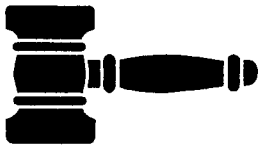
LEHIGH VALLEY HOSPITAL

# Medical Staff Progress Notes

Volume 7, Number 9
October, 1995

**In This Issue . . .**





## *From the President*

I would like to take this opportunity to give a brief update on four general areas. They are:

A) Functional Plan
B) Physician Retreat Update
C) Operations Improvement
D) Ongoing Searches

A) Functional Plan - Certainly construction throughout our hospital has produced some frustration for patients, nurses and physicians alike as we proceed with renovating the lobby and the family waiting rooms on the med/surg floors. The amount of change taking place can be positively disorienting. Everyone -- doctors, nurses and employees -- deserves credit for patience and understanding during these times. Much appreciation and kudos also goes to Rick Kobus, who helped design, what I believe are, very effective systems to move patients and physicians through construction areas with the least amount of confusion.

One of the key components of the functional plan remains the patient centered care re-engineering. I have met with nurses on every floor where this has been instituted and have spoken to many, many physicians.

The overall structure of the patient centered care environment appears to be better for nursing and nursing support services. There appear to be some remaining difficulties for physicians which we need to fix:

For example, there is insufficient writing space for physicians to review and write on patient charts. This will be addressed by moving computer terminals off of the desk space and raising up the monitors by a support arm from the wall in the physician reading area. In addition, we have ordered fold-out desks for the walls near the patients rooms so that physicians can stand where patients are situated, review their laboratory and progress in the chart, and then see their patients in an efficient fashion. These fold-down units will be outfitted with a flagging system so that when orders on the chart are written, nurses will be aware of it. Charts kept at the bedside will be all inclusive if physicians or nursing need graphic data.

Another example is that physicians and patient families are having some difficulty locating patients in the various team locations where they reside. Better signage needs to be created to fix this problem. In addition, a better system needs to be developed for identifying the portable phone numbers that nurses carry so they can be reached by physicians and patient families.

With regard to the process of the patient centered care units, there is yet some concern that we do not have enough RNs and unit clerks during day shift and

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very busy times. This deficiency will be corrected. Additionally, the concept of a float pool during the busy admission time for both nurses and unit clerks will be explored.

The emergency department remains extremely busy and overloaded at times. This, in fact, will become compounded as we redesign the emergency department and it extends into the physicians' lounge and the Radiology Department. Radiology will need to re-design some of its services, and this is being headed up by Mark Osborne who is exploring tele-radiologic alternatives. The Emergency Department Re-design team hopefully will establish the best layout and the best system to provide for the many different departments that are in great need of this area of the hospital. In the meantime, the emergency department continues to be under the strain of fewer available med/surg beds during the construction, as well as rising to meet the needs of the consolidation efforts from 17th & Chew to Cedar Crest & I-78.

Planning is now underway to meet with the physician tenants of MOB I to discuss with them the future of that building. We hope that this meeting will take place in the later part of September.

B) Physician Retreat Update - Five basic themes have emerged from the physician retreat, all of which are receiving full attention at this time. Those five themes include:

1) Improve communication
2) Facilitate mutual trust
3) Empower the PHO and IPA
4) Develop vibrant citizenship requirements
5) Enhance opportunities for physician leadership

1) The issue of communication falls squarely on my shoulders as President of the Medical Staff. I have worked with Mary Alice Czerwonka and John Stavros to create a survey which went to the medical staff last month. The purpose of this survey is to determine what forms of communication we find most effective and what forms of communication we would most like. We are hopeful that we will better be able to improve systems such as fax and e-mail to physician offices in the future so that we can keep them better abreast of the many changes that are taking place within the Lehigh Valley Hospital Network.

The Medical Staff/Administrative Exchange Sessions will continue each month. It is my belief that this forum of communication remains a key one in allowing ventilation and exchange of important topics between administration and physicians. We will plan our next Medical Staff/Administrative Exchange session at its usual time, on the third Thursday of month. The Exchange session for September will be held on the 21st in Classroom 1, Side B of the John and Dorothy Morgan Cancer Center. I would like to dedicate that time to a discussion of the functional plan and, in particular, the patient centered care units to develop sense of how physicians and administration feel this project is working.

2) Trust - Bob Murphy, in consultation with Larry Fox, has nearly completed a white paper on this topic which we will share with the Board and the Medical

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Executive Committee. I believe several important concepts have emerged from this work which will help us not only improve trust but measure our progress in the ensuing months.

3) The third topic of Empowering the PHO and IPA remains a continued effort by all the physician leadership. The issues from the retreat have been brought to the IPA Board for consideration per John Jaffe, who is head of the PHO, and has been working diligently in this regard and particularly with future endeavors that are necessary for the PennCare network. Joe Candio has been serving as a liaison for the IDS and PHO Board and will continue to serve in that function in the future.

4) Citizenship is a topic which has received much discussion over the last couple of years. This word embodies what we mean by mutual expectations for the good of both hospital and physician. A number of physicians have volunteered to serve on this Committee and TROIKA has selected Alex Rae-Grant to chair it. We are hoping that the Committee will deliberate and develop vibrant and dynamic citizenship goals which can be embraced by both administration and the active staff physicians.

5) Lastly, leadership enhancement is a long term process which will require some planning and forethought. Bob Laskowski will be developing that process through seminars and special committee meetings. This process will be one where we can select potential physician leaders in our community and enhance that leadership training through a formal educational process.

One of the most frequent requests of physicians attending the retreat was to have a glossary of terms so commonly used but frequently misunderstood. This is provided as an attachment to this issue of ***Medical Staff Progress Notes***.

C) Operations Improvement has an overall goal of $20 million dollars this year, as we are all aware. This is a large sum of money and will require a great deal of effort by all of us involved. Clinical Operations Improvement has earmarked approximately $7 million in savings by a variety of processes, many of them centered around developing critical pathways in key areas. We look forward to Bob Laskowski's leadership in this regard, coupled with our department Chairs and the re-engineering process outlined by Bill Frailey for the Performance Improvement Council. Care Management Committee, under the leadership of Dave Caccese, is also quite anxious to take ownership of this OI process in conjunction with our Chairs and Bob Laskowski.

D) Ongoing Searches - We have completed the search for the Senior Vice President of Development, and we would like to welcome Bob Serow who will be heading up the Development campaign for Lehigh Valley Hospital.

The search for the Director of the John and Dorothy Morgan Cancer Center continues, as well as for the Chairperson for Emergency Medicine. Physician

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committees have been charged with this process, and I am told they are making adequate headway.

Interviews for the new department Chairperson for Community Health and Health Service have come to a close, and we hope to announce a potential candidate for that area in the upcoming weeks.

Lastly, regretfully we say farewell to Mike Rhodes who will be leaving Lehigh Valley Hospital to take a position as Chair of Surgery of the Medical Center of Delaware. The name Mike Rhodes and the Division of Trauma are almost synonymous at Lehigh Valley Hospital. Over the last 17 years, he has spearheaded the development of trauma care and has created one of the premier programs in the country. His commitment and steadfast leadership to patient care, education and research will not soon be forgotten. We wish him well and thank him wholeheartedly for his dedication and service to the hospital over these past years.

Sincerely,

John Castaldo, MD
President, Medical Staff

## *Ophthalmology Exam Room at 17th & Chew*

Thanks to a generous donation by the Allentown Auxiliary of Lehigh Valley Hospital, a fully equipped ophthalmology exam room has been opened at 17th & Chew. Located on 4S and accessed via the green elevator, the treatment room provides an area for a complete eye examination. It is stocked with routinely used ophthalmologic medications and supplies.

The exam room key may be obtained at the 4S nurses' station. This facility provides physicians, with and without offices at the Fairgrounds Medical Center, a convenient location for post-operative examination prior to patient discharge.

For more information regarding this new exam room, contact Carol Diehl, Director, Mother-Baby Unit, at 402-2599.

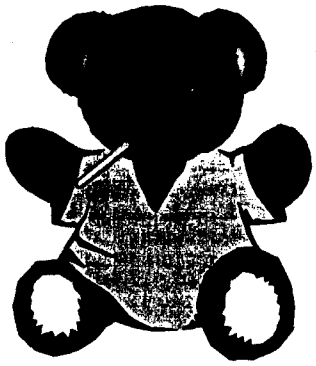
## *News from Research*

The Research Advisory Committee (RAC) meets bi-monthly to review clinical/epidemiological research proposals (requests for funding) submitted by the Medical and Professional staff of Lehigh Valley Hospital. All proposals must be submitted to the Research Department for review three weeks before the next scheduled RAC meeting.

The next meeting of the RAC is Wednesday, October 18.

For more information or proposal guidelines, contact James F. Reed III, PhD, Director of Research, at 402-8889.

# *Pediatric Unit to Open at New Location*



With a star-filled ceiling/sky, tree-lined halls and private porches for children to enjoy the scenery, Lehigh Valley Hospital's new Pediatric Unit will have the charm and appeal of a storybook neighborhood.

Warm and welcoming, the unit will open in October in more than 10,000 square feet of newly-renovated space on unit 4B at Cedar Crest & I-78.

Designed with input from former patients and their families, the new unit will feature 14 single patient and three semi-private rooms. The rooms will also be furnished to accommodate parents during overnight stays. This arrangement will enable parents to take a more active role in providing their children with the physical and emotional support that can contribute to a smooth recovery.

The unit will be staffed by a director, patient care services; clinical nurse facilitator, child life specialists, clinical nurse specialists, patient care coordinator, registered nurse partner, technical partner, support partner, and administrative partner.

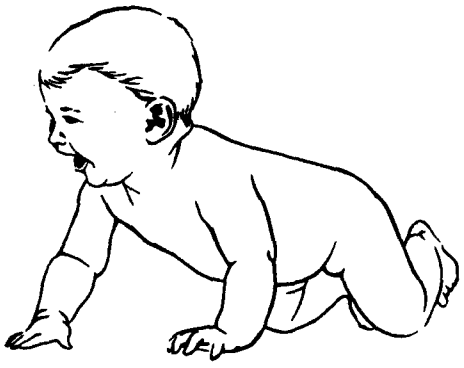
At its new location, the Pediatric Unit will be accessible to high-level intensive care services including trauma and burn treatment.

Because the unit primarily serves seriously ill or injured children, its proximity to these services is practical and convenient for patients and staff alike.

The majority of children who receive care at the hospital will continue to be treated on an outpatient basis.

Representing the largest component of the hospital's pediatric services, outpatient services including Outpatient Pediatrics and pediatric surgery services will remain based at 17th & Chew. In instances where children treated at 17th & Chew require inpatient treatment, they will be transported to Cedar Crest & I-78 by Cetronia Ambulance.

**To mark the opening of the new Pediatric Unit, pediatric and administrative personnel will host a ribbon-cutting ceremony, with a reception immediately following, on Monday, October 9, at 11 a.m. All physicians, their office staffs, and families are invited to join the Pediatric staff for tours of the unit and refreshments from 11 a.m. to 2 p.m., and from 4 to 7 p.m.**



# *News from the Medical Record Department*

## Medicare Attestation Requirement Eliminated

On July 11, 1995, Vice President Al Gore announced the elimination of the physician requirement to attest to diagnosis and procedure accuracy on Medicare discharges. Elimination of the attestation statement directly impacts the Medical Record Department and physicians by eliminating the need to monitor, deliver and sign attestations.

The elimination of the attestation requirement for Medicare discharges was officially published in the September 1, 1995 Federal Register with an effective date of October 1, 1995. Until that time, we will continue to process attestations according to hospital procedures.

Although this process changes for Medicare admissions, Medicaid and CHAMPUS have not announced any changes in their requirement for attestations. Individual states will determine whether or not to continue with the attestation requirement. Thus far, Pennsylvania has not issued a change in its requirement for the attestation.

## Medical Record Department Moves to Lehigh Street

Effective September 15, all closed medical records (deficiencies completed) will be housed at the new Lehigh Street location. Records from Cedar Crest & I-78 and 17th & Chew are being merged together at the Lehigh Street location to facilitate expediency and efficiency in retrieving records.

Requests for records for patient care continue to remain a top priority with an abstract (H&P, Consult, OR, DS, Final Labs, EKGs) being faxed to the Emergency Department or patient care area from the Lehigh Street location. If required, the entire medical record will be delivered to the Emergency Department or patient care area via Medical Record courier service within one hour. Prior medical records will also continue to be provided for patient readmissions to both Cedar Crest & I-78 and 17th & Chew.

The Medical Staff will continue to utilize the Medical Record Department at both sites for medical record completion and record review for studies/research. All telephone numbers remain the same, and support from the Medical Record Department will continue with minimal changes. The most apparent change will be that records needed for review/studies from the Lehigh Street location will not be immediately accessible upon presentation to the Medical Record Department at Cedar Crest & I-78 and 17th & Chew. Ideally, requests for records required for studies/research should be made at least 48-72 hours prior to date needed.

In summary, all functions to support the incomplete record (incomplete chart control, coding) in addition to Research, will remain at Cedar Crest & I-78 and 17th & Chew. Functions related to the closed medical record (storage/retrieval, release of information, registries) and Transcription Services, have been relocated to Lehigh Street.

If you have any questions regarding this issue, please contact Zelda Greene, Director, Medical Record Department, at 402-8330.

## *News from the Library*

Looking for some fresh ideas when making rounds with medical students and residents? The Library at Cedar Crest & I-78 has purchased the following books, produced by the Department of Family and Preventive Medicine at the University of Utah School of Medicine, which offer some practical teaching tips and techniques:

Whitman, Neal, et al. **Preceptors as Teachers: A Guide to Clinical Teaching**, 2nd ed. 1995.

Osborn, Lucy M., et al. **Ward Attending: The Forty-Day Month**, 1991.

Whitman, Neal, et al. **A Handbook for Group Discussion Leaders: Alternatives to Lecturing Medical Students to Death**, 1983.

Whitman, Neal, et al. **Executive Skills for Medical Faculty**, 2nd ed. 1993.

Whitman, Neal. **Creative Medical Teaching**, 1990.

Whitman, Neal, et al. **Surgical Teaching: Practice Makes Perfect**, 1991.

Whitman, Neal. **There Is No Gene for Good Teaching: A Handbook on Lecturing for Medical Teachers**, 1982.

Weinholtz, Donn., et al. **Teaching During Rounds: A Handbook for Attending Physicians and Residents**, 1992.

## *Congratulations!*

**Joseph A. Candio, MD**, general internist, has been named Chief of Clinical Services for the Department of Medicine. This new position was created to explore areas of interaction and foster cooperation among the various clinical practices in the Department of Medicine.

In this position, Dr. Candio will spearhead the Department of Medicine's efforts to identify, assess, and develop opportunities for partnerships with physicians in clinical programs, education, and research. He will focus specifically on helping the Department compete effectively in the managed care environment through the PHO, Lehigh Valley Health Network, and the integrated delivery system.

**Scott A. Gradwell, DMD**, chief, Division of Periodontics, received the Academy of General Dentistry's (AGD) prestigious fellowship award during the conference ceremony at the Academy of General Dentistry's 43rd annual meeting held recently in Baltimore.

The Academy of General Dentistry is an international organization with 32,000 general dentists who as members are dedicated to continuing dental education in order to provide the best possible care to their patients. To earn the fellowship award, AGD dentists must complete more than 500 hours of continuing education course hours within 10 years and pass the fellowship exam.

**Catharine L. Shaner, MD**, pediatrician, was recently notified by the Department of Transportation that she has received a Governor's Highway Safety Award in the Occupant Restraint Programs category.

## *Papers, Publications and Presentations*

**George F. Carr, DMD,** prosthodontist, recently presented "Advances and Challenges in Implant Prosthetics" to the French Implant Study Club of New York University School of Dentistry as part of their "Current Concepts in American Dentistry" series.

**Glen L. Oliver, MD,** ophthalmologist, attended the 10th Annual Meeting of the Vitreous Society held recently in London, England, where he presented a paper on "Pseudoxanthoma Elasticum Associated with Congenital Hypoplastic Carotid Arteries."

**Peggy E. Showalter, MD,** psychiatrist, **Diann Hasseman, MEd,** mental health therapist, and **Thomas Wasser, MEd,** researcher, were notified that their submission, "Effective Use of a Bilingual Mental Health Therapist for Spanish Interpretation" has been accepted as a poster presentation for the annual meeting of the Institute on Psychiatric Services to be held in October in Boston.

**Patrice M. Weiss, MD,** chief OB/GYN resident, was invited to present her research project, "Does Centralized Monitoring Affect Perinatal Outcome or Do We Just THINK It Does?" at the American College of Obstetricians and Gynecologists' District III Junior Fellows meeting to be held in Philadelphia on October 7.

## *Newsy Notes*

● On Monday, September 11, 6C implemented its new Patient Centered Care Work Redesign initiative.

Patient related phone calls should be directed to the Patient Team area phone extension identified below which corresponds to the patient's room number.

Team Area #1 - Rooms 1-5 - Ext. 5481
Team Area #2 - Rooms 7-10 - Ext. 5482
Team Area #3 - Rooms 12-15 - Ext. 5483

Rooms 16-19 are temporarily closed.

The phone extension for any calls not related to a specific patient is Ext. 8910.

● Beginning October 1, 1995, the Admitting Office at Lehigh Valley Hospital will begin a new process of notifying **Admitting Physicians** as to the location where their patients have been admitted. This process will involve the Admitting Department generating a fax report to the Admitting Physician's office. The report will include a list of all new admitted patients and their locations for the current day.

Each physician's office will be faxed only those patients' names and room locations that were admitted under their service.

● MRI reports for both inpatients and outpatients are now available on PHAMIS. MRI results can be reviewed via ancillary services within the MPI command. Physicians' offices with PHAMIS access are encouraged to obtain MRI reports through the network.

If you have any questions regarding this issue, please contact Nancy Fredericks at 740-9731.

● The Department of Family Practice would like to welcome Jennifer C. Owczarek as its Residency Program Coordinator.

# *Upcoming Seminars, Conferences and Meetings*

## Medical Staff/Administrative Exchange Session

The October **Medical Staff/ Administrative Exchange Session** will be held on Thursday, October 19, beginning at 5:30 p.m., in Conference Room 1, Side B, of the John and Dorothy Morgan Cancer Center.

It is of utmost importance that as many physicians as possible attend these sessions to participate in the exchange of information about important topics in a timely manner.

Topics to be discussed will be announced prior to each session.

For more information, contact John E. Castaldo, MD, Medical Staff President, through Physician Relations at 402-9853.

## Regional Symposium Series

**Sleep Disorders** will be held on Saturday, September 30, from 7:40 a.m. to noon in the hospital's Auditorium at Cedar Crest & I-78.

Physicians, nurses, respiratory therapists, and other health professionals interested in sleep disorders will benefit from the program.

At the completion of this program, the participant should be able to:

- discuss the causes of insomnia and its treatment from a pharmacological and behavioral aspect
- describe the basis of circadian rhythm and their disorders
- explain the pathophysiology and modern treatment of sleep apnea.

**Endometrial Carcinoma: An Update** will be held on Friday, October 27, from 8:15 a.m. to 3:30 p.m., in the hospital's Auditorium at Cedar Crest & I-78.

Gynecological oncologists, gynecologists, oncologists, radiation oncologists, general practitioners, nurses, social workers, radiation technologists, tumor registrars, and other health care professionals interested in endometrial cancer will benefit from the program.

At the completion of this program, the participant should be able to:

- discuss the role of pathology in the treatment of endometrial carcinoma
- identify current surgical treatment of endometrial cancer
- discuss nursing issues related to the woman experiencing endometrial cancer
- identify the role of radiation therapy in the treatment of endometrial cancer
- discuss chemotherapeutic agents utilized to treat ovarian cancer.

For more information on the above programs, please contact the Office of Education at 402-1210.

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## Department of Pediatrics

**The Primary Care Physician's Role in the Diagnosis & Treatment of Scoliosis** will be presented by Edward P. Schwentker, MD, pediatric orthopod, Hershey Medical Center, on Friday, October 13.

**Kawasaki's Disease with Unusual Findings** will be presented by Jeffrey Jahre, MD, Director, Infectious Disease, St. Luke's Hospital, on Friday, October 27.

Pediatric Conferences begin at noon in the Auditorium at 17th & Chew. For more information, contact Cindy at 402-2410.

## Primary Care Seminars

**The Abnormal Pap Smear** will be presented by William B. Dupree, MD, chief, Division of Gynecologic Pathology, and Ernest Y. Normington II, MD, vice chairperson, Medical Affairs, Department of Obstetrics and Gynecology, on October 11.

**Chest Pain** will be presented by Elizabeth L. Stanton, MD, family practitioner, on October 25.

Primary Care Seminars are held on Wednesdays from 7 to 8 a.m., in the Auditorium at Cedar Crest & I-78. For more information, contact Karen Nodoline in the Department of Family Practice at 402-4950.

## Psychiatry Grand Rounds

**Reinventing Behavioral Health Care** will be presented by Steven E. Katz, MD, Executive Vice President and Medical Director, Jackson Brook Institute, South Portland, Maine, on Thursday, October 19, beginning at noon in the Auditorium at 17th & Chew.

As lunch will be provided, pre-registration is requested. For more information or to register, contact Lisa Frick in the Department of Psychiatry at 402-2810.

# *Health Promotion and Disease Prevention News*

## Men's Health Care Series

**Sports Safety** will be presented on Monday, October 2, from 7 to 8:30 p.m., at 1243 S. Cedar Crest Blvd., Lower Level. Whether you are a seasoned athlete or a "weekend warrior," learn what you can do to protect yourself from injury while participating in the sports you enjoy.

**Impotence** will be presented on Tuesday, October 10, from 7 to 8:30 p.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78. Effective treatment is available for many forms of sexual dysfunction including occasional or chronic impotence. Advances in treatment men who experience this fairly common medical condition will be outlined by Richard Lieberman, MD, chief, Division of Urology.

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## Free Community Lectures

On Wednesday, October 18, **Chef Mike Presents Vegetarian Delights** from 7 to 8:30 p.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78. Learn how to prepare nutritious and tasty meals without meat for the occasional or strict vegetarian.

**Mountain Mary and Her Wilderness Adventures** will be presented on Tuesday, October 24, from 7 to 8:30 p.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78. The legendary Mountain Mary, the first visiting nurse in Berks County, was a prominent figure in Pennsylvania German history. Join us to learn about her life in the wilderness and her discoveries of the healing powers of plants and herbs.

In addition to these free public lectures, the Health Promotion and Disease Prevention Department also offers numerous programs which may benefit your patients. Classes are offered in the following categories: Nutrition and Weight Control, Nicotine Dependence Services, Stress Management, and Fitness Programs. For a schedule of these classes or for more information, contact the Health Promotion and Disease Prevention Program at 402-5960.

# *Who's New*

The Who's New section of ***Medical Staff Progress Notes*** contains an update of new appointments, address changes, newly approved privileges, etc. Please remember that each department or unit is responsible for updating its directory, rolodexes, and approved privilege rosters.

## Medical Staff

### *Appointments*

**Scott M. Brenner, MD**
ABC Pediatrics
Allentown Medical Center
401 N. 17th Street, #203
Allentown, PA 18104-6805
(610) 821-8033
FAX: (610) 821-8931
Department of Pediatrics
Division of General Pediatrics
Provisional Active

**Marjorie R. Cooper, MD**
Paul K. Gross, MD
Allentown Medical Center
401 N. 17th Street, #312
Allentown, PA 18104-5104
(610) 820-3900
FAX: (610) 820-3835
Department of Psychiatry
Provisional Active

**Leonard A. Merlo, MD**
Allen Oral Surgery Associates
(Dr. Prusack)
1251 S. Cedar Crest Blvd.
Suite 310
Allentown, PA 18103-6205
(610) 821-7021
FAX: (610) 821-9551
Department of Surgery
Division of Oral & Maxillofacial Surgery
Provisional Active

**Amil M. Qureshi, DO**
ABC Pediatrics
Allentown Medical Center
401 N. 17th Street, #203
Allentown, PA 18104-6805
(610) 821-8033
FAX: (610) 821-8931
Department of Pediatrics
Division of General Pediatrics
Provisional Active

**John Rafetto, DPM**
(solo)
827 Wyoming Street
Allentown, PA 18103-3961
(610) 432-6221
Department of Surgery
Division of Orthopedic Surgery
Section of Podiatry
Provisional Courtesy

**David M. Richardson, MD**
Emergency Care Associates of Allentown
(Dr. Lutz)
Cedar Crest & I-78
P.O. Box 689
Allentown, PA 18105-1556
(610) 402-8111
FAX: (610) 402-1698
Department of Emergency Medicine
Division of Emergency Medicine
Provisional Active

**Shawn R. Ruth, DO**
David M. Stein, DO
1150 S. Cedar Crest Blvd.
Suite 101
Allentown, PA 18103-7900
(610) 776-1603
FAX: (610) 776-0179
Department of Medicine
Division of General Internal Medicine
Provisional Active

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**Elizabeth L. Stanton, MD**
Lehigh Valley Family Health Center
Lehigh Valley Hospital
17th & Chew, P.O. Box 7017
Allentown, PA 18105-7017
(610) 402-4949
FAX: (610) 402-4952
Department of Family Practice
Provisional Active

**Rima L. Strassman, MD**
Children's HealthCare
(Dr. Toff)
1517 Pond Road
Allentown, PA 18104-2250
(610) 395-4444
FAX: (610) 366-7886
Department of Pediatrics
Division of General Pediatrics
Provisional Active

## *Practice Disassociation*

**Mark A. Gittleman, MD**
No longer associated with General Surgical Associates, Ltd.

## *Address Changes*

**Mark A. Gittleman, MD**
1240 S. Cedar Crest Blvd.
Suite 205
Allentown, PA 18103
(610) 433-7700
FAX: (610) 433-8014

**Sarah J. Fernsler, MD**
401 N. 17th Street
Suite 311
Allentown, PA 18104-5064
(610) 402-3722

**Craig R. Reckard, MD**
Chief, Transplant Services
1210 S. Cedar Crest Blvd.
**Suite 3900**
Allentown, PA 18103

**Urologic Associates of Allentown**
John Jaffe, MD
Edward M. Mullin, Jr., MD
Brian P. Murphy, MD
1240 S. Cedar Crest Blvd.
Suite 310
Allentown, PA 18103

**Valley Oral Surgery, PC**
Mark H. Grim, DMD
Laurence D. Popowich, DDS
1259 S. Cedar Crest Blvd.
Suite 302
Allentown, PA 18103-6267

**Vascular Surgery**
Alan Berger, MD
Gary G. Nicholas, MD
1210 S. Cedar Crest Blvd.
**Suite 3000**
Allentown, PA 18103

## *Additional Privileges*

**John J. Cassel, MD**
Department of Medicine
Division of Cardiology
Active
Coronary Rotablator Privileges

**Eugene E. Ordway, MD**
Department of Medicine
Division of Cardiology
Active
Coronary Rotablator Privileges

**Robert J. Oriel, MD**
Department of Medicine
Division of Cardiology
Active
Coronary Rotablator Privileges

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### *Change of Status*

**Harry W. Buchanan IV, MD**
Department of Surgery
Division of Ophthalmology
From Active to Referring

**Douglas C. Nathanson, MD**
Department of Medicine
Division of Neurosciences
From Active to Consulting

**William R. Pistone, DO**
Department of Medicine
Division of Neurosciences
From Active to Consulting

**Judith R. Pryblick, DO**
Department of Family Practice
From Referring to Provisional Active

**H. Donald Wills, MD**
Department of Medicine
Division of Neurosciences
From Active to Consulting

## Allied Health Professionals

### *Appointments*

**Kimberly J. Arrowsmith, CRNP**
Physician Extender
Professional - CRNP
(Hospital - Center for Women's Medicine - Dr. Balducci)

**Mary P. Hoffman, CRNA**
Physician Extender
Professional - CRNA
(Allentown Anesthesia Associates - Dr. Maffeo)

**Joan O'Donnell-Pirog, CRNP**
Physician Extender
Professional - CRNP
(Hospital - Center for Women's Medicine - Dr. Atlas)

### *Additional Privileges*

**Sandra Vitello, CRNP**
Physician Extender
Professional - CRNP
(Hospital - Pediatric/Pulmonary Clinic - Dr. Miller)
Round on patients on inpatient units independent of supervising physician

### *Resignation*

**Beverly Baker, MA**
Physician Extender
Technical
Medical Assistant
(Dr. Toff)

# Glossary of Terms

**In response to requests from individuals who attended the Medical Staff Retreat on June 3, 1995, the following terms were compiled for your information. A special "Thank You" to Thomas D. Meade, MD, for his efforts.**

**Agency for Health Care Policy (AHCPR):** Established to recommend practice guidelines, standards, performance measures and medical review criteria for clinical treatments of importance to Medicare.

**Capitation** - A method of payment in which a provider receives a fixed fee per person (per capita) for a period of time, and the provider agrees to furnish to persons for whom the capitation payments are received all the care that may be required (within contract limitations) without further fee. Capitation may, for example, pertain to virtually all medical and hospital services through a health care plan, or only to primary care services.

**Care Management Committee (CMC):** LVPHO committee designed to monitor Quality Improvement, Cost Containment, Utilization Review, Clinical Pathways and Primary Care Coordination for clients of Valley Preferred.

**Choice Plus:** A POS plan offered as a health care option to employees of Lehigh Valley Health Network. This POS plan capitates the primary care physician (PCP).

**Citizenship:** A membership in a community (as a college or medical staff). As it relates to medical staff citizenship, the quality of an individual's response to membership in a community.

**Community Choice:** POS plan designed by the Lehigh Valley Business Conference on Health Care and administered by Keystone Health Plan.

**Complete Care Organization (CCO):** Hospitals and providers working cooperatively to provide care within a community.

**Continuous Quality Improvement (CQI):** See Total Quality Management (TQM).

**Educators Mutual Life:** An insurance company based in Lancaster, PA which underwrites a fully insured product utilizing the Valley Preferred PPO. The EML product is available to businesses with 3 or more employees and is called the ProSeries.

**Exclusive Provider Organization (EPO):** While similar to a PPO in that an EPO allows Patients to go out of network for care, if they do so in an EPO, they are required to pay the entire cost of care. An EPO differs from an HMO in that EPO physicians do not receive capitation but instead are reimbursed only for actual services provided (fee-for-service).

**Fee-for-Service (FFS):** Refers to a group that charges the patient according to a fee schedule set for each service and/or procedure to be provided. The patient's total bill will vary by the number of services/procedures actually received. The patient is billed at the time of service.

**Future Health:** A managed care organization contracted by Educators Mutual Life to provide utilization review services to employers who purchase the small group ProSeries product.

**Greater Lehigh Valley Independent Practice Association (GLVIPA):** The physician shareholders of the LVPHO. Presently, 520 physicians with a 1:4 ratio PCP/Specialists. The Association was organized to enable its physician members to deliver comprehensive health care services in the most beneficial and cost-effective way.

**Group Practice Without Walls (GPWW):** Fully integrated Medical Group practicing in multiple locations. Physicians are employees of the Medical Group, but practice in separate, independently run offices. Central office can offer array of administrative support services such as billing, collections and non-physician support. Physicians are charged a general corporate overhead plus any itemized administrative cost their practice might generate. Technically, all practice income goes to the Medical Group, however, each physician generally is paid on an individual productivity less charges assessed for services obtained from central office. GPWW is potentially a confederation, not a bona fide "group practice."

**Health Care Financing Administration (HCFA):** Part of U.S. Department of Health and Human Services. Contracting agency for HMOs that seek direct contractor/provider status for provision of the Medicare benefit package.

**Health Plan Employer Data and Information Set (HEDIS):** Report card from National Committee for Quality Assurance.

**Health Maintenance Organization (HMO):** An organization of health care personnel and facilities that provides a comprehensive range of health care services to an enrolled population for a fixed sum of money paid in advance for a specified period of time.

**Hold Harmless:** Managed care contracts often include a clause stating if either the HMO or physician is held liable for malpractice or corporate malfeasance, the other party is not.

**Indemnity Carrier:** Traditional insurance carrier (i.e. Aetna, Prudential).

**IPA** (Independent Physician Association) - A partnership, corporation, association, or other legal entity that has entered into an arrangement for provision of services by persons who are licensed to practice medicine, osteopathy, or dentistry. The arrangement usually provides that these persons furnish their professional services in accordance with a compensation agreement established by the entity. The term originated and is defined in the Health Maintenance Organization Act of 1973, P.L. 93-222, Section 1302(5), of the PHS Act. IPA's are one source of professional services for HMO's and are modeled after medical foundations.

**Individual Practice Association (IPA):** Physicians practicing in their own offices, participate in a prepaid health care plan. The physicians charge agreed upon rates to enrolled patients and bill the IPA on a fee-for-service basis.

**Institute of Medicine (IOM):** Chartered in 1970 by National Academy of Science to enlist distinguished members of appropriate professions in the examination of policy matters pertaining to the health of the public. Advisor to federal government on issues of medical care, research and education.

**Integrated Delivery System (IDS):** Strategic alliances between hospitals and physicians who assume shared risk through common ownership, governance, revenue/capital, planning and/or management through a number of vehicles (MSO, Foundation, PHO, joint venture, hospital division, etc.). Fueled by managed care, integrated systems shift the focus of care from hospitals to health care systems, from specialist to primary care emphasis.

**Integrated Provider Network (IPN):** Comprised of primary and secondary hospitals and providers within a city or other geographic unit.

**Lehigh Valley Health Network (LVHN):** The Corporate name chosen to identify our organization of integrated health services. LVHN allows us to effectively address all aspects of providing quality community care - from prevention and wellness, to diagnosis, treatment and health maintenance.

**Lehigh Valley Health Network Health Plan (LVHNHP):** The self-insured health care option for employees of LVHN, formerly known as the HealthEast Health Plan. This option utilizes the Valley Preferred PPO and is administered by Spectrum Administrators.

**Lehigh Valley Physician Group (LVPG):** A multi-specialty physician group practice managed by LVHN with multiple office locations. Includes specialists in family practice, internal medicine, pediatrics, psychiatry, surgery, obstetrics and gynecology. The mission of LVPG is to provide leadership in health care, education and clinical research and to demonstrate excellence in the provision of innovative, patient-focused, community-oriented, fiscally responsible health care. LVPG will integrate and address the administrative, education, and research needs and goals of the Lehigh Valley Health Network (LVHN). LVPG will be in partnership with Lehigh Valley Hospital so as to support LVHN in its mission to improve the health status of the people in our service area.

**Lehigh Valley Physician Hospital Organization, Inc. (LVPHO):** A health care delivery organization formed by the Greater Lehigh Valley Independent Practice Association and Lehigh Valley Health Network. LVPHO manages the Valley Preferred provider network (PPO).

**Managed Care**: Use of a planned and coordinated approach to provide health care with the goal of quality care at a lower cost. Usually emphasizes preventive care and often associated with an HMO.

**Managed Care Organization (MCO):** Refers to any type of organization providing managed care such as HMO, PPO, EPO, etc.

**Management Service Organization (MSO):** A legally separate entity that provides practice management services to a hospital, physicians or PHO. The MSO may own the facilities and employ the non-physician staff used to deliver care.

**Medical Associates of the Lehigh Valley (MATLV):** An independent multi-physician group practice made up of general internists and family practitioners with multiple office locations. MATLV is a GPWW.

**Medical Foundation:** Tax exempt, non-profit corporation-organized affiliate or subsidiary of a hospital. Owns and operates practices, facilities, equipment and supplies. It also employees all non-physician personnel. Contracts with third party payors. Physician entity wholly owned by participating physicians ("MD Inc"), which employ all physicians and contracts with the Foundation to provide professional medical coverage for all practices.

**Open-ended HMO:** Enrollees are allowed to receive services outside the HMO provider network without referral authorization, but are usually required to pay an additional co-pay and/or deductible.

**Outcomes Based Approach to Health Care:** Quantitative measurement of the impact on routinely delivered care on patients' lives; to establish a more accurate and reliable basis for clinical decision making by providers and patients; to evaluate the effectiveness of care and to identify opportunities for improving process of care and *reducing costs.*

**PCC** (Patient Centered Care) - An approach to patient care which will move the services to the patient; group similar patients together; decrease the complexities of operations; and eliminate bureaucratic barriers. The concept of these four guiding principles is that they would restructure, reduce costs, and improve quality at the same time. The entire effect of patient centered care is to dramatically reduce length of stay and improve patient, physician, and nursing satisfaction while lowering the cost of care.

**PennCare** - The name of the integrated delivery system which includes Lehigh Valley Hospital, Doylestown Hospital in Doylestown, Gnaden Huetten Memorial Hospital in Lehighton, Grand View Hospital in Sellersville, Muhlenberg Hospital Center in Bethlehem, and Hazleton General Hospital and Hazleton-St. Joseph Medical Center, both in Hazleton.

**Physician Hospital Organization (PHO):** An organizational entity that is formed between hospitals and physicians that allows for cooperative activity and a level of independence to the participating parties, simultaneously. This organizational structure is usually formed to pursue managed care contracts.

**Pluralistic models of health care:** more than one model which includes fee for service plans, managed care plans, and PPO plans from more than one payer.

**Point of Entry (POE):** Serves as a "gatekeeper" primary care physician in a worker's compensation case.

**Point-of-Service (POS):** This product may also be called an open-ended HMO and offers a transition product incorporating features of both HMOs and PPOs. Beneficiaries are enrolled in an HMO, but have the option to go outside the network and are usually required to pay additional costs.

**Practice Management Companies (PMC) (a.k.a. management service organizations.)** Aggressive for profit management companies (i.e., Caremark, PhyCor) buying/organizing physician groups for managed care. Benefits: capital equipment contributions, management discipline and expertise. PMCs are relatively physician friendly.

**Preferred Provider Organization (PPO):** A group of physicians and/or hospitals who contract with an employer to provide services to their employees. In a PPO, the patient may go to the physician of his/her choice, even if that physician does not participate in the PPO. However, the patient receives reimbursement at a lower benefit level if the physician is not in the PPO.

**Primary Care Physician (PCP):** Serves as a gatekeeper for managed care, usually paid a fixed sum of money (capitation) each month for the care of patient.

**Repricing:** The process by which Spectrum Administrators captures clinical and financial data from provider claims. The claim is adjusted to reflect the Valley Preferred fee schedule and forwarded to the client's TPA for final claims processing.

**Risk:** The chance or possibility of loss. For example, physicians may be held at risk if hospitalization rates per capita exceed threshold. Like elsewhere in the business world, the more risk one assumes the more potential for profit - "He who keeps the risk keeps the reward."

**Spectrum Administrators:** A full service TPA owned and operated by Lehigh Valley Health Network. Spectrum Administrators is contracted with LVPHO to provide repricing services and marketing support.

**Super PHO:** Responsible for oversight and certification of individual PHOs, central administration and management, utilization review, financial management, contracting, claims, member services, information services. May be formed to support an IDS.

**Third Party Administrator (TPA):** An administrative organization other than the employee benefit plan or health care provider that collects premiums, pays claims and/or provides administrative services.

**Total Quality Management (TQM): (a.k.a. Continuous Quality Improvement)** An empirical, data driven approach to management originated by W. Edward Demming. The hallmark of this approach is its ability to organize information and then use it to improve the process or system that generated it. The basic process is applied to outcome measurements to improve the delivery of care at the lowest cost.

**Valley Preferred:** The name given to the preferred provider network (PPO) of the LVPHO. A managed care program for area employers seeking a health care plan that will reduce costs without sacrificing quality of care.

# P & T HIGHLIGHTS

The following action were taken at the August 16, 1995 Pharmacy and Therapeutics Committee Meeting - Maria Barr, Pharm.D., Barbara Leri, Pharm.D.

## *A NEW CLASS OF ANTIHYPERTENSIVE IS HERE*

***Losartan (Cozaar$^R$, Merck)*** - The first angiotensin II receptor antagonist was recently approved by the FDA for hypertensive therapy. This agent is different from angiotensin-converting enzyme (ACE) inhibitors by producing direct antagonism of the angiotensin II receptor. The advantages over ACE inhibitor therapy appear to be improved blood pressure control and less side effects. Blockade of the angiotensin II receptor is believed to produce a more complete inhibition of the renin-angiotensin system resulting in better BP control than ACE inhibitors. Losartan does not effect the bradykinin system and therefore, is devoid of cough and angioedema adverse effects.

The usual dosage of Losartan is 50mg daily. Prescribers are cautioned to initiate therapy with 25mg daily especially in patients receiving diuretics. Doses may be gradually increased up to 150mg. Patients without adequate blood pressure control with these dosages may benefit from the addition of a diuretic: a combination product of losartan 50mg plus 12.5mg of hydrochlorothiazide (Hyzaar$^R$) is also available. Hyzaar$^R$ will not be on formulary at LVH due to the ability to provide the individual components. Most commonly reported adverse effects include postural hypotension, headache and GI disturbances. Cost of therapy is approximately $10.00/month more than ACE I therapy.

Clinical studies are ongoing to determine angiotensin II antagonist's role in CHF as well as in combination therapy with an ACE inhibitor.

## *ZOLPIDEM (AMBIEN$^R$) CRITERIA REVIEWED AND REVISED*

Zolpidem, a non-benzodiazepine sedative, was approved with specific criteria for use at the March meeting of Pharmacy & Therapeutics. Since that time, approximately 60 patients per month have had zolpidem prescribed as the sedative-hypnotic.

The original criteria are as follows:

1. Patients > 55 years old
2. Patient who had prior hypersensitivity to benzodiazepine, prolonged sedation, confusion, ataxia, etc.
3. Patients with renal dysfunction
4. COPD with $CO_2$ retention
5. Continuation of home therapy

Zolpidem was requested for addition to the formulary due to the risk of potential adverse CNS effects from the benzodiazepine sedative-hypnotics.

Following the removal of flurazepam (Dalmane[R]) a long acting benzodiazepine with active metabolites, from the formulary about 2 years ago, very few reported adverse events related to the oral benzodiazepine sedative-hypnotics such as temazepam or oxazepam have occurred. Conversely, following the addition of zolpidem at least 3 CNS-related adverse events have been reported.

Based on the safety and efficacy of intermediate-acting benzodiazepines which are devoid of active metabolites, and the overuse of this more costly agent, more stringent criteria have been approved for zolpidem. They are as follows:

1. Age > 65 years **AND** est. CrCl < 30ml/min
2. Patient who had prior hypersensitivity to benzodiazepine, prolonged sedation, confusion, ataxia, etc.
3. COPD with $CO_2$ retention ($pCO_2$ > 50)
4. Continuation of home therapy

If patients do not meet one of the above criteria for zolpidem, oxazepam (Serax[R]) will be **automatically substituted** as the sedative hypnotic. This substitution will occur using a preprinted sticker which will be placed on physician's order sheet. The implementation of the new criteria and automatic substitution will begin Tuesday, September 19, 1995.

## *UPDATE ON KETOROLAC (TORADOL[R]) - WARNING, WARNING, WARNING!*

Due to the increasing use of parenteral Ketorolac (Toradol[R]) by physicians within the hospital, updated information is being provided regarding ketorolac. The key points below summarize the recent changes to the manufacturers information. These changes are a result of post-marketing surveillance of 10,000 patients and the adverse effect reported during that time.

A. Ketorolac should **not** be used for > 5 days total, by any route.

B. The IV route of administration has been approved in addition to the IM route but only for doses of 30mg or less **(not 60mg.)**

C. Reduction of maximum dose on first day to 120mg from 150mg. This corresponds to initiating ketorolac 30mg IV/IM Q6H **without** a loading dose for patients < 65 years old, > 50Kg and with normal renal function.

D. **For patients who are 65 years old, renally impaired or weighing less than 50Kg, the maximum daily dose is reduced to 60mg or 15mg IV/IM Q6H.**

In addition to the new dosing recommendations more **contraindications** have been identified. They are as follows:

1. Use in patients with active peptic ulcer disease, recent GI bleeding, perforation and in patients with history of PUD or GI bleeding.

2. Use in patients with advanced renal impairment or at risk for renal failure due to volume depletion.

3. Use in labor, delivery and in nursing mothers.

4. Use as prophylactic analgesic before any major surgery and intraoperative when hemostasis is critical.

5. Use in patients with hemorrhagic diathesis, incomplete hemostasis or those at high risk of bleeding.

6. Use with ASPIRIN or NSAID's because of the cumulative risk of inducing serious NSAID - related side effects.

Summary of new dosing recommendations:

A. Single Dose Treatment

IM Dosing

| | |
|---|---|
| Patients < 65 year old | 60mg |
| Patients ≥ 65 years old, renally impaired and/or < 50Kg | 30mg |

IV Dosing

| | |
|---|---|
| Patients < 65 year old | 30mg |
| Patients ≥ 65 years old, renally impaired and/or < 50Kg | 15mg |

B. Multiple Dose Treatment (IV or IM)

1. Patients < 65 years old: 30mg IV/IM Q6H
**(The maximum daily dose should not exceed 120mg)**

2. Patients ≥ 65 years old, renally impaired or < 50Kg: 15mg IV/IM Q6H
**(The maximum daily dose should not exceed 60mg)**

For breakthrough pain, do not increase the dose or the frequency of ketorolac. Consideration should be given to supplementing these regimens with low doses of opioids "prn" unless otherwise contraindicated.

Please note, opioid narcotics, principally morphine, should be utilized to the fullest potential for control of severe pain in surgical patients post operatively without any NSAID. Ketorolac should be reserved for patients who exhibit adverse effects from parenteral narcotics or in combination to provide a narcotic-sparing analgesia in patients receiving excessive narcotics. Ketorolac should be converted to an oral NSAID such as ibuprofen +/- oral opioid combination as soon as possible, if further pain medication is required. This is an effort to decrease potential adverse effects which may result in your specific patient population as a result of this agent.

The cost of the various agents used to treat pain are as follows:

| | Cost of a Single Dose | Frequency | Cost of Us Daily Dose |
|---|---|---|---|
| Ketorolac 15, 30, 60mg | $6.30 | Q6H | $25.20 |
| Morphine 10mg | $0.50 | Q4H | $ 3.00 |
| Acetaminophen/Codeine (Tylenol #3) | $0.14 | Q4H | $ 0.84 |
| Acetaminophen/Oxycodone (Percocet) | $0.08 | Q4H | $ 0.48 |
| Ibuprofen 600mg | $0.04 | Q6H | $ 0.16 |

If you have further questions and would like additional information provided please contact the pharmacy department.

## *CLARIFICATION FOR AZITHROMYCIN (ZITHROMAX®)*

In the May issue of P & T Highlights, some confusion arose regarding appropriate dosing for sexually transmitted diseases (STD) with azithromycin. Azithromycin 1Gm single dose may be utilized for non-gonococcal urethritis and cervicitis but not universally for all STD's.

## *FYI - NEWLY APPROVED PRODUCT*

***Lotrel®*** - A new combination product for hypertension was recently approved by the FDA. It combines benazepril 10-20mg (an ACE inhibitor) with amlodipine 2.5-5mg (a dihydropyridine calcium-channel blocker) for once daily administration. LVH formulary will not include this product. Patients ordered to receive Lotrel® will be automatically substituted with equivalent dosages of lisinopril and amlodipine. Average cost of therapy with Lotrel® is approximately $30-35.00 per month.

## *ANTIMICROBIAL RESISTANCE UPDATE*

The Pharmacy and Therapeutics Committee reviewed the 1995 Antibiogram Report. The highlights are as follows:

Vancomycin Enterococcus species resistance has increased to 10%. Ampicillin Enterococcus species resistance is 14%.

MRSA is 20% in non-ICU setting and 25% in the ICU areas. (MICU, SICU, STU).

Resistance to ampicillin/sulbactam (Unasyn) continues to increase and should not be used empirically when a gram(-) infection is suspected.

In the ICU areas, aztreonam (Azactam) resistance is significantly greater than with an aminoglycoside. Aztreonam should be reserved for patients who cannot tolerate an aminoglycoside.

Streptococcus pneumoniae resistance is 23% for penicillin and 17% for erythromycin.

Antibiotic usage should be based on antibiogram sensitivity and usage restricted to prevent potential resistance.

The committee discussed developing an ICU sensitivity chart which could be posted in those units.

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# Health Sciences Library Computer Learning Resource Oct. 1995

Last month, one of the many available services we listed was Micromedex. Micromedex provides a fast and efficient way to find specific details on any medication, such as dosages and drug interactions.

Here is a sample of a drug interaction search that lists all interactions with a single drug:

- From the Micromedex main menu, choose *B* for Drug Interaction
- Choose *H* for DRUG-REAX
- Type the drug name and hit enter, ex: *Warfarin*
- Hit F7 (single/delete)
- Select *S* (single)
- Select the letter of the desired drug. ex: *A* for Warfarin
- Select *A* for Drug/Drug or *B* for Drug/Food interactions

* To view the complete monograph, select the letter of the appropriate interaction. (i.e. *B* for detail on Naproxen/Warfarin interaction)

When you have completed your search, press F2 to return to the main menu and <Esc> x to exit Micromedex.

*Suggestions for future newsletter topics should be forwarded to Sherry Giardiniere or Chris Sarley at the Health Sciences Library via E-Mail.*

*We welcome your active participation!*

When you have completed your Micromedex or OVID search, please be sure to properly exit the application. This allows others to effectively utilize the same services.

*TIP OF THE MONTH:*

Use **OPAC** (Electronic Card Catalog) to see what computer training videos are available.

- Do a *subject* search on '**Video Training Program**'

Videos can be viewed in the CC library. Stop by, or contact us at ext. 8406 to schedule a time.

## Exploring the Internet

The best way to become comfortable on the "Net" is to *use* it. Each month we will try to lead you to a place you may not have been before! Normally via World Wide Web or Gopher.

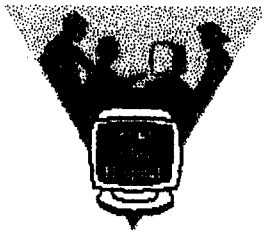
This months place of interest is *The Virtual Hospital* at *http://indy.radiology.uiowa.edu* Here you will find Multimedia, teaching, files, textbooks, an online medical museum, plus much more.

## New Books

"VIRTUAL REALITY IN SURGERY AND MEDICINE" by Chris Chinnock.

## Staying Up to Date

Please be sure to track or review the Medline, Micromedex, and Internet Bulletin Boards on E-Mail. Here you will find all the latest news, changes, problems, and questions.



# HEALTH SCIENCES LIBRARY
# COMPUTER LEARNING RESOURCES
# TRAINING WORKSHOPS
## *October 1995*

*All workshops are hands-on. Call the Library at 402-8406 to register.*

## MEDLINE(OVID)

*October 3, 0700-0830, CC Computer Training Room, 4th Floor, Cancer Center*
*October 6, 0700- 0815, 17 Computer Training Room, SON*

This workshop will cover:

- OVID and OVID_TERM icons
- Basic Searching including Subject Search, Textword search, Limiting, combining, view(browse).
- Printing and Saving a Search
- Retrieving a Saved Search

## INTRODUCTION TO OVID, MICROMEDEX, OPAC, INTERNET

*October 10, 0700-0830, CC Computer Training Room, 4th Fl. Cancer Center*
*October 13, 0700-0830, 17 Computer Training Room, SON*

This workshop will cover the basic functions of each of the applications and how their usage can best be integrated into our daily job functions. Included will be an overview of the OVID databases, Micromedex Drug Interactions, how to use the automated card catalog (OPAC), and anintroduction to the biomedical information available on internet.

## INTERNET

*October 24, 700-0830, CC Computer Training Room, 4th Fl, Cancer Center*

Basic Internet functions will be covered including using the hospital connection to access relevant information.

## Advanced MEDLINE (OVID)

*October 19, 0700-0830, CC Computer Training Room, 4th Fl, Cancer Center*
*(Previously completing the MEDLINE workshop is recommended)*

Go a little "beyond the basics". Discover how to individualize your search settings, use " ^tools" to perform the most effective search, how to use EXPLODE to search a subject heading, and search strategy shortcuts.

## MICROMEDEX

*October 26, 0730-0830, CC Computer Training Room, 4th Fl, Cancer Center*

Take a tour of the available databases and how to most effectively use them.

***(You should already have the application icons available to you when you sign on the the hospital network. This will allow for "hands-on" participation in the workshops)***

REGISTRATION

**Please Print or Type**

Name_____

Address_____

City_____State_____Zip_____

Phone (____)_____

Position/Occupation_____

Social Security #_____

Please register me for the course indicated below.

**PALS Provider**

- September 27 & 28, 1995
- October 24 & 25, 1995
- November 7 & 8, 1995
- December 13 & 14, 1995

(Tuition fee and course pre-requisite documentation must be enclosed.)

Make checks payable to the **Emergency Medicine Institute.**
Please return completed form, along with tuition and course registration to:

**EMERGENCY MEDICINE INSTITUTE**
C/O Diane Angelino
Lehigh Valley Hospital
1243 South Cedar Crest Boulevard, 3rd Floor
Allentown, PA 18103

Any questions, you may contact us at (610) 402-5945

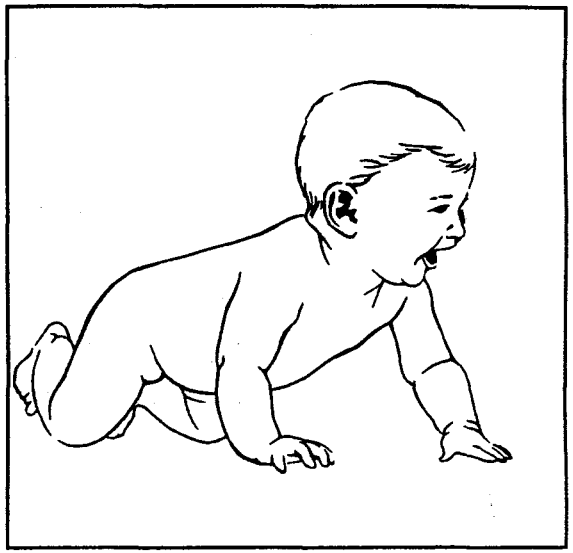


*LEHIGH VALLEY HOSPITAL*
Emergency Medicine Institute
1243 South Cedar Crest Boulevard
Allentown, PA 18103

# *LEHIGH VALLEY HOSPITAL*

## Emergency Medicine Institute

*presents*



# P.A.L.S.

# PEDIATRIC

# ADVANCED

# LIFE SUPPORT

# COURSES

# 1995

# PALS COURSES 1995



ıe founder of the Emergency Medicine Institute of the Lehigh Valley ıspital, the late George E. Moerkirk, M.D., had a strong commitment the development of a PALS training program. The Institute dedicates s PALS program to Dr. Moerkirk and the children of the Lehigh ılley.

## *PALS PROGRAM DIRECTOR*

**hn F. McCarthy, D.O.**
ıief Prehospital Emergency Medical Services
edical Director University MedEvac and EMI
high Valley Hospital
lentown, Pennsylvania

## *FACULTY*

ıe faculty is composed of PALS certified instructors including, diatricians and emergency physicians, nurses, respiratory therapists, d other health professionals.

## *AHA DISCLAIMER*

ıe American Heart Association strongly promotes knowledge of and oficiency in the PALS course and has developed instruction material r this purpose. Although recognized by the AHA, the AHA does not eive any income from fees charged for this course.

## *PURPOSE*

ıe PALS program was developed jointly by AHA and the American ademy of Pediatrics. The PALS course provides education for dical personnel actively involved in pediatric emergency care. All urses are taught to the standards of the AHA.

## *LOCATION OF COURSES*

LS courses will be held at the 1243 Building which is located across street from the Lehigh Valley Hospital, Cedar Crest & I-78.

## *GROUP COURSES*

rangements for a course for a particular group can be made through r office.

## *PALS PROVIDER COURSE*

**Course Pre-Requisites**

Evidence of successful completion of a Basic Life Support (BLS) CPR course, (AHA Course C, D, or ARC Professional Rescuer are acceptable). This information must be forwarded to the EMI along with the registration form prior to enrollment.

**Course Content:**

A specific course emphasizing the early recognition and management of the critically ill and or injured child.

This course utilizes lecture, interactive discussion, case study presentation, and hands on skill and practice teaching stations to assist the student participant in learning the material.

**Course Content Topics:**

Emergency Medical Services for Children (EMSC)
Early Recognition of Respiratory Failure and Shock.
Pediatric Basic Life Support
Airway and Ventilation
Vascular Access and Fluid Therapy
Cardiac Rhythm Disturbances
Trauma Resuscitation
Newborn Resuscitation
Post Resuscitation
Stabilization and Transport
Ethical/Legal Aspects of Pediatric Resuscitation
Course concludes with evaluation through written and practical sessions.

ACCREDITATION

The PALS courses have been approved for Category I credit of the Physician's Recognition award of the American Medical Association and the Pennsylvania Medical Society membership requirement by the Lehigh Valley Area Health Education Center.

Lehigh Valley Hospital is an approved PNA provider for Continuing Education credits.

Pennsylvania Nurses Association Contact hours will be awarded.

Paramedic continuing education credits by Eastern PA Region EMS Council.

## *COURSES*

**PALS Provider**

- September 27 & 28, 1995
- October 24 & 25, 1995
- November 7 & 8, 1995
- December 13 & 14, 1995

## *GENERAL INFORMATION*

**Registration**

Advanced registration is requested no later than three (3) weeks prior to the first day of the course. Early registration is advised to allow time to receive pre-course materials. Registration will be closed when maximum enrollment is reached. Course pre-requisites must be met by all applicants.

The course materials will be mailed to the registrant prior to the beginning of the course.

**Tuition**

**Provider Course**
$150.00 for physicians and $125.00 for nurses
$100.00 for paramedics and other allied health professionals

Includes cost of instruction, course and handout materials, and nutritional breaks.

**Cancellation Policy**

Tuition minus $25.00 administration fee is fully refundable if cancellation is received (10) business days prior to the course. No refund if cancellation notice is not received (10) business days before the course.

**Lodging**

Overnight accommodations are available to all course participants. They are conveniently located approximately 1 mile from the EMI and Lehigh Valley Hospital. For assistance with overnight accommodations, please contact us at (610) 402-5945.

## *GENERAL IN[illegible]MATION*

**Registration**

Advanced registration is requested no later than three (3) weeks prior to the first day of the course. Early registration is advised to allow time to receive pre-course materials. Registration will be closed when maximum enrollment is reached. Course pre-requisites must be met by all applicants.

**Tuition**

Includes cost of instruction, course and handout materials, nutritional breaks, and the use of the Actronics, Inc. Computerized Interactive Video Learning System with the AHA: CPR/ACLS course ware.

**Renewal Course**
$100.00 for physicians
$ 75.00 for nurses
$ 50.00 for paramedics and other allied health professionals

**Provider Course**
$150.00 for physicians
$125.00 for nurses
$ 60.00 for paramedics and other allied health professionals

**Cancellation Policy**

Tuition minus $25.00 administration fee is fully refundable if cancellation is received (10) business days prior to the course. No refund if cancellation notice is not received (10) business days before the course.

The American Heart Association strongly promotes knowledge of and proficiency in ACLS and has developed instruction material for this purpose. Although recognized by the AHA, the AHA does not receive any income from fees charged for this course.

**Lodging**

Overnight accommodations are available to course participants. They are conveniently located approximately 1 mile from the EMI at Lehigh Valley Hospital. For assistance with overnight accommodations, please contact us at (610) 402-5945.

**Appointment**

Participants successfully completing the ACLS Provider or Renewal Course shall be valid in ACLS according to the American Heart Association standards for a maximum of two years.

**Accreditation**

- The ACLS courses have been approved for Category I credit of the Physician's Recognition award of the American Medical Association and the Pennsylvania Medical Society membership requirement by the Lehigh Valley Area Health Education Center.
- Lehigh Valley Hospital is an approved PNA provider for Continuing Education credits.
- Pennsylvania Nurses Association Contact hours will be awarded.
- Paramedic continuing education credits by Eastern PA Regional EMS Council.



*LEHIGH VALLEY HOSPITAL*
Emergency Medicine Institute
1243 South Cedar Crest Boulevard
Allentown, PA 18103

# *LEHIGH VALLEY [illegible]OSPITAL*

## Emergency Medicine Institute

*presents*

# A.C.L.S.

# ADVANCED

# CARDIAC

# LIFE SUPPORT

# COURSES

# 1995

# ACLS COURSES 1995



## *STATE AFFILIATE FACULTY*

**Ronald A. Lutz, M.D., F.A.C.E.P.**
Chairman, Emergency Medicine
Lehigh Valley Hospital
Allentown, Pennsylvania

## *COURSE DIRECTOR*

**John F. McCarthy, D.O.**
Chief, Division Prehospital Emergency Medicine
Medical Director University MedEvac & EMI
Lehigh Valley Hospital
Allentown, Pennsylvania

## *ASSOCIATE COURSE DIRECTOR*

**Edith J. Gray, R.N., M.S.N., C.E.N., PHRN**
Clinical Coordinator/Nurse Specialist
Emergency Medicine Institute
Lehigh Valley Hospital
Allentown, Pennsylvania

## *FACULTY*

The faculty is composed of ACLS certified instructors, physicians, and other health professionals.

## *PURPOSE*

The ACLS course provides educational training for medical personnel actively involved in emergency cardiac care. All courses are taught to the standards of the American Heart Association. The Emergency Medicine Institute sponsors ACLS provider and renewal as well as ACLS instructor courses.

## *COMPUTER ASSISTED INSTRUCTIONAL PROGRAM*

The EMI is pleased to offer the Actronics, Inc. Video Learning System. This self-paced, user-friendly, computer assisted instructional program is available to students in both BLS and ACLS courses before, during, or remedial study after enrolled courses. The program augments the ACLS textbook. To schedule the use of the (CAI) Learning System, please contact the EMI at (610) 402-5944 or (610) 402-5945.

For additional information on the ACLS program or any other educational programs offered at the EMI at LVH, please contact (610) 402-5945.

## *ACLS PROVIDER RENEWAL COURSE*

**Course Pre-requisites:**
Current ACLS Provider status and Basic Life Support (BLS). A copy of your current ACLS and BLS card with expiration date shown must accompany registration form.

A specific course for the reappointment of those who have previously completed the full ACLS Provider Course. Participants will be given the opportunity to refresh practical skills prior to demonstrating cognitive and practical expertise through a written examination and performance at skill stations.

## *ACLS PROVIDER COURSE*

**Course Pre-requisites:**
Current provider status in Basic Life Support (BLS). A copy of current BLS card with expiration date shown must accompany registration form. **The current AHA ACLS Case based instruction and evaluation format will be utilized.**

**Course Content:**

- ACLS Universal Algorithm
- The ACLS Cases
- Respiratory Arrest With A Pulse
- Witness VF Adult Cardiac Arrest
- Mega VF: Refractory VF/Pulseless VT
- Pulseless Electrical Activity
- Asystole
- Adult Acute Myocardial Infarction
- Bradycardia
- Unstable Tachycardia - Electrical Cardioversion
- Stable Tachycardia
- Review of Cardiopharmacology
- Review of Basic CPR Skills/Integration With Automated External Defibrillation
- Special Resuscitation Situation

Integrated case management, discussion sessions and practical work at skill stations are used to emphasize course content. The course materials will be mailed to the registrants prior to the beginning of the course.

## *ACLS "LONG TRACK" PROVIDER COURSE*

This (10) week course is offered for those participants who feel that they may benefit from a slower paced ACLS course.

## *LOCATION OF COURSES*

ACLS courses will be held at the 1243 Building which is located across the street from the hospital.

## *REGISTRATION*

**Please Print or Type**

Name_____

Address_____

City_____ State_____ Zip_____

Phone (____)_____

Position/Occupation_____

Social Security #_____

Please register me for the course indicated below.
(Tuition fee and course pre-requisite documentation must be enclosed.)

Make checks payable to the **Emergency Medicine Institute.**

## *COURSES*

**ACLS Provider**
(Weekday Courses)

- December 4 & 5, 1995

**ACLS Provider**
(Weekend Courses)

- October 27 & 28, 1995

**ACLS Renewal**
(Weekday Courses)

- September 22, 1995
- October 30, 1995
- November 17, 1995

**ACLS Renewal**
(Weekend Courses)

- September 23, 1995
- December 2, 1995

**ACLS "Long Track"** - 0830-1100

- January 9, 1995 through March 13, 1995
- September 11, 1995 through November 20, 1995

Please return completed form, along with tuition and course registration to:

**EMERGENCY MEDICINE INSTITUTE**
Lehigh Valley Hospital
1243 South Cedar Crest Boulevard
Allentown, PA 18103
(610) 402-5945 or (610) 402-5944

# HEALTH NETWORK LABORATORIES

A Service of LEHIGH VALLEY HOSPITAL


## *Differential Diagnosis of Monoclonal Gammopathies: Monoclonal Gammopathy of Undetermined Significance*

The term "monoclonal gammopathy of undetermined significance" denotes the presence of an M-protein in persons without evidence of multiple myeloma (MM), macroglobulinemia, primary amyloidosis (AL) or other related disorders. The term "benign monoclonal gammopathy" is misleading because one does not know at the time of diagnosis whether the proliferative process producing an M-protein will remain stable and benign or will develop into symptomatic MM, macroglobulinemia, AL, or a related disorder.

The laboratory analysis of MGUS (benign monoclonal gammopathy) is characterized by: the presence of less than 3 g/dL M-protein in serum fewer than 10% plasma cells in the bone marrow; lack of, or only small amounts of M-protein in the urine; and a low plasma cell labeling index (PCLI). In addition, evidence of bone lesions, anemia, hypercalcemia or renal insufficiency must be absent. Most importantly, the M-protein must remain stable and no other abnormalities develop.

The frequency of monoclonal gammopathies increases with advancing age. The prevalence of MGUS is 1% of patients older than 50 years, 3% of those older than 70 years, and increases up to 10% in persons over the age of 80 years. Compared with Caucasians, the incidence of MGUS is higher in African-Americans and lower in elderly Japanese. Approximately 15% of monoclonal proteins are of the IgM type.

During 1992, 1,026 patients with a serum M-protein were found at the Mayo Clinic. The most frequent clinical diagnosis was MGUS occurring in more than half of the patients followed by 18% MM, 10% Amyloidosis, 5% Lymphoma, 4% Smoldering MM, and 7% other.

Because of its high prevalence and the multiple fields of clinical practice in which these patients are seen, it is of great importance to know whether the M-protein will remain stable and benign or progress to symptomatic disease. At the Mayo Clinic, a long-term study of 241 patients with benign monoclonal gammopathy was carried out. The median age was 64 years at diagnosis. Only one-forth of the patients did not have a pre-existing disease. The most commonly associated conditions were cardiovascular or cerebrovascular disorders. Anemia, leukopenia, leukocytosis, thrombocytopenia or renal insufficiency when present were unrelated to the M-protein. The median initial M-protein level as 1.7 g/dL and consisted of IgG (74%), IgA (11%), IgM (14%), and biclonal (2%). Bone marrow plasma cells ranged from 1% to 10% with a median of 3.0%. After follow-up for 20 to 35 years (median, 22 years), the patients were categorized as shown in the Table.

| CATEGORIZATION OF PATIENTS AFTER FOLLOW-UP OF 20-35 YEARS | | |
|---|---|---|
| **GROUP** | **STATUS** | **PERCENTAGE OF PATIENTS** |
| 1 | No significant increase of serum or urine M-protein (benign) | 19% |
| 2 | Increase of M-protein to >3 g/dL but did not require therapy | 10% |
| 3 | Died of unrelated cause | 47% |
| 4 | Developed myeloma (16%), macroglobulinemia (3%), amyloidosis (3%) or related diseases (2%) | 24% |

The actuarial risk of malignant transformation was 17% at 10 years and 33% at 20 years. The rate of development of serious disease did not differ whether the M-protein was IgG, IgA, or IgM. The interval between the recognition of the M-protein and the diagnosis of a serious disease ranged from 2 to 29 years (median, 10 years).

The differentiation of a patient with benign monoclonal gammopathy from one with MM may be difficult. The size of the serum M-protein, hemoglobin value, percentage of bone marrow plasma cells, amount of monoclonal light chain in the urine, presence of hypercalcemia or renal insufficiency or the presence of bone lesions are usually helpful. The plasma cell labeling index (PCLI) measures the synthesis of DNA and when elevated is good evidence that the patient has MM or will soon develop it.

The presence of circulating plasma cells in the peripheral blood is also a good marker of active myeloma. Circulating peripheral blood plasma cells are detected in approximately 60% of patients with newly diagnosed myeloma and in more than 90% of patients with refractory myeloma or at relapse. The levels of $B_2$ Microglobulin ($B_2M$), reduction of uninvolved immunoglobulins, presence of J chains in the plasma cells, reduced numbers of CD4 T cells and increased numbers of immunoglobulin-secreting cells in the peripheral blood are all characteristic of MM, but are not reliable for differentiation from MGUS.

It is impossible to determine whether the patient presenting with MGUS will remain stable and benign, or will develop overt multiple myeloma, primary amyloidosis, macroglobulinemia of Waldenstrom or related lymphoproliferative disorders during long-term follow-up.

In the series of 241 patients with MGUS, the initial hemoglobin value, amount of serum M-protein, number of plasma cells in the bone marrow, levels of normal uninvolved immunoglobulins, age, sex, presence of organomegaly, presence of small amounts of monoclonal light chain in the urine, serum albumin level and IgG subclass did not enable one to distinguish initially between patients with benign disease from those in whom a plasma cell proliferative process developed during follow-up. No single factor can differentiate a patient with benign monoclonal gammopathy from one in whom a malignant plasma cell disorder will develop. The serum M-protein must be measured periodically and a clinical evaluation conducted to determine whether serious disease has developed.

In patients recently diagnosed with MGUS, serum protein electrophoresis should be done in 3 to 6 months and, if the M-protein is stable, the test should be repeated in 6 to 12 months. If the M-protein remains stable, electrophoresis and clinical evaluation should be performed annually thereafter. Patients should be told that malignancy develops in only one-fourth of patients and usually occurs after a median of 10 years. However, they should also be aware that evolution from MGUS to MM can be abrupt; and therefore, they should be advised to seek medical evaluation if untoward symptoms develop.

**Biclonal Gammopathies** are characterized by the presence of two different M-proteins and occur in 3% of patients with monoclonal gammopathies. The clinical features of biclonal gammopathies are similar to those of monoclonal gammopathies. Triclonal gammopathies may also be seen.

**IgD Monoclonal Protein** is almost always indicative of malignant plasma cell proliferative process such as MM, AL, or plasma cell leukemia. However, IgD MGUS does exist.

**Monoclonal Light-Chain (Bence Jones) Proteinuria** is a recognized feature of MM, AL, and other serious plasma cell proliferative diseases; a benign course may be followed for several years before the serious disease develops.

*This article was excerpted with percussion from a monograph entitled "The Monoclonal Gammopathies: Recognition and Diagnosis" written by Dr. Kyle.

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***Medical Staff Progress Notes*** **is published monthly to inform the Lehigh Valley Hospital Medical Staff and employees of important issues concerning the Medical Staff. Articles should be submitted to Janet M. Seifert, Physician Relations, 1243 S. Cedar Crest Boulevard, Allentown, PA 18103, by the first of each month. If you have any questions about the newsletter, please call Mrs. Seifert at 402-9853.**