Lehigh Valley

Progress Notes

Medical Staff

Lehigh Valley Hospital ⌘ Muhlenberg Hospital Center

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From the President

In a free and republican government, you cannot restrain the voice of the multitude.

George Washington

As we celebrate the birth of our nation in this month of July, I confess that I continue to be amazed by the insight and foresight of our founding fathers. I am also impressed that our microculture here at Lehigh Valley Hospital is as responsible to the principles which were outlined 222 years ago as these free men would have hoped.

It should be no surprise to anyone on the medical staff at Lehigh Valley Hospital that it has been an exceedingly busy month since ***Medical Staff Progress Notes*** was last published. After all, when was the last time that two general medical staff meetings occurred within three business days? In summary, after hearing the voices of multitudes, on June 3, 1998, the Lehigh Valley Hospital Board of Trustees voted to hold in abeyance their resolution of May 6, 1998, calling for an exclusive arrangement with our cardiovascular surgeons. It also appointed an ad hoc committee comprised of Kathryn Taylor, Kathryn Stephanoff, Bill Hecht and myself to further investigate this matter.

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This committee was then charged to report its findings back to the Lehigh Valley Hospital Board of Trustees at its September 9, 1998 meeting. On June 4, 1998, at a special meeting of the Lehigh Valley Hospital Medical Staff dedicated to exclusive contracting between our cardiac surgeons and Lehigh Valley Hospital, a lively and collegial discussion ensued. The voice of the multitude was again heard and two resolutions were passed:

1. That the Medical Staff retain independent counsel to advise the Medical Staff as to all issues, rights and responsibilities of the Medical Staff in regard to exclusive contracting.
2. That the Medical Staff would petition the Board Ad Hoc Committee to actively seek the input of each Family Practice and General Internal Medicine Physician pertaining to the issue of exclusive contracting with the Cardiac Surgeons.

I would like to report on the progress we have made thus far. I have contacted various sources within the Pennsylvania Medical Society to describe our situation here at Lehigh Valley Hospital and seek their counsel. I have personally spoken with Frances C. Evans, MD, of New London, N.H., Ralph Kristellar, MD, of Red Bank, N.H., and John Lehman, MD, of Beaver Falls, Pa. These physicians are considered by the Organized Medical Staff Section of the American Medical Association to be national experts on exclusive contracts. Our situation was to be discussed at the June AMA meeting, and I have been promised an opinion in the next several weeks. I have also contacted the Pennsylvania Medical Society's legal department and am reviewing cases with them. When a representative sample of cases has been defined, legal counsel will be engaged to discuss these issues with us at another special meeting. In addition, I have begun to solicit written opinions on this subject from our medical staff. The Board Ad Hoc Committee, which held its organizational meeting on June 17, 1998, will be inviting the members of our staff to personally discuss their opinions in the very near future.

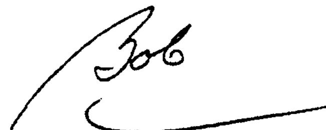
On another front, the Lehigh Valley Hospital/Muhlenberg Hospital Center Transition Team continues to meet every other week. Thus far, consensus has been reached with
So, keep up the good work, keep the lines of communication open, and make sure you all make time to enjoy some of "those lazy, hazy, crazy days of summer."

regard to the following. There should be one unified medical staff. There will be site specific privileges: Muhlenberg Hospital Center physicians in good standing on November 20, 1997, will have the requirement for board certification grandfathered so they can continue to practice specifically at Muhlenberg Hospital Center. The present structure of medical staff leadership, i.e. Troika, will continue. The Medical Executive Committee should have an additional four members drawn from the Muhlenberg Hospital Center staff in order to assure Muhlenberg Hospital Center representation and simultaneously preserve the majority of at-large members. Departments will be organized with a single chairperson who will be supported by both a Lehigh Valley Hospital and Muhlenberg Hospital Center Associate/Vice Chair, where appropriate. The Bylaws Committees of Lehigh Valley Hospital and Muhlenberg Hospital Center will soon begin the process of codifying our principles in conjunction with legal counsel.

I'd like to thank Mr. Patrick Simonson, Director of Ambulatory Services, Lehigh Valley Health Services, for his very informative presentation on the Trexlertown Medical Mall initiative at our last quarterly General Medical Staff meeting. I would also invite any members of our staff who would like further information about participating in this program or obtaining "brown-bag suite" space to contact Patrick at 402-9108.

I'd like to recognize and thank Headley S. White, Jr., MD, for his 32 years of invaluable service to our Lehigh Valley community. I'm sure he will relish the pastoral hours he'll spend on the shores of Lake Winipesakee in New Hampshire. I'd also like to welcome, Will Miller, MD, who will step up to the plate as Acting Chairperson of the Department Family Practice.

Finally, on a more ominous note, Pennsylvania Blue Shield has notified Lehigh Valley Hospital that they will be conducting a review of medical records for their subscribers. Their espoused purpose is to ascertain the compliance of attending physicians in a teaching setting with the guidelines this insurer adopted in May, 1980. Big brother is watching!



Robert X. Murphy, Jr., MD
President, Medical Staff

Managed Care Reform - Senate Bill 91

After several years of struggling with interested parties over the details of what should be included in a managed care reform proposal, Senate Bill 91 was amended and approved by the House of Representatives on June 9, 1998, and minutes later passed by the Senate. In the House, the key vote was on an amendment offered by Rep. Nicholas Micozzie (R-Delaware) that contained the reform language. Although the vote on final passage of Senate Bill 91 was 195-3, the vote on the Micozzie amendment was quite different at 106-90. This vote was the benchmark as to where legislators stood on the issue of managed care reform.

Although a detailed analysis of Senate Bill 91 is available by contacting the Pennsylvania Medical Society's Government Affairs Division, there are several components of this reform bill that deserve special mention. The bill contains the following:

⇒ Establishes enrollee complaint process for coverage and plan policies disputes
⇒ Defines "emergency service" using prudent layperson standards
⇒ Requires HMO's to adopt and disclose to policy holders a "medical necessity" definition
⇒ Women no longer need PCP approval for OB/GYN services
⇒ Prohibits financial incentives for providing less than appropriate levels of care
⇒ Prohibits "gag" clauses
⇒ Requires all insurers to pay clean claims within 45 days
⇒ Enacts significant changes to the utilization review process

In the time leading up to the drafting of the omnibus amendment to Senate Bill 91, Society lobbyists worked to insure that many of the provisions tacked on to Senate Bill 100, and to a lesser extent House Bill 977, were not carried forward in the amendment to Senate Bill 91. Without question, these efforts were successful. Direct access to physical therapy services, point of service mandates for chiropractic services under HMO's, and empowering psychologists to review care rendered by psychiatrists are a few examples of language that had been included in other bills but not included in the Senate Bill 91 amendment.

The provisions of Senate Bill 91 go into effect on January 1, 1999.

Once again, organized medicine has helped to shape health care policy in the Commonwealth!

Robert X. Murphy, Jr., MD
Legislative Chairman
Lehigh County Medical Society

A Word of Thanks to Dr. White

On June 17, after serving as the first Chairperson of the Department of Family Practice since 1993, Headley S. White, Jr., MD, retired from practice.

Following his graduation from Temple University School of Medicine, Dr. White completed an internship at The Allentown Hospital. He then spent four years in the United States Navy and graduated from the Navy's School of Aviation Medicine in 1962.

In 1965, Dr. White began his private practice of Family Medicine. He joined the hospital's Medical Staff in 1966, and served as Medical Staff President from 1974 to 1975. In 1975, he left private practice to become the Associate Director of the combined Family Medicine Residency Program sponsored by The Allentown Hospital, Allentown and Sacred Heart Hospital Center, and Sacred Heart Hospital. In 1980, he became the first Vice President of Medical and Academic Affairs, and shortly thereafter was named Senior Vice President of Medical and Academic Affairs. Then, in November 1993, he was named the first Chairperson of the Department of Family Practice.

As Chairperson, Dr. White served his colleagues on the Medical Staff and the community of the Lehigh Valley with unyielding enthusiasm, commitment, dedication, and steadfast energy. Among his many successes, Dr. White was instrumental in the planning and development of the Family Practice Residency Program which was approved in 1995.

Headley, as you retire to your new home in New Hampshire with your lovely wife, Terri, the Medical Staff extends to you its best wishes and a huge "Thank You" for a tremendous job! Have a wonderful retirement, Headley. You deserve it!

FY '99 Operating Budget Approved

LVHHN's Board of Trustees has approved the network's operating budget for Fiscal Year 1999 (FY '99), forecasting a $15.2 million margin of revenues over expenses from patient services, or 3.2 percent of total revenues. FY '99 will follow a LVH budget surplus of $2.5 million in FY '98, which represents a shortfall of $6 million, chiefly due to lower than expected revenues. According to Lou Liebhaber, Chief Operating Officer, next year's financial picture will brighten only if LVH -- which generates 70 percent of the network's patient care revenues -- meets its cost reduction target of $17.5 million.

"We are projecting that we will lose some $12 million in FY '99 from lower revenues from Medicare, managed care and trauma, heart surgery and outpatient surgery volumes," he explained. "Therefore, the only way to remain financially in the black will be to keep focused on delivering the best possible patient care in the most economical fashion."

The organization counts on its yearly margin of revenues over expenses to develop new clinical programs, invest in and update technology, equipment and facilities, and reduce debt, as authorized in LVHHN's capital budget. The approved capital budget for next year allocates funds to buy new clinical equipment, make improvements at LVH, MHC, Muhlenberg Rehab Center, as well as to complete the Trexlertown Medical Mall project and support other LVHHN initiatives.

LVHHN will be challenged again next year in its ability to meet its revenue goals, agreed Vaughn Gower, Chief Financial Officer. "The Balanced Budget Act of 1997 will reduce our Medicare patient care revenues of nearly $7 million across the network," Mr. Gower explained. "In addition, we will see a shift of 1,700 cases from traditional insurance to managed care at LVH alone, further reducing our revenue by $3 million."

These revenue reductions and higher costs of providing care will be countered by a $17.5 million operations improvement expense trimming, comprising clinical expense reductions, benchmarking action plans and decreased staffing through attrition because of work redesign. All will be "hard-wired" into department budgets and savings from the revised Working Wonders program.

"Fortunately, LVH has already made progress in operations improvement that will enhance next year's finances," Mr. Liebhaber noted. "Our clinical staff in 11 key areas have risen to the occasion by achieving significant cost reduction opportunities through work redesign. Our budget projections depend on the continuation of these activities."

Mr. Liebhaber said these changes in care processes will reduce the hospital's staffing requirements by 500 employee by the end of FY '99. "Since 1995, LVH's total occupied beds has declined by 20 percent, while staffing has been reduced by only 13 percent over the same period," he noted. "Therefore, the ratio of staff to occupied beds will remain relatively stable." Since January, 1998, attrition has decreased LVH's ranks by about 170 FTEs, leaving 330 to be trimmed through this budget. A wage reduction from attrition of $11.4 million in FY '99 will place LVH at about the 50th percentile rank according to LVH's MECON peer group comparisons.

Despite tighter revenues, LVHHN will again honor its annual commitment to the community, providing $25.4 million in uncompensated care and community service during FY '99. Most of these costs represent operating expenses, which include health promotion and disease prevention, medical education, clinic subsidies and uncompensated care. The plan also accounts for an anticipated payment shortfall of $1.1 million from Medicare and nearly $5 million from Medical Assistance.

"Lehigh Valley Hospital and Health Network takes its role as a community resource to heart," Mr. Liebhaber said. "We exist because of our community. And, in spite of the challenges from the government and other payers, we continue to provide more free care and related services than any other health care organization in the region...because it is our mission and the right thing to do."

Medical Executive Committee News

Congratulations are extended to Mark A. Kender, MD, John W. Margraf, MD, James L. McCullough, MD, and Brian P. Murphy, MD, who were recently elected to serve a three-year term as members-at-large of the Medical Executive Committee.

A special "Thank You" to George J. Chovanes, MD, Oscar A. Morffi, MD, Alexander D. Rae-Grant, MD, and Kamalesh T. Shah, MD, for their dedication and service to the medical staff as members of the Medical Executive Committee.

Epidemiology Study for Chronic Circulatory Support

A new study, to be conducted jointly at Lehigh Valley Hospital and Hershey Medical Center, is being initiated to identify and determine the clinical outcomes of a group of patients with end-stage heart failure who are NOT candidates for heart transplantation but would be eligible for intervention with a left ventricular assist/device (LVAD). This is an epidemiologic study to look at demographics of an LVAD eligible patient group. It is designed to look at the cost of medical care for these patients and the clinical outcomes in terms of survival, functional capacity, and quality of life. **This study does not involve LVAD implantation or use.**

Prior to the actual clinical trial, more data is needed to define the patient population who would most benefit from such an intervention. This study will collect data regarding the number of patients that might be eligible, the cost of standard medical care for these patients, and the clinical outcomes in terms of survival, functional capacity, and quality of life. The majority of these patients would be enrolled simultaneously in a study in progress, the Partners-in-Care protocol.

Patients admitted to the hospital with a diagnosis of congestive heart failure will be screened by a research coordinator for participation in the study. Those age 18 or older with NYHA Class III or IV heart failure, who are ineligible for transplant and meet other eligibility criteria, will be invited to participate. Participation involves completing simple questionnaires regarding their quality of life, performing a six minute walk test, and repeating these measures at six and 12 months after enrollment. Since there are no actual interventions, in no way will this study interfere with the care given by the patient's physician.

Patients participating in this study will also be asked to complete a cardiopulmonary exercise test after initial screening. This will be performed as a bicycle ergometry test. There will be no cost incurred by the patient for this test.

Data will be analyzed to determine the percentage of patients admitted to the hospital with CHF who may be eligible for a left ventricular assist device, cost of medical care, and patient outcomes of this population including survival, quality of life, and functional capacity. Data will also be collected and analyzed regarding reasons patients are ineligible for LVAD intervention.

For more information regarding this study, please contact Tina Dalessandro, Research Coordinator, at 402-1628.

LVH Studies New Treatment that Might Prevent Coronary Restenosis

Last month, a 66-year-old heart patient at Lehigh Valley Hospital became one of the first patients in Pennsylvania and the U.S. to benefit from a new investigational therapy to reduce in-stent restenosis, a problem associated with recurring coronary angioplasty with intracoronary stents.

LVH was selected as one of 12 clinical sites in the U.S. to participate in the GAMMA-1 trial of localized, intracoronary irradiation with iridium-192 for the treatment of in-stent restenosis in a previously placed coronary stent.

"In recent years, we've seen major advances in the treatment of coronary heart disease -- particularly the use of intracoronary stents," said Bryan Kluck, DO, interventional cardiologist at LVH and the hospital's principal investigator for the GAMMA-1 trial. "Although stents have provided a new tool for us to battle heart disease, with this advance has come a new and pressing problem of recurring blockage, or restenosis, for which current therapies are poorly effective. This new therapy shows promise to reduce restenosis."

In the GAMMA-1 trial, a catheter is threaded into the coronary artery and via this catheter a ribbon with a radiated tip is positioned at the restenosis site. Patients will be randomized to radioactive (hot) iridium-192 or inactive (cold) therapy and followed clinically for nine months. A free outpatient coronary angiogram at six months will assess the patient's condition, and telephone follow up from LVH will extend to three years. This trial, which is being conducted in cooperation with Cordis, a Johnson & Johnson company, is multi-disciplinary and requires close collaboration involving radiation oncology, radiation physics and cardiology.

"This is a very exciting trial for LVH -- a leading site in the northeast for trials of new stent designs. Now we're part of the next generation of treatment for restenosis," Dr. Kluck added. "The results of the GAMMA-1 pilot trial remain promising, and hopefully will be reproduced by this multi-center randomized trial."

It's official -- Lehigh Valley Hospital has been awarded Accreditation with Commendation. The official letter from JCAHO is in the mail. Congratulations to all who worked so hard to make this happen!

New Acute Stroke Study

The Neuroscience Research Department has a new acute stroke study ready to enroll patients. The GAIN Americas study is a multi center, randomized, double-blind, placebo controlled study. The objective of the study is to evaluate the effectiveness of this glycine antagonist to improve functional outcomes at three months in patients with ischemic stroke.

Patients enrolled in the GAIN study will suffer an acute stroke with limb weakness. The window for enrollment is six hours of the onset of symptoms. Major exclusion criteria include hemorragic stroke, creatine >2.0mg/dl or a history of significant liver disease.

For more information regarding this study, please contact Christopher J. Wohlberg, MD, or a member of the Neuroscience Research Department at 402-9330.

Emergency Medicine Institute Renamed to Honor Dr. George E. Moerkirk -- "Father of Emergency Medical Services"

Today's high level of pre-hospital care is now a standard, but this was not the case before 1975, and before George E. Moerkirk, MD.

Dr. Moerkirk, who died in 1994, is considered by many to be the "father of emergency medical services" (EMS) in eastern Pennsylvania. In honor of his accomplishments, the Emergency Medicine Institute of Lehigh Valley Hospital (LVH) was renamed the George E. Moerkirk Emergency Medicine Institute on May 17 at a private reception for family and friends. The recognition occurred at the start of National EMS Week.

Dr. Moerkirk created the area's first paramedic training program in 1975, developed the Lehigh County's Emergency Medical Technician (EMT) program, and helped field a team of medical command physicians who review paramedic procedures and protocols in eastern Pennsylvania, ensuring that patients continue to receive the best possible care from EMS personnel.

At LVH, Dr. Moerkirk was the Director of Pre-Hospital Emergency Medical Services. He played an integral part in the growth and development of University MedEvac, LVH's medical helicopter program. This year, MedEvac logged its 20,000th flight.

The Emergency Medicine Institute that Dr. Moerkirk created in 1987 and directed until his death still serves the medical community to his high standards, providing pre-hospital emergency training and certification of emergency medical technicians (EMT) annually. It trains more than 4,000 physicians, nurses, and other allied health care providers every year, and is the only institution in the region where paramedics and pre-hospital nurses can earn a bachelor's or associate's degree in EMS. The institute also offers continuing education courses for certified emergency personnel.

"To carry on some of his work is a great honor," said Richard Shurgalla, Administrative Director of the Department of Emergency Medicine and Pre-Hospital Emergency Medical Services for LVH, which includes EMI. "He was truly the cornerstone of EMS in our community."

We are saddened by the recent passing of a member of the Medical Staff:

Andrew H. Heffernan, Sr., MD
October 24, 1929 - June 8, 1998

Dr. Heffernan was a member of the Division of Plastic and Reconstructive Surgery from 1964 to 1990, when he retired from practice.

Memorial contributions may be made to:
Lehigh Valley Hospice, Allentown;
Parkland Community Library Building Fund, Allentown, or a charity of one's choice.

Centralized Transfer Center will Ease Transfer Process

Lehigh Valley Hospital (LVH) recently created a new centralized Transfer Center to process all patient transfers to and from LVH through pre-hospital services in the Department of Emergency Medicine. The Transfer Center will facilitate the transfer process, merge communication flow, and help collect data on transfers. All communication about transfers can be handled through one telephone number, in one location, resulting in a more effective, easier-to-use system.

According to John F. McCarthy, DO, Chief, Division of Pre-Hospital Emergency Medicine Services, the new center will "significantly increase the efficiency of the transfer and admission processes." Instead of involving many people to arrange a transfer, the "one-call" system allows referring physicians to get all the information they need by speaking with a single person. The staff of the center, normally the triage nurse and nursing supervisors, have "all the information right at their fingertips" -- everything from the name of the attending physician to the status of University MedEvac is available with a keystroke.

Dr. McCarthy points out that the Transfer Center uses a "customized, automated, computerized process" to manage transfers. "This centralization of communications and information systems is designed to facilitate the acceptance and transport to LVH from referring hospitals," he said.

Current referral patterns will continue to be honored, with the assistance of the Transfer Center. For example, a referring physician can still contact a particular accepting physician directly, but the center is available to handle all the necessary arrangements concerning admission, such as arranging transportation and securing a bed for the incoming patient. The Transfer Center will be especially valuable in facilitating emergency transfers when there is no preference for an accepting physician at LVH.

The ease of use for the referring physician will assure both the physician and the patient of consistent professional, quality care throughout the transfer and transport process, which may increase the number of patients being transferred to LVH. "Very few hospitals have this setup," Dr. McCarthy said. "It's really a unique system."

The Transfer Center will be located in bed control and will be staffed by the triage nurses, bed control staff and the communications technicians at MedEvac. The first two months will be prototype development, with outside marketing to begin after that time. The admissions process, physician acceptance, referral patterns, nursing reports, and precertification will not change from the current process. The main difference will be the centralized initial contact point. The Transfer Center will significantly facilitate the direct physician-to-physician communications when requested by the sending or receiving physician.

What do you need to know? If anyone gets a call inquiring about wanting to refer a patient to LVH, transfer the call to Ext. 6100 or (1-800-280-5524). Physicians can utilize the Transfer Center if they are the initial contact for a referral. One call to Ext. 6100 will replace separate calls to admissions and the triage RN The key to making this process work is a quick response by the LVH physicians when paged to Ext. 6100 or 1-800-280-5524. Patients will not be transferred until the case has been discussed with, and approved, by the accepting physician at LVH.

Pennsylvania Blue Shield Audit

Pennsylvania Blue Shield will be conducting an audit of medical records at Lehigh Valley Hospital for physician documentation in a teaching hospital during the calendar years 1994 and 1995. In preparation for this audit, the insurance carrier requested: 1) a list of all teaching physicians who provided inpatient and/or outpatient services at this facility and who utilize residents in the care of his/her patients, 2) a sample signature of each teaching physician, and 3) a list of all residents in training during that time period.

All information requested has been forwarded to the insurance carrier, however, a definite date for the audit has not yet been scheduled.

New Procedure to be Implemented for Physician Food Charges

In response to numerous concerns expressed by physicians regarding the security of their meal charge accounts, members of the Food and Nutrition Service Department investigated alternative systems which would better meet the needs of Food Service charge account customers.

One of their goals was to eliminate the possibility that someone other than the authorized user could access and ultimately charge on a physician's account. To that end, the hospital purchased new cash registers in both the main cafeteria and coffee shop at Cedar Crest & I-78 which will handle the new Bar Coding System Program which will be introduced later this summer by the Food and Nutrition Service Department.

For this new system to work, bar codes will be issued to those physicians interested in establishing a Food Service charge account. The bar codes will be placed on the physician's hospital ID badge. Although each authorized user must have his or her ID badge at the time of the transaction, this new bar code system offers two levels of security: 1) it gives the cashier a visual I.D., and 2) without the bar code, it is impossible for the cashier to ring in the transaction, thus preventing non-authorized users to charge to an account.

The Bar Coding System will also provide detailed transaction information to the user upon request. This means that if a physician has a question about their purchases, the Food and Nutrition Service Department will be able to provide a purchase by purchase record for the physician to review.

In mid-July, a letter explaining the new Bar Coding System along with an application form to apply for a Food Service charge account will be distributed to office managers to coordinate this for the physicians in their practice. The new system is expected to be implemented by early September.

If you have any questions regarding this new system, please contact Paul Fite, General Manager, Food and Nutrition Services, at 402-8314.

Pediatric Outpatient Nutrition Services

The Clinical Nutrition Department of Lehigh Valley Hospital provides nutrition counseling for children between the ages of 0 and 19 years on a fee-for-service basis. Consultation is available to patients after hospital discharge and for other ambulatory patients requiring nutritional intervention.

Located at 401 N. 17th Street, in Suite 311, registered pediatric dietitians can perform nutrition assessments, diet analysis, body composition measurements and counseling for weight control, failure to thrive, feeding problems, food allergies, hypertension, high cholesterol, and other nutrition disorders.

For more information or to refer pediatric patients with nutrition problems to the Nutrition Clinic, please call 402-3720.

PennCARE Earns Surplus from Aetna/U.S. Healthcare Contract

Not only did PennCARE grow into the largest integrated delivery system in Pennsylvania in terms of numbers of beds and covered lives last year, but the network also bucked a growing national trend among managed care provider networks by earning a revenue surplus in the first year of its Aetna/U.S. Healthcare contract.

The network earned more than a $1.5 million surplus from its risk contract, according to Louis I. Hochheiser, MD, Executive Vice President and senior medical director, which he called a "highly unusual phenomenon."

"With costs of care on the rise throughout the U.S., many integrated delivery systems and HMOs recorded losses from operations last year," Dr. Hochheiser said. A prominent Philadelphia system, for one, expects to fall far short of its break-even point on the Aetna/U.S. Healthcare activity, he added.

Lehigh Valley Hospital recorded about 800 more inpatient admissions than budgeted last year, most of which resulted from the Aetna/U.S. Healthcare contract.

PennCARE signed a 10-year full-service, full-risk contract with Aetna/U.S. Healthcare in August 1996.

New LVH Medical Staff Directory Now Available

The latest edition of the Lehigh Valley Hospital Medical Staff Directory is now available and will be distributed to members of the Medical Staff during the month of July. If you do not receive your copy by the beginning of August, please contact Janet M. Seifert in Physician Relations at 402-8590.

News from the Center for Educational Development and Support

Announcement

Charles D. Peters, MD, Division of General Internal Medicine, has been selected by the fourth year medical students at Hahnemann University School of Medicine and Medical College of Pennsylvania to receive the 1998 Dean's Special Award for Excellence in Clinical Teaching at Lehigh Valley Hospital. Dr. Peters was honored at a luncheon on May 28 at Allegheny University of the Health Sciences.

Congratulations, Dr. Peters, for your dedication and commitment to the education of our students.

What is CEDS?

CEDS, which stands for Center for Educational Development and Support, encompasses: Graduate and Undergraduate Medical Education, Physician and Nursing Continuing Education, Patient Education, Nursing Education, Audiovisual Services, Biomedical Photography, Faculty and Instructional Development, Health Sciences Library, and Grant and Research Services.

In the coming months, information will be included in Medical Staff Progress Notes regarding the various resources and programs available through CEDS.

If you have any specific interests you would like addressed in this column, please contact Sallie Urffer via e-mail or at 402-1403.

From the Library

Ovid Training

To schedule a one-on-one OVID (MEDLINE) training session, call Barbara Iobst in the Health Sciences Library at 402-8408.

New Books at Cedar Crest & I-78

Current Surgical Therapy, 6th ed.
Editor: J. Cameron
Call No. WO 100 C182c 1998 (Reference Section)

The Heart: Physiology, From Cell to Circulation, 3rd ed.
Author: L. Opie
Call No. WG 202 O61h 1997

Williams Textbook of Endocrinology, 9th ed.
Editor: J.D. Wilson, et al.
Call No. WK 100 W721 1998

New Books at 17th & Chew

Breast Disease
Author: D. Marchant
Call No. WP 840 B8281 1997

Concise Handbook of Respiratory Diseases, 4th ed.
Author: S. Farzan, et al.
Call No. WF 140 F247c 1997

Physical Diagnosis in Neonatology
Author: M. Fletcher
Call No. WS 141 F613p 1997

Textbook of Women's Health
Author: L. Wallis, et al.
Call No. WA 309 T 355 1997

In April 1997, a new process was implemented by Information Services which greatly improved remote access to the LVH computer network. That process requires that a profile and password be established for each user dialing into the network. Physicians who have not dialed into LVH net since that time and wish to reestablish the connection from their home or office should contact Pat Skrovanek in Physician Relations at 402-9190. The telephone number assigned to your home or office modem along with your modem speed will be required to establish your profile and password.

Papers, Publications and Presentations

Joseph L. Antonowicz, MD, Chief, Division of Consultation/Liaison Psychiatry, and **Michael W. Kaufmann, MD**, Chairperson, Department of Psychiatry, presented a paper at the American Psychiatric Association Convention held in Toronto, Canada, on June 4. The paper, "DRG Reimbursement Enhancement by Consultation/Liaison Psychiatry," demonstrated the effect of proper identification of delirium and other psychiatric comorbidities on hospital revenue and patient care at LVH, thereby demonstrating a small part of the value of a consultation/liaison psychiatry service in a tertiary care hospital.

Peter A. Keblish, MD, Chief, Division of Orthopedic Surgery, presented "Lessons Learned in 30 Years of Total Knee Replacement" at Grand Rounds at the University of Pittsburgh on May 27. He also presented lectures to the resident staff regarding surgical approaches and concepts of total knee replacement. In addition, he performed surgery and demonstrated surgical principles of mobile bearing total knee arthroplasty. (Lehigh Valley Hospital and Orthopaedic Associates of Allentown participated in the FDA-IDE evaluation of the Low Contact Stress mobile bearing total knee, which is the newest, proven design concept in total knee replacement and the only design that has undergone the rigors of a full FDA-IDE trial.)

Seminars, Conferences and Meetings

Advanced Pediatric Life Support Course a Huge Success

Lehigh Valley Hospital hosted the first Advanced Pediatric Life Support Course in the Lehigh Valley on March 27 and 28. With nearly 50 participants ranging from residents and nurses to staff physicians from various departments, the course covered several topics ranging from how to read pediatric cervical spine films to the causes and treatment for congenital adrenal hyperplasia.

Developed by the American College of Emergency Physicians and the American Academy of Pediatrics, the course included numerous members of the Medical Staff on the teaching faculty. Members of the Department of Emergency Medicine included: Gavin C. Barr, Jr.; MD, Gary Bonfante, DO; Randolph J. Cordle, MD; Jerome C. Deutsch, DO; Ronald A. Lutz, Sr., MD; John F. McCarthy, DO; David M. Richardson, MD; Alexander M. Rosenau, DO; Michael S. Weinstock, MD, Course Director; Anthony T. Werhun, MD; Charles C. Worrilow, MD; and William E. Zajdel, DO.

Members of the Department of Pediatrics included: Michael A. Barone, MD; Mark B. Farin, MD; Robert W. Miller, MD; and John D. VanBrakle, MD.

From the Department of Surgery were James G. Cushman, MD; Kevin E. Glancy, MD; and Michael D. Pasquale, MD.

With the support of the Emergency Medicine Institute and the Center for Education, this was an extremely successful and top-notch program.

Who's New at LVH

Medical Staff

New Appointments

Serhat M. Azizlerli, MD
Nephrology/Hypertension Assoc of LV
Allentown Medical Center
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Status Change

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From Active to Emeritus Active

Fax Number Change

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Associate

Russell H. Jenkins, MD
Department of Medicine
Division of General Internal Medicine
Associate

Michael J. LaRock, MD
Department of Medicine
Division of General Internal Medicine
Affiliate

Peter H. Neumann, MD
Department of Family Practice
Active

Catherine M. Rainey, MD
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Division of Occupational Medicine
Affiliate

Jon H. Schwartz, MD
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Division of General Internal Medicine/Geriatrics
Associate

Lee S. Segal, MD
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Division of Orthopedic Surgery
Provisional Associate

Paul W. Weibel, Jr., MD
Department of Medicine
Division of General Internal Medicine
Associate

Allied Health Professionals

Appointments

Patricia G. Bates, CNM
Physician Extender
Professional
CNM
(The Midwives - James Balducci, MD)

Barbara C. Carlson
Physician Extender
Clerical Volunteer
(Easter Seal Society - Cleft Palate Clinic - Eric Marsh, DMD)

Cheryl K. Carney, CNM
Physician Extender
Professional
CNM
(William G. Kracht, DO)

David W. Curran, PA
Physician Extender
Physician Assistant
PA
(LVPG-Emergency Medicine - Michael Weinstock, MD)

Christine D. Luchko, MS, CCC/SLP
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Speech Pathologist
(Easter Seal Society - Cleft Palate Clinic - Eric Marsh, DMD)

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CRNP
(John J. Cassel, MD)

Terre Lee Moyer
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Speech Pathologist
(Easter Seal Society - Cleft Palate Clinic - Eric Marsh, DMD)

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(Easter Seal Society - Cleft Palate Clinic - Eric Marsh, DMD)

Change of Supervising Physician

Dennis C. Frederick, PA-C
Physician Extender
Physician Assistant
PA-C
From Allentown Neurosurgical Assn., Inc. - Robert Morrow, MD
to Orthopaedic Associates of Allentown - Patrick Respet, MD

Resignations

Robert W. Grimes, OPAC
Physician Extender
Physician Assistant
(Orthopaedic Associates of Allentown - Peter Keblish, MD)
Effective 10/1/97

Jaime Pedraza, PA-C
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(Orthopaedic Associates of Allentown - Patrick Respet, MD)
Effective 4/3/98

Sandra K. Stufflet, RN
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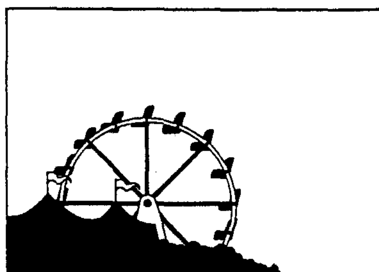
Professional
RN
(InterValley Cardiology - Eugene Ordway, MD)
Effective 10/21/97

News from



Summer Fun at Muhlenberg Hospital Center Festival

Muhlenberg Hospital Center will hold its 37th annual summer festival from August 19 to 22, featuring live music, arts and crafts, bingo, raffles, book sales, attic treasures, a pediatric safety relay and all types of food.

Entertainment will be from 7 to 10 p.m. each night including:

August 19 - King Henry and the Showmen
August 20 - The Mudflaps
August 21 - The Cramer Brothers
August 22 - The Country Rhythm Band

For more information, call (610) 861-2229 or (610) 861-2200.

Did You Know that Videofluoroscopic Swallowing Studies are Available at MHC?

The Departments of Speech Pathology and Radiology have been completing videofluoroscopic swallowing studies since September 1997. As of June 1998, 82 studies have been completed servicing both the inpatient and outpatient populations. The studies are available five days a week.

If you have a patient that has a swallowing disorder, please consider this diagnostic tool. Therapeutic strategies and various food/liquid consistencies are presented under fluoro in order to evaluate the effectiveness of these compensatory strategies. Immediate results of the strategies are known and discussed with the patient, family, and medical staff. Further therapeutic intervention can be provided by the speech pathologist as warranted.

If you have any questions regarding these studies, please contact Denise Wolst, speech pathologist, at 861-2251, or the Radiology Department at 861-2271. Outpatient scheduling of the videofluoroscopy can be done by calling MHC central scheduling at 861-2279.

Who's New at MHC

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(Continued on Page 15)

(Continued from Page 14)

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Change of Status

Alan P. Muto, DO
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From Affiliate to Provisional Courtesy

Rudolph J. Preletz, MD
Department of Surgery
Section of General Surgery
From Active to Courtesy

Vincent D. Stravino, MD
Department of Physiatry
Section of Physiatry
From Active to Honorary

Resignation

Glenn S. Sherman, MD
Department of Surgery
Section of Gynecology

Allied Health Professionals

Appointments

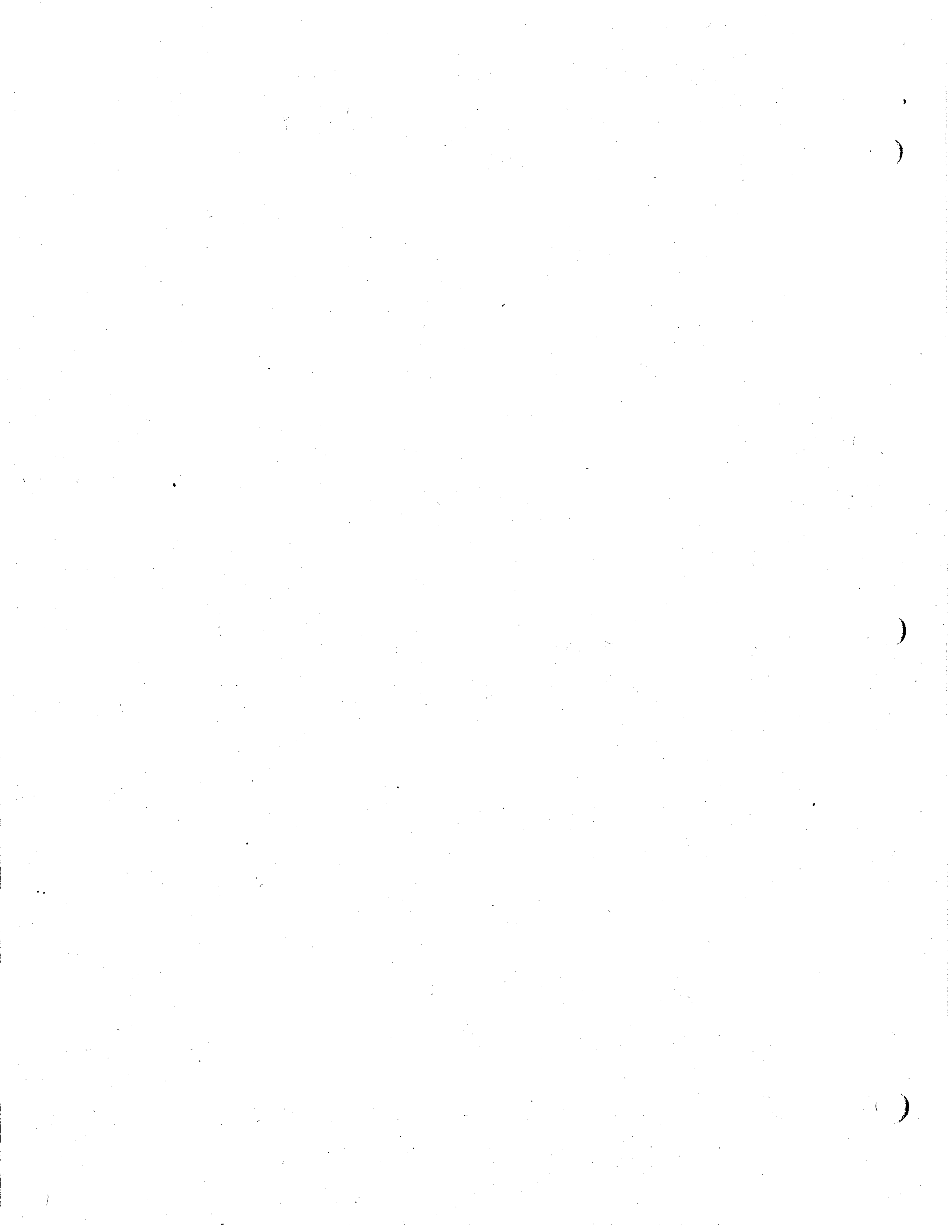
Geoffrey Carlson, PA-C
Physician Assistant (Coordinated Health Systems)

Julie Gant, CRNA
Certified Registered Nurse Anesthetist
(Allentown Anesthesia Associates, Inc.)

Sara Machowsky, RN
Surgical Scrub Nurse (Donald Willard, DO)

Elaine Pulaski
Surgical Tech (Vito Loguidice, MD)

Charlene Silva, CRNA
Certified Registered Nurse Anesthetist
(Allentown Anesthesia Associates, Inc.)



DIABETES TESTING UPDATE

Health Network Laboratories, in conjunction with Larry N. Merkle, MD, Chief, Division of Endocrinology/Metabolism, would like to announce updates to Glucose and Hemoglobin A1c testing. These changes are occurring so that we can assist you in evaluating your diabetic patients in conformity with the latest recommendations of the Expert Committee on the Diagnosis and Classification of Diabetes. The changes are: 1) we will be instituting new suggested reference ranges for the interpretation of glucose levels and, 2) we will be converting to a new method for the determination of Hemoglobin A1c (HbA1c), the major glycated hemoglobin.

New Glucose Normal Ranges

Effective July 20, 1998, we will begin appending the latest recommended reference ranges to our Glucose reports. We have not changed our method of analysis in any way, only the suggested reference range for the interpretation of those values. The table below outlines the new reference ranges with suggested clinical interpretation. In short, the reference ranges for Glucose values have been made more stringent to increase the sensitivity of glucose testing for detection of diabetes. Our previously utilized upper limit of normal will change from 140 mg/dL to 126 mg/dL. All reports will contain the appropriate comments to reflect this change.

CUTOFF VALUES FOR GLUCOSE CONCENTRATIONS[1]		
Clinical State	**Concentration**	**Category**
Fasting/No symptoms	> 110 mg/dL (6.1 mmol/L)	Normal
Fasting/No symptoms	> 110 and < 126 mg/dL	Impaired
Fasting/No symptoms	≥ 126 mg/dL (7.0 mmol/L)	Diabetes*
Non-Fasting/Symptomatic	≥ 200 mg/dL (11.1 mmol/L)	Diabetes

*Confirmation of the diagnosis requires repeat testing on a different day.

Hemoglobin A1c Methodology Conversion

Effective June 1, 1998, we began instituting a new method for the assessment of the extent of the glycation of hemoglobin. Glycation of hemoglobin is a measure of the generalized tissue damage caused by elevated blood glucose as well as a measure of harmful sequelae to diabetes. Our current method (Abbott IMX ion capture) actually reports a calculated value based on a total glycated hemoglobin, not a direct measurement of Hemoglobin A1c.

Subsequent to the extensive Diabetes Control and Complications Trial (DCCT), the accepted indicator of the extent of tissue glycation and thus a such complications as retinal and renal damage has become a specific measure of Hemoglobin A1c. The measurement of the protein is convenient and well-defined. The method we are adopting is the reference method of HPLC utilizing the BioRad Variant instrument. In-house studies have found that the HPLC method is more precise than the previous IMX method (CVs: HPLC <2%, IMX 5%). We have also found that the directly measured HPLC method gives values that are slightly higher than those calculated by the IMX (HPLC value = 1.14* IMX value + 0.456).

During the time period of June 1 through June 30, 1998 parallel testing was made available at no charge for all Hemoglobin A1c orders. Both IMX and HPLC results were reported with the appropriate reference ranges and methodology comments appended. As of July 1, 1998 all Hemoglobin A1c results will reflect the new HPLC methodology and parallel testing will **not** be automatically performed. After July 1, 1998, re-base lining (testing by both methodologies) will only be available upon request by ordering as "HbA1c with baseline". These orders will be honored until September 1, 1998, at which time the IMX methodology will no longer be available. Please be aware that the new HPLC methodology has the capability of detecting variant hemoglobins when present. Some will not interfere with testing and HcA1c results will be reported along with a comment to alert you of the abnormality. Others may interfere to the extent that a valid result cannot be obtained. In these cases, the laboratory will contact you with other alternatives for long-term glucose monitoring.

References:

1. Gambino, R., Diabetes Update "Lab Report for Physicians" January/February 1998; 20: No. 1/2, 5-10.
2. American Diabetes Association. Report of the expert committee on the diagnosis and classification of diabetes mellitus. Diabetes Care; 7 July 1997; 20: 1183-1201.
3. Sacks, D.B., Implications of the revised criteria for the diagnosis and classification of diabetes mellitus. Clin Chem. December 1997; 43: 2230-2232.
4. Warram, J.H., et al. Glycosylated Hemoglobin and the Risk of Retinopathy in Insulin-Dependent Diabetes Mellitus, NEJM, May 11, 1995; 332: 1305-1306. Available at http://www.nejm.org/scripts/search.
5. New Recommendations to lower the diabetes diagnosis point, Diabetes Info: June 23, 1997. Available at http://www/diabetes/org/ada/nwclass.htm.

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LEHIGH VALLEY
HOSPITAL

Memorandum

TO: Cardiology Division
Internal Medicine Division
Family Practice Department

FROM: D. Lynn Morris, M.D.

DATE: June 2, 1998

SUBJECT: Use of Warfarin in Atrial Fibrillation Patients

Lehigh Valley Hospital has agreed to participate in a cooperative project sponsored by VHA East and KePRO. The objective of the project is to improve the care of patients with atrial fibrillation by ensuring that those who would benefit from warfarin receive it and that those who have contraindication to warfarin receive appropriate antiplatelet therapy.

Previous studies have demonstrated that warfarin appears to be under used for patients with Atrial Fibrillation.

- Baseline data is being collected by KePRO at 14 hospitals in Pennsylvania on use of warfarin. Remeasurement will occur to assess improvement in warfarin use.
- KePRO has requested that all hospitals in the study begin using the Stroke Screening Reminder Form to remind physicians to either anticoagulate patients with Atrial Fibrillation or document the reason why they were not anticoagulated.
  - Form is not a permanent part of medical record.
  - Form will allow for documentation of contraindication for warfarin.
  - Forms will be sent to KePRO to provide ongoing feedback.

If you have any questions, please call Lynn Morris, M.D. or Susan Lawrence.

DLM/tm

Stroke Screening Reminder Form

©1998

(For use with atrial fibrillation patients)

Patient's Medicare #: ____________________

Hospital Name/#: ____________________

____

Patient Identification

DEAR DOCTOR:

THIS PATIENT HAS BEEN DOCUMENTED AS HAVING ATRIAL FIBRILLATION.

Warfarin has been shown to reduce the risk of stroke by two thirds in patient with atrial fibrillation. Aspirin reduces the risk by one third, and is recommended for patients for whom warfarin is contraindicated. Relevant documentation regarding withholding of anticoagulation therapy when contraindicated is advisable from a risk-management perspective.

Please complete the following information:

Was the patient on warfarin at the time of admission? YES NO

Will this patient be started/continued on warfarin prior to discharge?

YES **(If yes, you are finished with this form.)**

NO (If no, complete the rest of the form and sign and date it.)

Circle the number of each contraindication below that applies to this patient.

Contraindication	No.	Contraindication	No.
Patient was never in atrial fibrillation.	1	Advanced dementia	6
Atrial fibrillation lasted less than 48 hours and did not recur	2	Prior bleeding on anticoagulants	7
Syncope, seizure disorder, or multiple falls	3	Patient did not want to take warfarin	8
Prior serious GI bleeding and/or untreated or unresponsive peptic ulcer disease	4	Risk for noncompliance (e.g., prior noncompliance, alcohol abuse)	9
Predisposition to bleeding (e.g., thrombocytopenia, ESRD, cirrhosis, hemophilia)	5	Other (describe) [examples on back of form]	10

Please use the space below to provide comments regarding the format and the use of this form.

____

____

____

This stroke screening reminder is not a permanent part of the medical record. It will be removed by designated hospital personnel and the white copy will be returned to KePRO.

Physician Signature ____________________ Date ____________

Physician Name/Specialty (please print) ____________________

White copy - KePRO Yellow copy - Hospital

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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, 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 402-8590.**
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