient care because of the invasive nature of the procedure, the need for at least 24 hours of post-operative recovery time or monitoring before the patient can be safely discharged, or the underlying physical condition of the patient.

The current list is used by Medicare and there is no recourse for appeal. A few of the top procedure codes include:

19240: Modified Radical Mastectomy
60260: Thyroidectomy
27235: Percutaneous Skeletal Fixation of Femoral Fracture, Proximal End, Neck
63042: Lumbar Laminectomy
49021: Percutaneous Drainage of Peritoneal Abscess

The object is to use the correct code for the procedure performed but to be aware of the need to admit Medicare patients whenever the correct code is on the inpatient only list.

For a complete listing, visit the Federal Register Web site at: http://www.access.gpo.gov/nara/index.html

1. Browse back issues: Table of Contents: Click on 2001
2. Click on Friday, Nov 30, 2001
3. Under Centers for Medicare/Medicaid Services, Rules, OPPS, Click on 59855-59904
4. Page down to 59884 - explanation of ruling. Actual List begins on page 60092

If you have any questions regarding this issue, please contact Sheryl Madrigale in Patient Accounting at (484) 884-4721.

---

**Infection Control Update**

Rabies and Bats – The Centers for Disease Control and Prevention (CDC) and the Department of Health consider bats to be high-risk animals for transmitting rabies infection to humans. The Department of Health recommends that anyone bitten, scratched or awakened with a bat in their bedroom report to a physician for consideration of post-exposure treatment. Patients should be advised to attempt to catch and save the bat so that it may be tested for rabies.

STD Treatment Guidelines – The updated Sexually Transmitted Diseases Treatment Guidelines-2002 (MMWR 2002; 51 (No. RR06)) is available in the Morbidity and Mortality Weekly Report from the CDC. It can be accessed online at www.cdc.gov/mmwr/

Inpatient Influenza and Pneumococcal Vaccination Program – Starting August 2002, all patients admitted to TSU will be offered pneumococcal vaccine year round and influenza vaccine from October through March. State law mandates that patients of long term care facilities be offered the vaccines. An extension of this program will be piloted on a unit at Cedar Crest & I-78 in early fall for all patients who meet the criteria for influenza and pneumococcal vaccination.

If you have questions regarding any of these issues, please contact Deborah Fry in Infection Control at (610) 402-0687.
Physician Assistance Program

Success in the work environment depends on everyone's contribution. That's why no one can afford to ignore depression.

According to the National Institute of Mental Health (NIMH), America faces an epidemic of depression.

» At any given time, one out of 20 workers suffers from this disease
» Every year, depression causes 200 million lost days of work
» Workplace depression drains $44 billion from the economy each year, mostly because of absenteeism and lower productivity
» Depressed workers have between 1.5 and 3.2 more short-term disability days

However, there is good news. More than 80% of depressed people can be treated quickly and effectively. The key is to recognize the symptoms of depression early and to receive appropriate treatment. Unfortunately, nearly two out of three people with depression do not receive the treatment they need.

The Medical Staff of Lehigh Valley Hospital recognizes that a wide range of problems in life can affect a physician's health and well-being, and, at times, professional performance.

In fact, studies conducted by the National Institute for Occupational Health and Safety report that physicians, along with other caregivers, may have a higher than average risk of developing debilitating personal problems.

Since 1993, the Physician Assistance Program has been available to help members of the Medical Staff deal with personal problems before they affect health, family life, or professional effectiveness.

The Physician Assistance Program is a confidential (and if so desired, anonymous), professional counseling and referral service available to active members of the Medical Staff of Lehigh Valley Hospital and their dependents.

This service is provided through an agreement with Preferred EAP which operates the Lehigh Valley Hospital's Employee Assistance Program (EAP) and has been involved with over 4,000 employees and dependents since 1985.

The Physician Assistance Program offers physicians and their families counseling services for a wide range of personal problems — anything that can turn stress into distress — including marital or relationship difficulties; depression and anxiety; alcohol or drug abuse; family problems, or stress from work or personal concerns.

Program users can choose from a multi-disciplinary team assembled to provide Physician Assistance Program services. This team includes:

» Michael W. Kaufmann, MD, Chairperson, Department of Psychiatry
» John C. Turoczi, EdD, licensed psychologist and member of the Allied Health Professional Staff of Lehigh Valley Hospital
» Staff of Preferred EAP including licensed social workers, masters level clinicians, and certified addiction counselors.

To use the Physician Assistance Program during normal working hours, telephone the Preferred EAP office at (610) 433-8550 or 1-800-327-8878, identify yourself ONLY as a member of the Lehigh Valley Hospital's Medical Staff (or a family member), and ask to speak to the Clinical Manager, Robin Chase, or Program Director, Oliver Neith. Please note that callers may remain anonymous.

Ms. Chase, or the Preferred EAP receptionist, will conduct a brief telephone interview, offer a choice among the above listed provider team members, and advise the caller how to arrange an appointment.

Other professional staff of Preferred EAP are available after hours to respond to emergency situations.

The number of visits will vary with the nature and severity of the problem. Up to five visits with Physician Assistance Program providers are available to active Medical Staff members (and their dependents) at no cost.

If their is a need for further service or treatment, a referral may be made to a private practitioner or community resource, or the user may continue with the original Physician Assistance Program provider on a self-pay basis.

For more information, contact Robin Chase or Oliver Neith at Preferred EAP at (610) 433-8550, or John W. Hart, Vice President, in Medical Staff Services, at (610) 402-5980, or any member of TROIKA.
**Good Shepherd to Open Rehab Hospital in Bethlehem**

Good Shepherd Rehabilitation Hospital has announced that it will be opening a new rehabilitation hospital in Bethlehem. The facility, which will be called Good Shepherd Rehabilitation Hospital–Bethlehem, will have 29 private patient rooms and is scheduled to open mid-September 2002. The new rehabilitation hospital will be located on the first floor of the building that houses The Good Shepherd Home–Bethlehem at 2855 Schoenensville Road, Bethlehem. Modeled after the Good Shepherd Rehabilitation Hospital in Allentown, it will provide general inpatient rehabilitation services, including services related to stroke and orthopedics. Good Shepherd's highly specialized brain injury and spinal cord injury programs will remain only at the Allentown campus.

For more information, contact Jane Dorval, MD, Medical Director, at (610) 776-3340.

**Papers, Publications and Presentations**

Geoffrey G. Hallock, MD, Division of Plastic Surgery/Hand Surgery, Section of Burn, and Grant A. Fairbanks, MD, Chief Plastic Surgery Resident, recently had an article — "Facial Reconstruction Using a Combined Flap of the Subscapular Axis Simultaneously Including Separate Medial and Lateral Scapular Vascularized Bone Grafts" — published in the *Annals of Plastic Surgery*. This was a unique clinical problem requiring two separate bone grafts simultaneously from the scapula for reconstruction of the face, with both keeping their blood flow intact as free flaps.

Herbert L. Hyman, MD, Division of Gastroenterology, presented "Chronic Fatigue Syndrome/Fibromyalgia: Diagnosis and Management" at Grand Rounds at the University of Pittsburgh Medical Center on July 19.

**Upcoming Seminars, Conferences and Meetings**

**GLVIPA Quarterly Membership Meeting**

The next quarterly general membership meeting of the Greater Lehigh Valley Independent Practice Association will be held on Tuesday, September 24, 2002

6 p.m. - Auditorium
Lehigh Valley Hospital, Cedar Crest & I-78

Physicians are encouraged to attend this general informational session to hear the latest information regarding HIPAA. Also, please remember to sign in to receive credit for your attendance.

**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 and 2003 schedule of classes is as follows:

**2002 and 2003 CBT sessions for JDMCC, Suite 401:** *(All sessions are held from 8 a.m. to noon, unless otherwise noted.)*

- November 26
- December 18 *(noon to 4 p.m.)*
- January 28
- February 25

**2002 CBT sessions for LVH-Muhlenberg, I/S Training Room:** *(All sessions are held from noon to 4 p.m., unless otherwise noted.)*

- 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*
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 September will include:

- September 3 - "Issues in Geriatric Arthritis Care"
- September 10 - "Elder Abuse: An Alarming Public Health Issue and the Role of the Health Care Professional"
- September 17 - "From Prudish to Prudent: Sexual Transmission of HIV-1 and Strategies for Prevention"
- September 24 - TBA

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., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78. Topics to be discussed in September will include:

- September 10 - Morbidity and Mortality Conference
- September 17 - Group B Strep Update
- September 24 - Case Presentation

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

Who's New

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

Medical Staff Appointments

Brooks Betts II, DO
Muhlenberg Primary Care, PC
2649 Schoenersville Road, Suite 201
Bethlehem, PA 18017-7326
(610) 868-6880
Fax: (610) 868-5333
Department of Family Practice
Provisional Active
Site of Privileges: LVH & LVH-M

Imhotep Boukman, MD
Department of Medicine
Lehigh Valley Hospital
Cedar Crest & I-78, P.O. Box 689
Allentown, PA 18105-1556
(610) 402-5200
Fax: (610) 402-1675
Department of Medicine
Division of General Internal Medicine
Provisional Active
Site of Privileges: LVH & LVH-M

Ronald J. Bross, MD
Stetzer Cornell Taus & Auteiri GI Associates
451 Chew Street, Suite 401
Allentown, PA 18102-3492
(610) 821-2828
Fax: (610) 821-7915
Department of Medicine
Division of Gastroenterology
Provisional Active
Site of Privileges: LVH & LVH-M

Jennifer L. Dupre, DO
Southside Family Medicine
141 E. Emaus Avenue
Allentown, PA 18103-5899
(610) 791-5930
Fax: (610) 791-2157
Department of Family Practice
Provisional Active
Site of Privileges: LVH & LVH-M

"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 be held in Classrooms 1 and 2 prior
to the presentation and during the brief business
meeting of the General Medical Staff.

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.

Continued on next page
Teimouraz V. Vassilidze, MD, PhD
Allentown Anesthesia Associates Inc
1245 S. Cedar Crest Blvd., Suite 301
Allentown, PA 18103-6243
(610) 402-9082
Fax: (610) 402-9029
Department of Anesthesiology
Section of Cardiac Anesthesia
Provisional Active
Site of Privileges: LVH & LVH-M

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

David S. Warsaw, DO
Lehigh Plastic Surgery Center
201 Drift Court
Bethlehem, PA 18020-7500
(610) 865-5500
Fax: (610) 861-3065
Department of Surgery
Division of Plastic Surgery
Provisional Active
Site of Privileges: LVH-M

Address Changes
Fred J. Bonacci, DMD
P.O. Box 266
Scranton, PA 18501
(570) 650-6441

Joseph A. DiConcetto, MD
5325 Northgate Drive, Suite 104
Bethlehem, PA 18017-9410
(610) 691-2221
Fax: (610) 865-5655
General Surgical Care, PC
> Richard W. Conron, Jr., DO
> Mark E. Schadt, MD
5325 Northgate Drive, Suite 204
Bethlehem, PA 18017-9410
(610) 865-5535

Robert H. Schmidt, DO
Liberty Square Family Practice
Liberty Square Medical Center
501 N. 17th Street, Suite 110
Allentown, PA 18104-5044
(610) 289-0292
Fax: (610) 289-0294

Status Changes
Manassi T. Antonis, DDS
Department of Dental Medicine
Division of General Dentistry
From: Active
To: Associate
Site of Privileges: LVH & LVH-M

John S. Papola, MD
Department of Surgery
Division of Otolaryngology-Head & Neck Surgery
From: Active/LOA
To: Honorary

One-Year Leave of Absence
Gary M. DuGan, MD
Department of Medicine
Division of General Internal Medicine

Resignations
Cheryl A. Berne, MD
Department of Pathology
Division of Anatomic Pathology
Section of Transfusion Medicine & HLA

Christopher F. Buckley, DO
Department of Medicine
Division of General Internal Medicine

David M. Flowers, MD
Department of Medicine
Division of Cardiology

Jason D. Fragin, DO
Department of Medicine
Division of General Internal Medicine

Andrew P. Hoffman, MD
Department of Surgery
Division of General Surgery

Continued on next page
Angelo Markatos, DO
Department of Medicine
Division of General Internal Medicine

Itrish J. Scott-Brown, MD
Department of Medicine
Division of General Internal Medicine

Priyesh T. Thakkar, DO
Department of Medicine
Division of General Internal Medicine

Deaths

James D. Moatz, MD
Department of Family Practice
(Honorary)

Glen L. Oliver, MD
Department of Surgery
Division of Ophthalmology

Allied Health Professionals

Appointments

Jean M. Carroll, RN
Physician Extender
Professional - RN
(CHOP-Pediatric Hematology/Oncology - Julie W. Stern, MD)
Site of Privileges: LVH & LVH-M

Cynthia A. Himpler, CRNP
Physician Extender
Professional - CRNP
(Paul K. Gross, MD)
Site of Privileges: LVH & LVH-M

Resignations

David S. Garlich, Jr.
Physician Extender
Technical - Apheresis Technician
(Biological Specialty Corporation)

Bernard W. Girman, Jr.
Physician Extender
Technical - Pacemaker/ICD Technician
(Medtronic, Inc)
Effective 9/4/2002

Rosella M. Gray, GN
Physician Extender
Technical - Apheresis Technician
(Biological Specialty Corporation)
NEW! D/C Telemetry with Ease!

by Kim Szep, RN

You can now easily discontinue telemetry monitoring without writing the order in the paper chart. Because of the valuable feedback received from providers, the CAPOE team made this change a high priority.

If your patient is currently on telemetry and you wish to d/c the monitoring before the auto-stop date, click on the Orders tab on the Physician Base screen. Now locate the order in the CAPOE Order Profile (see figure 1).

It will have a category of NURS (located on the far-left side of the screen). The telemetry order will be listed as either Class 1, 2, or 3. Click on the order one time to select it (as indicated by the red check mark on the left side). With the order selected, click on the Discontinue button located on the bottom of the screen. You will then be presented with the Discontinue an Order screen. Review the information to make sure it is correct, then choose “Discontinue – Discontinue/Stop Order” from the Non-Medication Orders list. Click Send.

Figure 1 – Discontinue telemetry before the auto-stop date
New Order Set Assists CAPOE Users

by Kim Szep, RN

The CAPOE team is continually working to improve the ease of physician order entry. A new order set for the pneumonia patient is now in place. It is the Adult Community Acquired Pneumonia Admission Order Set (abbreviated Adult Commnty Acq Pneumonia Adm Orders). The order set is located by first clicking on the Orders tab from the Physician Base screen. Next, click on the Add Orders button on the bottom left of the CAPOE Order Profile screen. Click on the CAPOE Ord Sets button on the CAPOE Order Pad (see figure 2).

The order set has three pages and contains many orders common to pneumonia patients. It is used in much the same fashion as the other CAPOE order sets. One notable exception is the Adult Comm Aq Pneumonia Antibiotics (as abbreviated on the screen) mini order set nested in the larger order set (see figure 3). Selecting this mini order set will bring you to the Antibiotic Selections portion of the orders. This screen offers suggestions for the course of treatment as well as the opportunity to select and place the desired medications. To choose an antibiotic, simply click on the desired medication and click the Select button. You will then be taken to a screen that will provide further information for the medication selection (just like placing any other medication order in the CAPOE system). It should be noted that if none of the medications listed are appropriate for the patient, another may be chosen from the CAPOE Order Pad.

CAPOE Help

by Kim Szep, RN

Beginning in September, a Physician Software Educator will be in the Medical Staff Lounge two mornings a month to help physicians use the CAPOE system and listen to any concerns. There is also a workstation in the lounge that is designated for CAPOE practice.

Should you encounter any difficulties or have questions while entering CAPOE orders, please take advantage of the

---

Figure 2 – CAPOE Order Pad highlighting Adult Community Acquired Pneumonia Admission order set
Figure 3 – Antibiotic Selection Screen for Pneumonia Admission Orders

CAPOE Help Line by dialing ext. 8303, and selecting option #9. Enter your call back number and expect a return call from the on-call CAPOE trainer/analyst. This service is available 24 hours a day, seven days a week. We will also be happy to assist with any Lastword (Phamis) questions or issues. If you have other hardware/software/password issues, please choose option #1 so we may provide you with the best service. Physician Software Educators on staff are:

Lynn Corcoran-Stamm – ext. 1425
Carolyn K. Suess, RN – ext. 1416
Kim Szep, RN – ext. 1431

If you have training needs that pertain only to the Lastword (Phamis) system, please call ext. 1703. Arrangements can be made for training at your convenience.

The CAPOE team is interested in receiving your input. Modifications to CAPOE are continually being made as a result of user feedback. Should you have comments, please contact one of the Physician Software Educators on staff. You may also use the CAPOE feedback button in the upper right corner of the Lastword (Phamis) screen. These comments will go directly to Dr. Donald Levick. All suggestions are welcome.

Activity Conflicts

by Kim Szep, RN

When ordering an activity level for a patient, you will now be presented with a conflict screen if another specific activity order exists. This screen is similar to the conflicts you may have seen when ordering different diets or changing a code status. This warning is provided as a courtesy to you to indicate other existing activity orders that
conflict to the one just entered (see figure 4). If you indeed would like to place the new activity order, click on the Place Order button on the bottom left of the conflict screen and your order will be processed. The previous activity order may not be discontinued. For instance, the patient may have a Bedrest order and a Bedside Commode order. You also have the option of placing an X in the checkbox next to the order you may wish to discontinue. Then click on Discontinue Order.

CAPOE Rollout Continues

by Kim Szep, RN

The CAPOE rollout will continue with 5B and 5C. The units will “go-live” with online vital signs and medication administration (VS/MAR) in the early fall. Expect to find your patient’s vital signs and medications in the computer. The CAPOE staff will be on the units to provide any assistance you may need.

A few weeks after the VS/MAR implementation, the units will then be “full” CAPOE. This means if you are trained to enter orders into the system, you may do so at this time. You may also enter orders on any unit that is CAPOE once you are trained. These units are currently TTU, 6B, 7B, and 7A. If you are admitting a patient through the ER and you anticipate that the patient is not going to a critical care unit, you may enter your admission orders in the computer. If the patient does not get a bed on a CAPOE unit, the orders will be printed and placed on the chart. These orders are valid and DO NOT need to be reordered.

The CAPOE team is in the process of planning the training initiative for the surgical attending physicians that utilize these units. Surgeons should expect to hear from their division chief for details regarding CAPOE training as September approaches.

Figure 4 – Activity conflict screen
HIPAA UPDATE

September 2002

Topic: Organized Health Care Arrangement between the Hospitals and Medical Staff

On August 14, 2002, the Department of Health and Human Services (DHHS) published modifications to the final privacy regulations. The compliance date for hospitals, providers and health plans is April 14, 2003. One requirement which is new to both hospitals and physicians is the provision of a Privacy Notice, which should describe a patient’s privacy rights and the privacy practices of the covered entity.

How does this impact the Medical Staff related to hospital functions?

Direct treatment providers must make a good faith effort to obtain a patient’s written acknowledgment of receipt of the Privacy Notice. Lehigh Valley Hospital and Health Network (LVHHN) will provide patients with a privacy notice which will cover among other providers, Lehigh Valley Hospital and Lehigh Valley Hospital-Muhlenberg, and the Common Medical Staff based on its use and disclosure of patient information maintained by the hospitals. The privacy regulations allow for the Medical Staff to be included in the Network’s privacy notice defining the relationship between a hospital and its medical staff as an organized health care arrangement. This convenience allows for our hospital patients to receive and review one privacy notice rather than obtaining separate notices— one from the hospital and others from the treating physicians.

What does it mean to be an organized health care arrangement?

An organized health care arrangement (OHCA) is defined as a clinically integrated care setting in which individuals typically receive health care from more than one health care provider. Those involved in this relationship are able to participate in certain joint activities that include at least one of the following: utilization review, quality assessment, or payment activities where the financial risk for delivering health care is shared. An OHCA arrangement is important because it allows the medical staff and the hospitals to share information freely not only for treatment purposes, but also to improve their joint operations. For example, as noted in the regulations, “any physician with staff privileges at a hospital must be able to participate in the hospital’s morbidity and mortality reviews, even when the particular physician’s patients are not being discussed. These activities benefit the common enterprise, even when the benefits to a particular participant are not evident.”

It is worth noting that LVHHN’s Privacy Notice will only cover the Medical Staff’s involvement with the use and disclosure of health information related to hospital functions. As a separate entity under the regulations, physicians will need to provide patients with their own Privacy Notice related to privacy practices in their office setting.

For a complete copy of the privacy regulations, please go to http://www.hhs.gov/ocr/hipaa/.

This update was written by Mary Ann La Rock, Corporate Compliance Officer for LVHHN.
Medical Staff Progress Notes

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

Medical Executive Committee

Linda K. Blose, MD
Karen A. Bretz, MD
Gregory Brusko, DO
David M. Caccese, MD
William B. Dupree, MD
John P. Fitzgibbons, MD
Joseph A. Habib II, MD
L. Wayne Hess, MD
Herbert C. Hoover, Jr., MD
Thomas A. Hutchinson, MD
Ravindra R. Kandula, MD
Michael W. Kaufmann, MD
Sophia C. Kladias, DMD
Glenn S. Kratzer, MD
Robert Kricun, MD
Robert J. Laskowski, MD
Richard L. London, MD
John A. Mannis, MD
John W. Margraf, MD
Stephen C. Matchett, MD
Thomas M. McLoughlin, Jr., MD
William L. Miller, MD
Edward M. Mullin, Jr., MD
Alexander D. Rae-Grant, MD
Victor R. Risch, MD, PhD
Alexander M. Rosenau, DO
Michael A. Rossi, MD
Raymond L. Singer, MD
Elliott J. Sussman, MD
Hugo N. Twaddle, MD
John D. VanBrakle, MD
Michael S. Weinstock, MD
James C. Weis, MD

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

Articles should be submitted to Janet M. Seifert, 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.