LEHIGH VALLEY HOSPITAL

# Medical Staff Progress Notes

Volume 7, Number 11

December, 1995

## In This Issue . . .



## From the President

Certain biological principles seem to hold true in the marketplace: adapt or die. The closure of the Bon-Ton and the Structural Division of Bethlehem Steel are examples of failing to adapt to a changing marketplace. On the west coast, the carcasses of dead hospitals and medical practices give us the semblance of what is coming to the Lehigh Valley and what happens to health care providers who fail to meet the challenges of rapid change. By January 1, 1996 there will be 18 vendors of managed care in the Lehigh Valley spending millions of dollars to capture market share which to physicians is capturing patient lives. US Healthcare, currently with 45,000 covered lives, will possess close to 100,000 with the sign up of AT&T, the Wood Company, and the Bethlehem Steel retirees program.

Some physicians at our own hospital still hold the belief that such rapid change cannot occur here and that a united front of physicians will prevent the dramatic market shift from entering the Lehigh Valley in the ensuing years. Other physicians feel that by banding together, we may provide some wall of protection from becoming victims of the managed care managed care machine

Few of us, as physicians, are convinced that managed care will manage our patients better or bring a higher quality of care to an individual patient. We have throughout the course of our lifetime seen the field of medicine change slowly, deliberately, and carefully, usually in the response to advances in medical science rather than economic realities. Even in California, the managed care change occurred over 15 years, which by historical standards, is still a hurricane pace. Most experts predict that these same changes will occur in the Lehigh Valley, in the same proportions, in a fraction of the time, perhaps less than five years. Vendors in the next three years will aggressively sign up companies and patient lives with the promise of lower costs, greater preventive care services, and ease of patient use. These dollars will be obtained at the cost of fewer physician specialists, regulated hospital admissions and length of stay, and the regulated use of high cost, high technology testing.

There are only two logical responses for physicians to take. The first allows us to become victims of change in the managed care market. The second creates the opportunity for us to take ownership of the change and manage it for everyone's benefit -- patient, hospital and physician. The first response, of

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course, would be to let the 18 vendors of managed care in the Lehigh Valley divide and conquer us with a managed competition, California style. Ask physicians and patients (not payors) whether they are pleased with these changes that have occurred there. The second response is to create an integrated network of hospitals and physician hospital organizations which attempt to meet the market needs by lowering costs (both physician and hospital) and providing the mechanism for providers to manage their own care here in the Lehigh Valley. This is what our IDS and PennCARE intend to do; and it is not surprising that in our recent survey, over 80% of physicians on our staff supported this approach.

The success of PennCARE will require an insurance partner(s) for its marketing strength and capital and it will add to our partnership. The Steering Committee of PennCARE has discussed long term agreements with potential insurance partners focusing primarily on Capital Blue Cross and US Healthcare. The principles of our partnership will include definitive agreements on percentage of premium and medical management. The revenues from contracts will flow through the PHOs, and individual compensation will be based on agreements reached by the PHOs and, in particular, our physician representatives. Attached is a diagram showing how the flow of dollars will occur in this system. Continued clinical and hospital operations improvement will be a critical element for us to reduce costs and remain profitable. These efforts will be rewarded by dollars which will be redistributed to physicians and hospital at the end of the year.

While many individual physicians have already been approached by some of the managed care entities and offered high signing bonuses in that effort, I believe our solidarity with the PHO and PennCARE exhibited by the medical staff to date will now prove to be its own reward. We are close to engaging in a percentage of premium which will return more dollars to our system than could ever have been obtained by individual groups negotiating on their own. In the long run, this will prove not only beneficial to the independent primary care and specialty physician groups in the Lehigh Valley, but to Lehigh Valley Hospital and the network of other hospitals and their medical staffs who have joined PennCARE. A Question & Answer sheet on PennCARE is also attached to this month's *Medical Staff Progress Notes*.

On another topic, one of my jobs, as voice of the medical staff, is to take its pulse from time to time and to keep the Board and senior management informed about our state of health. It is not surprising to most physicians on staff that morale is low given all the prospects of economic hardship at the cost of longer and harder work hours. This past month, a Senior Management Council/Board retreat on employee and physician morale took place. The importance of building trust and articulating our destination, improving communication, and fostering a new spirit of cooperation was emphasized.

The results of our physician communication survey are in. Responses from some 207 physician replies (26% of mailings) were collated. Of note is that there is a very high awareness of this publication in over 90% of physicians, with over three quarters of them finding it to be one of the most important communication tools we have. On this note, we will continue to try to include the most important happenings of the month in these blue pages. Our Department meetings found useful forms of communication by only 30% of respondents, with Division meetings being useful in less than 10%. Both of these forums need to be improved to

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provide detailed information to physicians. To accomplish this, TROIKA, Dr. Laskowski, Lou Liebhaber and Elliot Sussman, with John Stavros' help, will issue executive summaries of key issues at the hospital to be discussed by each of the Chairs and Chiefs at these meetings. In this way, those who attend can look forward to be constantly updated and informed on what the leadership feels are the most important issues physicians face month by month. In addition, as a result of our Estes Park conference, we will be creating a physician hotline. 402-DOCS will go into effect in January of 1996. Dialing this number will give you the opportunity to hear the latest information on: 1) the functional plan (east wing, ER redesign, patient centered care developments, etc.); 2) PHO, IDS, and PennCARE developments (developments with US Healthcare, Capital Blue Cross or other insurers or other contracts being considered); 3) environmental news which will largely include miscellaneous medical staff information (physician lounge being moved, changes in parking, results of medical manpower and other surveys); and 4) there will be a section for physicians to call in to ask questions or relay concerns. I will attempt to answer each of those with individual communication.

Currently, the development of the functional plan continues to go well. Meetings with the Salisbury Planning and Zoning Board, the Mayor's office, and several Allentown City Council members have taken place, which currently have allowed us to move the service road to a more peripheral position on campus which will facilitate the relocation of the helipad and the emergency department renovation.

Five user groups have been examining the program service and work design for the proposed east building, and I would very much like to thank the physicians who have signed up to engage in this work (see attached). The groups are working on inpatient programs in psychiatry and obstetrics, outpatient diagnostic testing services, such as nuclear medicine, cardiovascular, cardio-pulmonary radiology, as well as future requirements for ambulatory surgery and physician practice. Physicians comprise 50% of the membership of these committees, and I would suggest that you contact people on specific committees with your ideas, suggestions, and concerns so that we can build the best functional building possible.

Lastly, on behalf of Joe Candio, Bob Murphy and myself, let me extend to all the members of our medical and nursing staff, as well as our hospital employees, volunteers, senior management, and the Board of Trustees a sincere wish for a happy, healthy and joyous holiday season.

Best Wishes,

John E. Castaldo, MD
President, Medical Staff

### Upcoming Meetings

- December 6 at 4 p.m., Cedar Crest & I-78 Auditorium - Lehigh Valley Hospital and Lehigh Valley Health Network Annual Meeting. Everyone is invited to attend.
- December 11 at 5:30 p.m., Cedar Crest & I-78 Auditorium - General Medical Staff Meeting. All members of the Medical Staff are encouraged to attend.
- December 19 at 6 p.m., Cedar Crest & I-78 Auditorium - IPA General Membership Meeting.

## *Chairperson of the Department of Community Health & Health Studies Begins Post*

On November 1, Mark Young, MD, began his role as the Chairperson of the newly formed Department of Community Health & Health Studies. A native of Detroit, Mich., Dr. Young was selected after a national search that began in 1994.

In this new position, Dr. Young will focus on the integration of medical care, research and education efforts to help improve the health status of the Lehigh Valley.

Dr. Young most recently served as Associate Chair of Internal Medicine for Henry Ford Health Systems, Detroit, and Professor of Medicine at Case Western Reserve University, Cleveland, Ohio. He has also chaired the National Heart Blood and Lung Institute's task force on quality of asthma care, and is a member of the study section of the U.S. Agency on Health Care Policy and Research.

Dr. Young earned his medical degree from the University of Michigan Medical School, and was a member of the University's faculty. He completed a residency in medicine and was chief medical resident at the University of Michigan Hospitals, Ann Arbor. He was a Kaiser Family Foundation fellow in general medicine at the Hospital of the University of Pennsylvania. He has researched and published extensively on the topics of medical decision-making, clinical care, and health education.

Dr. Young's office is located in the Health Studies (formerly Research) Department, Suite 407, in the John and Dorothy Morgan Cancer Center. His telephone number is 402-8889.

**REMINDER** - When sending your patients for pre-admission testing at 17th & Chew, please remember that pre-admission is now part of the new Ambulatory Surgery Unit located on the second floor. Patients should report to the informaiton desk from where they will be directed.

## *New Medical Staff Lounge*

In order to provide needed space for the Emergency Department renovations, the Medical Staff lounge on the second floor has been relinquished. Fortunately, a new, brighter, more spacious lounge has been constructed to better accommodate physicians. The new lounge, which is located on the first floor in the area which previously housed the administrative offices for Medical Records, will have three computer work stations, numerous telephones, a television, fax machine, new coffee machine, and a rest room.

The new lounge, which opens on November 30, is easily accessible from the second floor via the MOB connector.

# *Pennsylvania Act 102 Passed*

Recent legislation was passed that will have a significant impact on organ and tissue donation and transplantation in Pennsylvania. This comprehensive new law, Pennsylvania Act 102, will have a very positive and lasting impact on donation rates state-wide and will make it possible for more residents of the Lehigh Valley to receive life-saving organ transplants. The provisions of this new law are designed to increase tissue donation dramatically. This should benefit our community by making more life-enhancing cornea, skin, bone and heart-valve transplants available.

## What is Required?

- At or near the time of death, or when death is imminent on all patients, a call will be made to the Delaware Valley Transplant (DVTP) coordinator before any approach to family concerning possible tissue donation. (Nursing Staff, Unit Clerk or Administrative Partner)

- Record the outcome of the telephone call to the DVTP on the Certificate of Referral/Request for Anatomical Donations. (Physician or Nursing Staff)

- The DVTP will make all the necessary calls to the next-of-kin related to this request and will then involve the CDR (a hospital employee trained and certified by the DVTP to request organ and/or tissue donation) when appropriate. (DVTP Coordinator)

- Document the outcome of the request and its disposition on the Referral/ Request for Donations (Section I, only). (Physician, Nursing Staff or DVTP)

- If a patient meets the preliminary criteria for donation, the Certificate of Referral/Request for Anatomical Donations, (Section II) is to be placed on the front of the decedent's medical record. (Nursing Staff, Unit Clerk, Administrative Partner or DVTP)

Lehigh Valley Hospital Administrative policy #6100.60 regarding organ and tissue donation places us in compliance with Act 102. Kidney 1 will conduct brief inservices on the policy in the near future. In the meantime, please begin making referrals to 1-800-KIDNEY-1 as outlined in the policy with the goal being 100% compliance by December 1, 1995.

# *Office of Education Changes Name*

The Office of Education is very excited and enthusiastic about the newly awarded Medical Education Grant and would like to share with you a change that has already taken place.

Part of the Strategic Plan for the Medical Education Grant is the redesign of the Office of Education into the **Center for Educational Development and Support.** The new "Center for Education" will continue its role in medical education as well as becoming an administrative and resource center for education at Lehigh Valley Hospital.

Listed below are the staff members of the new **Center for Educational Development and Support**:

Denise Holub, Manager - 402-8802

Doris Horwath, Regional Symposia Coordinator - 402-1210

Jennie Hower, Administrative Secretary - 402-5213

Helga Klemp, Coordinator - 402-5212

## *Construction Underway on New Driveway at Cedar Crest & I-78*

Construction for a new driveway that will route traffic behind the Engineering building and around to the Day Cay Center was approved and has begun.

This is one of the steps in the Emergency Department, ambulance and trauma patient drop off point, relocation sequence. The end result of this phase will be that the traffic that now travels between the main hospital and the power plan on an east-west path will travel behind the Engineering building.

Since the season for road construction is very short, a maximum effort will be made to finish this road before Christmas. Work began on November 13, with the installation of the erosion plan and safety fencing. The work on the east end of the new road will meet at the 90 degree turn on the Emergency Department drive, however, there will be no road closures for any of the work planned this season.

Please keep alert for the workers and the equipment.

## *Clinical Resource Management in Emergency Department*

The Clinical Resource Management Department has received administrative approval to place a Clinical Resource Manager in the Emergency Department for a six-month pilot. The goal of the project is to help place patients at an appropriate alternative level of care and avoid unnecessary admissions. Criteria for evaluation of the project will include patient and physician satisfaction as well as inpatient cost avoidance. The project will be evaluated at 30, 90, and 180 days.

An overview of the project is as follows:

Beginning November 6, between 8 a.m. and 4:30 p.m., Patti Kopko will be assigned and physically reside in the Emergency Department at Cedar Crest & I-78. Patti will be available to help connect patients to appropriate agencies. Types of patients she should be called for include: multiple admissions, non-ambulatory, non-compliant patients, frail elderly requiring assistance with ADL's, woundcare, infusions, complex social financial issues/lack of family support, homeless/no apparent address, and abuse (elder, child, domestic). Patti Kopko can be reached via pager #1127.

If you have any questions regarding this project, please contact Susan Lawrence, Administrator, Clinical Resource Management, at 402-1765.

Speech Therapy dysphagia video-fluoroscopy results are now available in PHAMIS for inpatients at Cedar Crest & I-78. These results are accessible with the same commands as Rad, Neur, VL, etc. -- MPI, RSLTR - under "A" for ancillary transcription.

# *Respiratory Virus Surveillance Program Underway*

The Microbiology/Virology department has begun the Respiratory Virus Surveillance Program for the 1995/1996 flu season. The value of the surveillance program is to alert the medical staff and other physicians which viruses are circulating within the community in order to ensure appropriate immunization of their patients and to activate preventive measures to protect those for whom respiratory viral infections may be life threatening.

Last year's predominate isolates were A-Shangdong, B-Panama, and B-Beijing. The last isolate was an A-Johannesburg.

This year's vaccine contains B-Beijing, A-Texas, and A-Johannesburg.

Microbiology/Virology will supply specimen collection kits consisting of a sterile container with phosphate buffer saline to gargle, a tube of viral transport media, case history form, and a clinical laboratory requisition form.

To collect the specimen:

1. The specimen should be collected within two days and no later than three days from the onset of respiratory or flu-like symptoms.

2. Gargle with sterile saline in the container.

3. Spit saline back into container.

4. Pour saline throat washing directly into the tube of pink fluid.

5. Label tube with patient's name, date, and location, and place on wet ice.

6. Complete Virology History form that is included in plastic pouch.

7. Complete the Clinical Laboratory Requisition Form for each patient's specimen for outside accounts.

Specimens from patients seen in the Emergency Departments will be ordered through PHAMIS with the test code "INFL" for Influenza A/B screen or "RVCU" for a complete Respiratory Virus study. (Outside accounts, please specify if only an influenza screen is wanted.) The cost of an Influenza Screen is $50, and the cost for a full respiratory virus workup is $85.

8. Specimens from the Emergency Departments should be hand delivered to Microbiology on wet ice. Specimens from outside accounts should be refrigerated until courier pick-up and should be transported on wet ice.

Once the specimen is received in the laboratory, it will be tested for Influenza A and B (and other viruses requested). Positive results will be phoned. Final reports will be issued as soon as the isolate is identified or when the specimen is determined to be negative. (Five days for Influenza Screen, two weeks for complete respiratory virus culture.)

If you have any questions or if you wish to have collection kits on hand, please contact Microbiology at 402-8190.

**When you need to talk...help is just a phone call away.**

***Physician Assistance Program***
To arrange a confidential appointment or for more information, call (610) 433-8550 or 1-800-327-8878.

## *Prostate Screening*

Each year as a community service, the Division of Urology conducts free prostate cancer screenings for men aged 45 and above. This year's screening was held over a three-day period in September in the John and Dorothy Morgan Cancer Center. Of the 311 men screened, 11.6 percent received abnormal test results and were referred for follow-up appointments with urologists.

The screening is staffed entirely by physicians and hospital employees who volunteer their time to offer this important early detection activity. Lori Barrell, oncology nurse educator, is responsible for organizing the event and, with the help of various hospital departments, coordinates all aspects from publicity to volunteers to patient follow-up.

"The success of the yearly prostate screening is due to the wonderful cooperation I receive from all those who volunteer their time. From the doctors who screen the patients to the Cancer Answers operators who schedule the appointments to the lab technicians who run the tests, this is truly a group effort," said Ms. Barrell.

Volunteers included employees from Legal Services, Clinical Social Work, Human Resources, Laboratory, Community Health, Development, Cancer Center, and the following urologists: David L. Clair, MD, Arthur E. Fetzer, MD, Jeffrey L. Gevirtz, MD, John Jaffe, MD, Richard M. Lieberman, MD, Edward M. Mullin, Jr., MD, Brian P. Murphy, MD, Joseph Pascal, MD, Daniel M. Silverberg, MD, and Robert Wasko, MD.

Prostate cancer is the most common cancer in men, and because it is often asymptomatic until late in the disease, increasing the community's awareness is extremely important. Since 1990, a total of 3,245 men have been screened through this physician and hospital partnership. We extend a special thank you to all those whose participation made this community service possible.

## *Telemarketing Update*

In a continuing effort to improve service to our physicians, beginning in November, with the assistance of Information Services, Telemarketing started faxing a new report to the primary care physicians' offices. This report is the **Daily Discharges by Family Physician Group**. For those physicians who do not have fax machines, Telemarketing will call the office.

If you have any questions or concerns regarding this service, please call 402-CARE (2273).

### Telemarketing Services

Lehigh Valley Hospital provides free telephone-based healthcare services to members of the Lehigh Valley and surrounding communities. Services are divided into two broad categories or "line groups." These groups are: Healthcare Information, including the Physician Referral Service and Cancer Information services, and InfoTel -- an automated dial-up healthcare message service. The number of calls to all three categories has increased dramatically from previous years. Following is a summary of call volume statistics:

| | FY '94 | FY '95 |
|---|---|---|
| Total Calls for all services | 43,164 | 50,860 |
| Healthcare Info | 17,144 | 20,200 |
| Physician Referrals | 5,858 | 7,729 |
| Physician Appts. | 693 | 1,341 |
| InfoTel | 24,000 | 30,200 |
| Other (General Information) | 1,869 | 2,202 |

# *What's New in the Library?*

The following science-related journal titles are now located in the Health Sciences Library at Cedar Crest & I-78: *Science*, *Nature Medicine*, and *Scientific American*.

The following books have recently been acquired by the Health Sciences Library at Cedar Crest & I-78:

"Golden Hour: The Handbook of Advanced Pediatric Life Support," 2nd ed. Editor: Nichols, David, et al. Call Number: WS 200 G595 1996.

"Child Abuse: Medical Diagnosis and Management." Author: Reece, Robert. Call Number: WA 320 C534202.

"Pediatric Cardiology for Practitioners," 3rd ed. Author: Park, Myung. Call Number: WS 290 P235p 1995.

"Spinal Cord Injury: Clinical Outcomes from the Model Systems." Author: Stover, Samuel, et al. Call Number: WL 400 S75696 1995.

"Manual of Perioperative Care in Cardiac and Thoracic Surgery," 2nd ed. Author: Bojar, Robert. Call Number: WG 18 B685m 1994.

"Computed Tomography and Magnetic Resonance Imaging of the Whole Body," 3rd ed. (Volumes 1 and 2). Author: Haaga, John, et al. Call Number: WN 160 C6425 1994.

"Primer of Biostatistics," 3rd ed. Author: Glantz, Stanton. Call Number: WA 950 G545p.

"Willard and Spackman's Occupational Therapy," 8th ed. Author: Hopkins, Helen. Call Number: WB 555 0141.

The following titles are available in the Library at 17th & Chew:

"Dental Management of Patients with HIV." Author: Glick, Michael. Call Number: WD 308 G559d 1994.

"Low Back Pain Syndrome," 5th ed. Author: Cailliet, Rene. Call Number: WE 755 C134L 1995.

"Handbook of Drug Therapy in Psychiatry," 3rd ed. Author: Bernstein, Jerrold. Call Number: WM 402 B531h 1995.

"Complications of Laparoscopy and Hysteroscopy." Editor: Cordman, Randle, et al. Call Number: WP 660 C737.

"Doppler Ultrasound in Obstetrics and Gynecology." Editor: Copel, Joshua, et al. Call Number: WP 141 D692 1994.

"The Ambulatory Anesthesia Handbook." Author: Twersky, Rebecca. Call Number: WO 200 A4974 1995.

"Differential Diagnosis in Physical Therapy," 2nd ed. Author: Goodman, Catherine. Call Number: WB 460 G653d 1994.

Books may be borrowed for a three-week period. Bound journals circulate for three days. The Library's computerized circulation system requires a borrower's hospital I.D. card

**Page Retrieval/Status Code Instructions**

For those of you with HealthPage pagers, following are the instructions to retrieve pages and/or change your pager status:

1. Dial 402-5100 - The computer will ask you to "Please dial the page I.D. #."
2. Press (*) and your pager number - The computer will then tell you to press (*) to retrieve messages or to dial a new status code.
3. If you wish to change your status code, press the appropriate number as follows:

| # | Status |
|---|---|
| 2 | Available/In Hospital |
| 3 | Available/Out of Hospital |
| 4 | Available/Page Emergency Only |
| 5 | Unavailable/Call Back - Extension can be stored |
| 6 | Unavailable/1 Hour/Call Back - Extension can be stored |
| 7 | Unavailable/4 Hours |
| 8 | Unavailable/All Day |
| 9 | Not Available - Call My Office |

## *Congratulations!*

**Robert J. Laskowski, MD**, Senior Vice President for Clinical Services, was recently appointed Assistant Dean for Medical Education in the College of Medicine at Penn State University. In this role, he will serve as the College's academic officer at Lehigh Valley Hospital.

**Thomas D. Meade, MD**, orthopedic surgeon, was recently named to the advisory council of *Fitness Swimmer Magazine*, the newest publication from Rodale Press. This magazine joins other successful Rodale publications including *Runner's World*, *Bicycling*, *Preventative Medicine*, and *Men's Health*.

## *Papers, Publications and Presentations*

**George I. Chovanes, MD**, neurosurgeon, was recently notified that his abstract, "Does Loss of Cerebral Autoregulation Correlate with Prognosis in Patients Sustaining Severe Closed Head Injury?" was selected for poster presentation at the Society of Critical Care Medicine's 25th Educational and Scientific Symposium to be held in New Orleans, La., in February, 1996. Other members of the Department of Surgery who co-authored the abstract include **Mark D. Cipolle, MD**, **Michael D. Pasquale, MD**, and **Michael Rhodes, MD**.

**Raymond A. Fritz, Jr., DPM**, podiatrist, was invited to speak at the Northeast Federal Pharmacy Conference held in West Point, NY, on October 13. Dr. Fritz's presentation was on the Diabetic Foot.

**Herbert L. Hyman, MD**, gastroenterologists, and **Thomas E. Wasser, MEd**, biostatistician, Health Studies Department, recently attended the First World Congress on Chronic Fatigue Syndrome and Related Disorders held in Brussells, Belgium, on November 9, 10, and 11. Their presentation was "Symptom Perceptions and Quality of Life in Patients with Chronic Fatigue Syndrome and Gastrointestinal Disorders."

On November 2, Emergency Department physicians **James G. McHugh, MD**, **Alexander M. Rosenau, DO**, and **Anthony T. Werhun, MD**, presented Grand Rounds for the Emergency Medicine Residency of the Lehigh Valley. Their topics respectively were: "Hot Joints," "Lawsuit - Hindsight and Foresight," and "Acute Dental Emergencies."

"Laparoscopic Management of Polycystic Ovarian Disease," an article written by **Bruce I. Rose, MD**, chief, Division of Reproductive Endocrinology/Infertility, was published in Volume 7 of *Current Opinion in Obstetrics and Gynecology 1995*. In addition, "Ovarian Drilling: How and Why to Introduce this Therapy to Your Infertile Patients," a manuscript written by Dr. Rose, was accepted for publication in the *Journal of the American Association of Gynecologic Laparoscopists* in the Clinical Opinion section.

**Alexander M. Rosenau, DO**, Emergency Department physician and Regional EMS Co-Medical Director, spoke at the Eastern Pennsylvania EMS Regional Council Annual Conference, where over 240 paramedics and EMTs gathered for a weekend of lectures and practicum. His topics included: "Closed Head Trauma," "ED-EMS-Nursing Home Interface," and "Appropriate Utilization of Aeromedical EMS Resources."

# *Upcoming Seminars, Conferences and Meetings*

## Medical Staff/Administrative Exchange Session

In recognition of the upcoming holidays, the December 21 **Medical Staff/Administrative Exchange Session** will be celebrated as a **Holiday Get Together**, beginning at 5:30 p.m., in Conference Room 1, Side B, of the John and Dorothy Morgan Cancer Center.

Refreshments will be served. If you plan to attend, please contact Janet M. Seifert in Physician Relations at 402-9853.

## Regional Symposium Series

**Update on Shoulder Problems: A Primary Care Approach** will be held on Saturday, December 2, in the hospital's Auditorium at Cedar Crest & I-78.

Orthopedic surgeons, general practitioners, physicians' assistants, physical therapists, nurses, and other health professionals interested in an update on shoulder problems will benefit from this program.

At the completion of this program, the participant should be able to describe the anatomy, signs, symptoms, diagnosis and treatment of shoulder problems in the general population.

For more information on the above program, contact the Center for Educational Development and Support at 402-1210.

## Primary Care Seminar

**Dizziness** will be presented by Peter J. Barbour, MD, neurologist, on Wednesday, December 13, at 7 a.m., in the hospital's Auditorium at Cedar Crest & I-78.

For more information, contact Karen Nodoline in the Department of Family Practice at 402-4950.

## Psychiatry Grand Rounds

**Substance Abuse and BiPolar Disorder** will be presented by Kathleen Brady, MD, PhD, Director of Clinical Services, Department of Psychiatry, Medical University of South Carolina, Charlston, SC, on Thursday, December 14, 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.

***HAPPY***

***HOLIDAYS!***

# *Who's New*

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

## Medical Staff

### *Appointments*

**Mark D. Chai, MD**
Good Shepherd Rehab Hospital
501 St. John Street
Allentown, PA 18103-3296
(610) 776-3278
FAX: (610) 776-3168
Department of Medicine
Division of Physical Medicine/Rehabilitation
Provisional Active

**Joshua S. Krassen, DO**
Good Shepherd Rehab Hospital
501 St. John Street
Allentown, PA 18103-3296
(610) 776-3278
FAX: (610) 776-3168
Department of Medicine
Division of Physical Medicine/Rehabilitation
Provisional Active

### *Change of Address*

**Dean F. Dimick, MD**
1210 S. Cedar Crest Blvd.
**Suite 3600**
Allentown, PA 18103-6275
**(610) 402-1125**

**John M. Kauffman, Jr., DO**
4 W. Main Street
Macungie, PA 18062
(610) 967-4993
FAX: (610) 967-6553

**Brian W. Little, MD, PhD**
Senior Associate Dean for Affiliate Affairs
Office of Affiliate Affairs
Broad & Vine
Mail Stop 466
Philadelphia, PA 19102-1192
(215) 762-8360
FAX: (215) 762-1238

**William J. Phelan III, MD**
2200 Hamilton Street
Allentown, PA 18104-6329

**Shawn R. Ruth, DO**
David M. Stein, DO
555 Harrison Street
Emmaus, PA 18049-2339
(610) 967-3115
FAX: (610) 965-3915
(Note: Dr. Ruth will cover this office while Dr. Stein will remain at his office at 1150 S. Cedar Crest Blvd.)

### *Change of Status*

**Neal J. Berkowitz, MD**
Department of Family Practice
From Courtesy to Provisional Active

**Michael Rhodes, MD**
Department of Surgery
Division of Trauma-Surgical Critical Care/General Surgery
From Active to Honorary

### *Appointment to Leadership Positions*

**Gazi Abdulhay, MD**
Chief, Section of Gynecologic Oncology

**Joseph A. Candio, MD**
Chief for Clinical Practice

**Geary L. Yeisley, MD**
Medical Director of Transitional Open Heart Unit

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### *Resignations*

**Richard T. Cook, MD**
Department of Emergency Medicine
Division of Emergency Medicine
Provisional Active

**Anthony J. Magdalinski III, DO**
Department of Medicine
Division of Hematology/Medical Oncology
Provisional Active

**Sergio Perticucci, MD**
Department of Obstetrics and Gynecology
Division of Gynecology
Section of Gynecologic Oncology
Active

### *Deaths*

**Warren H. Endres, MD**
Department of Family Practice
Honorary

**Ismail Nabati, MD**
Department of Surgery
Division of General Surgery
Active

**Joseph J. Prorok, MD**
Department of Surgery
Division of General Surgery
Honorary

## Allied Health Professionals

### *Appointments*

**Gayla H. Eppinger, CRNP**
Physician Extender
Professional - CRNP
(Neonatal Unit - Ian Gertner, MD)

**Kristin Flora, CRNP**
Physician Extender
Professional - CRNP
(Pediatric Clinic - Charles Smith, MD)

**Carmela Ott**
Physician Extender
Technical
(Cardiology Care Specialists - D. Lynn Morris, MD)

**Susan Steiner, RN**
Physician Extender
Professional - RN
(ABC Pediatrics - Donald Levick, MD)

### *Change of Supervising Physician*

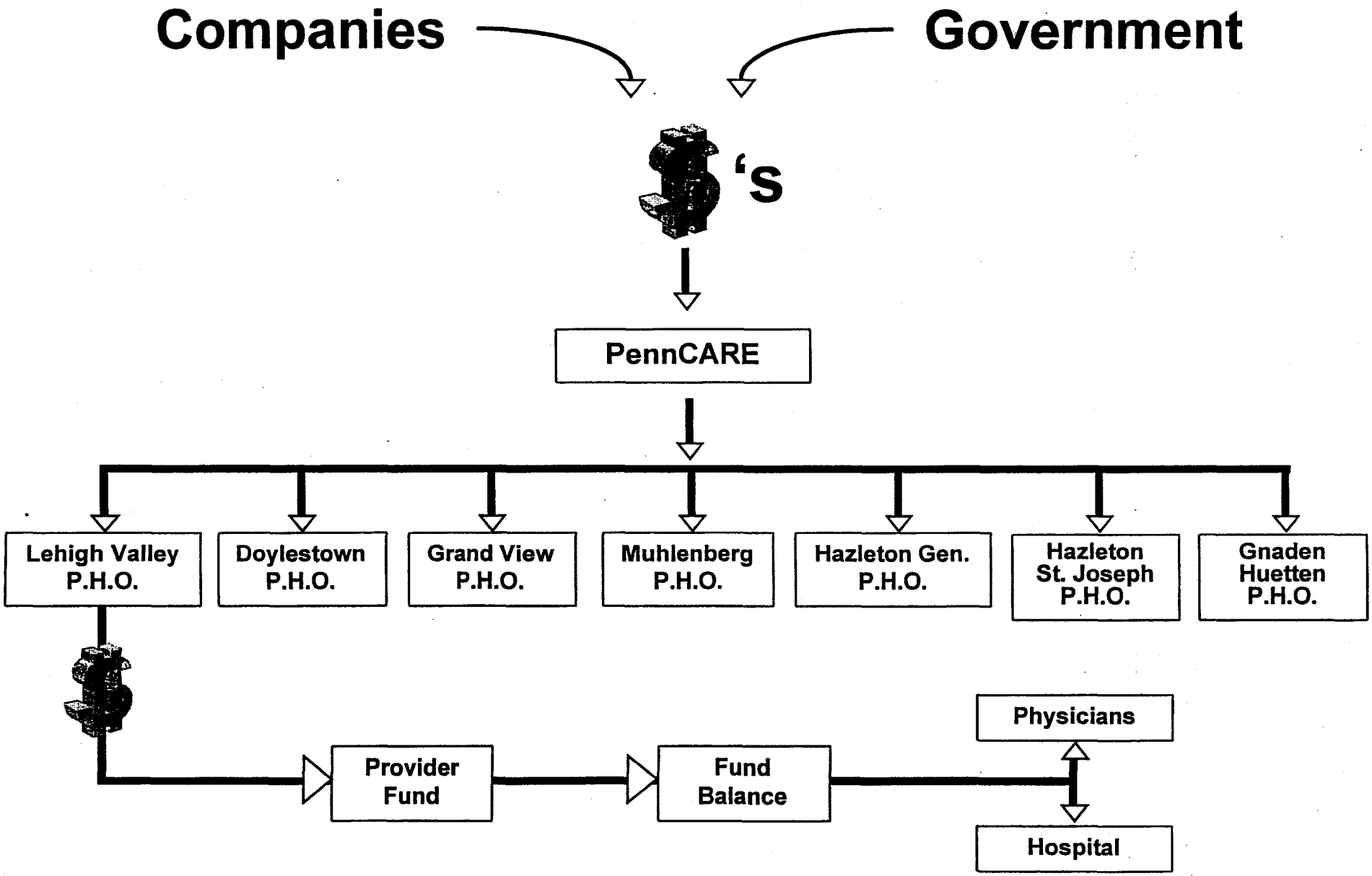
**Ivy Fearen, PA-C**
**Jean Rohal, PA-C**
**Pamela Vandenberg, PA-C**
Physician Extender
Physician Assistant
(From Michael Rhodes, MD to Michael Pasquale, MD)

### *Resignations*

**Michael Fitzgerald, PA-C**
Physician Extender
Physician Assistant
(Orthopaedic Associates of Allentown)

**Anthony M. LoCicero, PA**
Physician Extender
Physician Assistant
(Emergency Care Associates)

**Patricia A. Shober, PA**
Physician Extender
Physician Assistant
(Emergency Care Associates)


Companies
Government
'S
PennCARE
Lehigh Valley P.H.O.
Doylestown P.H.O.
Grand View P.H.O.
Muhlenberg P.H.O.
Hazleton Gen. P.H.O.
Hazleton St. Joseph P.H.O.
Gnaden Huetten P.H.O.
Provider Fund
Fund Balance
Physicians
Hospital

**Q: What is the benefit of the IDS to a physician?**
A: As a partner in a managed care organization, physicians will gain access to patients through IDS contracts with employers, and will lose fewer specialty referrals to other metropolitan areas. Physicians outside of networks will have limited access to patients in the future as employers seek to control costs by contracting in managed care arrangements.

**Q: How do medical staffs participate?**
A: Physicians participate through local IPAs and PHOs. Existing PHOs may also create special membership categories. Physicians may invest individually in the for-profit components of the IDS.

**Q: How will physicians be represented in management decisions concerning the IDS?**
A: It is proposed that physician partners select leadership for the IPA and PHO boards, and individual physicians will have the opportunity to provide input to their representatives. Fifty percent of the PennCARE Steering Committee are physicians and a minimum of 50 percent of PennCARE board members will be physicians. There will also be physician committees formed to address medical management, credentialing and other patient care issues, as well as compensation.

**Q: Aren't the PHOs just subsidiaries of the various hospitals?**
A: The intent of a PHO is to achieve alignment in goals and activities between the two organizations and their members or employees. The PHOs are governed and managed by both physicians and hospital management. Members also belong to the medical staff of the affiliated hospital.

**Q: How will physicians be compensated in an IDS arrangement?**
A: In the network structure, revenues from contracts will flow through the PHO. Individual compensation will be based on the agreement reached between individual physicians and the PHO.

**Q: What exactly does medical management mean?**
A: Essentially, clinical pathways, standards or protocols -- developed and continually improved through clinical trials and experience -- are put in place to guide treatment decisions, all with the intent of achieving high-quality, cost-effective outcomes. Pathways are modified based on network physicians' experiences. Performance and behavior of hospitals, physicians and patients are intensively monitored with respect to the pathways.

**Q: What kind of medical management organization is being considered?**
A: A medical management structure that is designed, driven and run by physicians. Its systems must be considered proven, and its performance high quality.

**Q: How would a medical management system be put into practice in the IDS?**
A: The IDS would "own" the system and be ultimately responsible for its implementation. A medical manager could import established protocols, but they would be tested locally by area physicians and adapted as necessary. A local medical director would be hired to approve and monitor protocols. Initially, the medical manager would provide extensive feedback on a practice's cost and quality profile. "Proven" practices with patterns of appropriate resource utilization and outcomes would require little intervention.

**Q: Would local physicians have input into the selection of the medical director?**
A: Yes, the PennCARE Steering Committee has recommended that a national search be initiated for any executive medical director. Physicians will comprise the majority of the search committee. In addition, each hospital's representatives will have an opportunity to interview the candidates recommended by the committee. Also, local medical directors will be recruited from the IDS region.

**Q: Will physicians in the network be required to admit patients to network hospitals?**
A: The managed care contract offered through the network will cover admissions to network hospitals. Patients may be admitted to other hospitals, but will be required to pay an additional amount. Network physicians' patients who are covered under other insurance plans may be admitted to any hospital that participates in that plan.

**Q: Can an individual physician "opt out" of the IDS and still participate in the PHO?**
A: Yes, at this time.

**Q: Can an individual physician "opt out" of the PHO and still participate in the IDS?**
A: Probably not. The IDS will not be "signing up" individual physicians.

**Q: Will physicians be required to travel to other areas to provide specialty care in communities served by other IDS hospitals?**
A: Based on assessments of community needs and local availability of specialty care (or lack of), physicians may choose to offer services in other locations on a routine or periodic basis.

## General Information

**Q: How will individuals/businesses/communities gain access to health care through the IDS?**
A: The IDS will be set to offer an insured risk product (HMO) in early 1996. A number of different partnership opportunities with insurance companies and/or medical management organizations are being explored. Businesses that are self-funded could select the IDS for its employees' health coverage, now. It is projected that the IDS plan will be offered both on a retail (i.e., direct to business) and a wholesale (through other insurance companies) basis. A Valley Preferred product (an insured and self-insured PPO product, not a risk product HMO) is available from all network hospitals.

**Q: How will the IDS affect patient care?**
A: Patients will have more and faster access to a full continuum of medical expertise and health care services. Patient care data shared across the network will provide better information to improve care and reduce costs.

## EXECUTIVE SUMMARY
## ESTES PARK RETREAT

The Medical Staff Troika, myself, Joe Candio, M.D. Past President, and Bob Murphy, M.D. President-elect along with John Jaffe, M.D. head of the PHO, attended an important Medical Staff-Trustee Conference entitled "Transformation" given by the Estes Park Institute October 8-12, 1995. This conference is designed to update the Medical Staff on important issues, managed care and the health care revolution.

Here are some of the major important points learned:

1. There are four stages of Managed Care:

    A. Hospitals physicians, purchasers independent of managed care and emphases.

    B. There is a rapid growth of managed care with fee for service still dominant and consolidation just beginning.

    C. Hospital specialists hit hard by excess capacity, mergers consolidations are beginning.

    D. True managed competition with only a handful of health systems competing for covered lives and HMO's merging with integrated systems all driven by employer coalitions. It would appear that we are still in a stage two market but will likely soon be entering a stage three.

2. Managed Care market evolution has been described as a transformation process from managing sickness to managing health and from less integration to more integration.

3. Community emphasis is on health care and will rely on:

    A. Increasing the emphasis on data collection, quality and cost.

    B. A decrease in the number of free standing institutions and hospital beds in the community.

4. Unless you can compete as one of the low cost providers you won't have the opportunity to demonstrate you are the quality provider.

5. Medical staffs can and must stay organized. We must simplify the process of credentialing, decrease our administrative hierarchy, delete unnecessary committees such as " Laser, Bylaws, Medical Records, ER, UR and rapidly and innovatively increase our communication with all levels of the staff.

6. Hospital administration must actively work toward improving its sense of mutual trust and respect with the medical staff. To do this several methods are suggested :

    A. In order to trust you must know your destination.

    B. There must be congruence between verbal and non verbal action.

    C. There must be openness.

    D. There must be well established and understood ground rules.

E. All parties must be open minded.

F. Issues at hand must be clearly defined.

G. Civil behavior must be maintained by open, honest, deliberate, and frequent communication.

7. Medicare is going bankrupt rapidly, not because of raising physician fees or because of hospital raising fees, but because of additional strains on the Medicare budget not foreseen in the original plans. This is entirely due to Medicare funding home health services and skilled nursing care, rising at rate of about forty percent per year.

8. Benchmark health care requires performance based credentialing to provide the best physicians to direct and manage patients optimally.

9. Benchmark health care's biggest loss is in management cost to the health insurer. Money should be spent on patients not mergers, and we should limit administrators.

10. We should look to reward performance in all spheres of the institution at Lehigh Valley (perhaps using outstanding Press Ganey performance reports).

11. Legal debate will undoubtedly result in reform of Medicare which, in fact, will make the formation of PHO's easier, move anti-trust legislation or integrated health networks, limit the process of cutting services to physicians but likely control the growth of Medicare. It is unlikely that managed care and Medicare will solve the current fiscal irresponsibility of that organization.

12. It is believed that the PHO will still be the cornerstone of health care delivery through efficient integrated systems linking community hospitals together in an array of efficient services. The focus will be on community health and health services, per capitated services will rule and fee for service will be an anachronism of the past.

On Monday, October 23, there was a Senior Management Council retreat addressing the issue of employee and medical staff morale. I gave a brief presentation on what I believe is low medical staff morale and made some suggestions to improve this situation. Emphasis was placed on the importance of building trust and improving presence and communication. Bob Murphy is developing a physician paper on trust which we will share with the Med Exec, Board of Trustees and the medical staff over the next few months.

Several new and exciting developments have occurred in Information Services. Teleradiology is about to go live within the Emergency Room enabling the ER physicians and radiologists to read CT, MR and other radiological images directly from their screens at home. Our overall goal is to improve the "wide band" network to allow teleradiology to occur to the med/surg floors. This will occur over the next year.

John E. Castaldo, MD
President, Medical Staff

JEC/bam
estessmry

# PHASE IV FUNCTIONAL PLANNING
# USER GROUPS

**November 15, 1995**

**AMBULATORY CARE**
Peter Barbour, M.D.
James Burke, Coordinator
Carol Bury
David Caccese, M.D.
Julia Clelland
William Dunstan
Walter Eberts
George Ellis
Kenneth Erland
Domenico Falcone, M.D.
John Galgon, M.D.
William Gee, M.D.
Gene Ginsberg, M.D.
Zelda Greene
Paul Guillard, M.D.
William Miller, M.D.
Yehia Y. Mishriki, M.D.
Robert Murphy, M.D., Chairperson
Nancy O'Connor
Greg Palmieri
Jody Porter
Russell Puschak, M.D.
Alexander Rae-Grant, M.D.
James Sandberg, M.D.
Elliot Shoemaker, M.D.
John Stavros
Headley White, M.D.
Facilitator -- TBD
Bucky Knowles, Hamilton/KSA

**AMBULATORY SURGERY**
Derek Davidson
Herbert Hoover, M.D., Chairperson
Mary Kinneman, Coordinator
Stephen Klasko, M.D.
Alphonse Maffeo, M.D.
Walter Okunski, M.D.
Jody Porter
John Stavros

**OBSTETRICS/GYNECOLOGY/NICU**
Wendy Amig
Cathy Bailey
James Balducci, M.D.
Carol Bury
Debra Collins
Vilas Deshpande, M.D.
Carol Diehl
Larry Edwards
Kenneth Erland
Mary Agnes Fox
Edward Geosits, D.O.
Ian Gertner, M.D.
T.A. Gopal, M.D.
Kim Hitchings
Stephen Klasko, M.D., Chairperson
Lenora Kroll
Sheldon Linn, M.D.
Ernest Normington, M.D.
Jody Porter
Michael Schwartz, M.D.
Marie Shaw, Coordinator
Joan Skumanick
Sharon Smetzer
Craig Sobolewski, M.D.
John Stavros
Facilitator -- TBD
Kate Reed, Towers Perrin

**PSYCHIATRY**
David Crabtree
Kenneth Erland
James Ezrow
Michael Kaufmann, M.D., Chairperson
Jeffrey Knauss
David Mitchell
Kate Quinn O'Hara, Coordinator
Farhad Sholevar, M.D.
John Stavros
Donna Stevens
Facilitator -- TBD
Bucky Knowles, Hamilton/KSA

(Continued on reverse)

**PHYSICIAN PRACTICE**

Peter Barbour, M.D.
Joseph Candio, M.D.
John Castaldo, M.D., Co-Chairperson
Zev Elias, M.D.
Kenneth Erland
Mark Knouse, M.D.
Robert Laskowski, M.D., Co-Chairperson
Stephen Matchett, M.D.
James Sandberg, M.D.
Raymond Singer, M.D.
John Stavros, Coordinator
Facilitator -- TBD
Bucky Knowles, Hamilton/KSA

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# Health Sciences Library
# Computer Learning Resources
## December, 1995

*We have been getting a good response to our new "tear out" page of Progress Notes. For those of you just realizing that it exists, you may want to refer to the past three issues. If you would like copies, let us know.*

### *OVID Update*

New England Journal of Medicine has been added to the *OVID* search databases for testing purposes. Although it may not "act properly" at all times, feel free to try it out. This will give you an idea of how to use the electronic form of the full text journals which are soon to be released and installed.
If you have the capability of printing using the *OVID_TERM* icon, you will be able to print an article. *IDEA.. Try performing a search and limit your results to NEJM.*

Check out the *OVID WWW* site: (http://www.ovid.com) After exploring you will realize there is a lot of information available including online help. Remember *Unix Network* when you are ask for the platform being used. Be sure to check out the online documentation and newsletter sections!

### *REMINDER....*

*For those of you who do not have current access to the library services via the hospital network, call Pat Skrovanek, Physicians Office Practice , Medical Staff Office at ext. 9859.*

### *Training Workshops...*

There will not be any workshops scheduled for the month of December. Training will be scheduled in the library upon request. Workshops will resume in January.

### *Update....*
### *Regarding the Medical Education Technology initiative*

*Two new bulletin boards* have been added to the hospital E-mail system which will allow for consolidation and easy dissemination of information regarding the hospital's Medical Education Strategic Plan:

*medical_educ_plan*
*medical_educ_technology*

The easiest way to access the information being posted to the bulletin boards is to turn on *"tracking"*. From your E-mail menu:

*Choose B for Bulletin Board*
*Select the BB by selecting the "M" option.*
*Follow the on-screen information.*

Once tracking is set, you will automatically receive any new messages posted to the bulletin boards.

***Scheduled Site Visits*** include:

**Medical College Of Pennsylvania**
*Wednesday, Nov. 29th.*
We will tour their recently updated classrooms and auditorium which utilize the latest technology in education presentation.

**National Library of Medicine**
*Thurs. Dec. 7-Fri.-Dec. 8*
We will visit Lister Hill Learning Center for Interactive Technology. Hands-On use of the many current interactive Multimedia systems and courseware available to health professions educators will be included. The VISIBLE HUMAN PROJECT will also be included in the tour.
*Both visits are funded and there are open spots! Contact Sherry Giardiniere, X8406.*

***TIP: READ E-MAIL AT LEAST ONCE DAILY.....***

## Exploring the Internet

Internet is still growing, growing, growing! We will try to keep you up to date on some interesting sites available for health professionals. We would also like to hear from any of you who have "found" interesting sites and would like to "share".

Following are some areas of interest and locations containing a good index and table of contents of clinical information. Since most sites are converting to World Wide Web most of our resouces will be a WWW address (URL). An easy way to access a web site using the hospital internet connection is to telnet to a Web server and then use their links. Example:

*Choose TELNET from the Internet Menu.*
*At the Telnet prompt,*
*type: open pubinfo.ucsd.edu*
*login: infopath*

You will now be using WWW in text mode. Either choose a selection from their page, or type "g" and you will prompted to enter a URL address.

To do a search of a specific topic, type "g" and enter: http://webcrawler.com.

Others...

*Yahoo*(subject index), was created by graduate students at Stanford University.
http://www.yahoo.com

*CliniWeb*, Oregon Health Sciences University, contains links to over 2500 clinical content sites.
http://www.ohsu.edu/cliniweb/

*American Heart Association*
http://www.amhrt.org

*Multiple Sclerosis Crossroads*, info and links for patients, doctors, and researchers.
http://helsinki.fi/~ahalko/ms.html

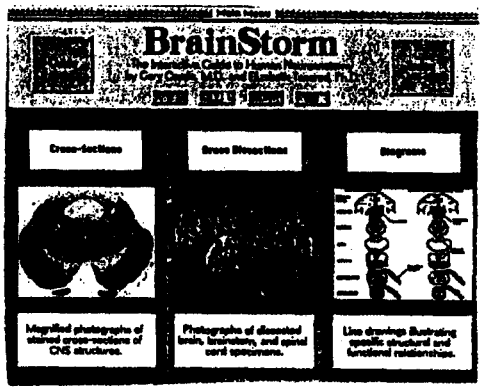
*(www sites con't)*

*TraumaNet,LSU Medical Center,*
http://trauma.isumc.edu

*Penn State University College of Medicine*
http://www.hmc.psu.edu

## Computer-Based-Training
### Program Review

*BRAINSTORM* is a new program located in the Computer Learning Lab, CC Site. It is an interactive program developed by medical personnel at Stanford University allowing students to understand and review neuroanatomy. *Brainstorm* allows the user to explore the brain and spinal cord. Structures are presented as gross dissections, cross-sections, and diagrams. All screens are cross-referenced for quickly moving between images and structures. Students can test their understanding at any time by taking a quiz. *Brainstorm* is published by Mosby.




*Suggestions and Comments can be forwarded to Sherry Giardiniere or Chris Sarley at the Health Sciences Library via E-Mail.*

# HEALTH NETWORK LABORATORIES

A Service of LEHIGH VALLEY HOSPITAL


## *Acute Overdosage of OTC Cold and Cold Products*

The common cold is the most prevalent and expensive human health problem due to loss of productive employment. In addition, the thousands of non-prescription remedies that are purchased to "cure" coughs, nasal congestion and secretions only adds significant cost to this unpleasant medical problem. Every household has a cabinet full of these medications which provide the opportunity of poisoning exposure especially to children.

Accidental and intentional poisoning by OTC cold and cough products is the 5th most common cause of poisoning with cleaning products 1st, Analgesics 2nd, Cosmetics 3rd and Plants 4th.

| NON-PRESCRIPTION COUGH/COLD PREPARATIONS<br>Common Ingredients | |
|---|---|
| ♦ **Analgesics**<br>Acetaminophen<br>Aspirin<br>Ibuprofen | ♦ **Decongestants**<br>Phenylephrine<br>Phenylpropanolamine<br>Pseudoephedrine |
| ♦ **Antihistamines**<br>Astemizole<br>Brompheniramine<br>Chlorpheniramine<br>Clemastine<br>Diphenhydramine<br>Terfenadine<br>Triprolidine | ♦ **Expectorants**<br>Ammonium Chloride<br>Guaifenesin<br>Terpin Hydrate |
| ♦ **Cough Suppressants**<br>Codeine<br>Dextromethorphan | |

Analgesics and Antipyretics are the most common potentially toxic ingredients of OTC cold preparations as headache myalgias and fever are the most frequent symptoms of a cold. A single dose of either aspirin or acetaminophen of greater than 150 mg/kg may be toxic requiring gastric decontamination. Acetaminophen may lead to hepatotoxicity (treated with N acetyl cysteine) while aspirin overdose results in acid-base imbalance, fever and concurrent metabolic problems.

Ibuprofen causes the least side affects such as lethargy and gastrointestinal problems but may require intervention at an ingestion level of 100 mg/kg.

Antihistamines have the potential to produce profound toxicity. Diphenhydramine is one of the most common and **potent** medications with considerable sedative and anticholinergic properties. As little as a 150 mg dosage in the pediatric person may produce seizure activity although much larger doses are required for morbidity and mortality. Gastric decontamination with anticipation of seizures is the basis of therapy. Astemizole (Hismanal) and Terfenadine (Seldane) were developed and marketed to exhibit fewer anticholinergic and sedative properties. Despite the apparent therapeutic safety of Hismanal even moderate overdoses of 200 mg in adults and 6-8 mg/kg in children can produce cardiotoxicity and ventricular arrhythmias. Seldane seems to have a higher therapeutic index but the manufacturer cites the rare possibility of ventricular arrhythmias with ingestion of greater than 360 mg. Even more significant both ketoconazole and erythromycin interfere with the metabolism of Seldane which may result in elevated blood levels and serious cardiovascular events.

Decongestants are widely employed to relieve the two most unpleasant symptoms of the common cold namely nasal stuffiness with accompanying nasal secretions. Pseudoephedrine has the safer toxicity profile but overdoses or therapeutic excesses may produce increased blood pressure, agitation, tachycardia and pyridoxic drowsiness in children. Gastric decontamination should be used following recent ingestion especially in the pediatric population for > 4 times the normal daily dose.

The most commonly abused drug is this class is phenylpropanolamine with overdosage from the ingestion of appetite suppressants and "street speed". Acute overdosage may be accompanied by hypertensive crisis, irrational behavior arrhythmias and occasionally seizures. Gastric decontamination should be exercised especially with children whose consumption exceeds 8-10 mg/kg.

Expectorants from a practical standpoint have little efficacy and a low order of toxicity. Guaifenesin, the most common expectorant in liquid cough products is essentially nontoxic when ingested a sole medicinal agent.

Cough Suppressants such as codeine and dextromethorphan, an isomer of a narcotic analgesic, are the most common. Only dextromethorphan is available OTC because it does not produce the addiction liability of other opioids. However adolescents may abuse it for its euphoric effects and amounts of 4-20 ounces may lead to bizarre and hyperactive behavior. Naloxone may be useful to reverse these symptoms.

In summary, most cough and/or cold product exposures involve the ingestion of several drugs. To access to potential toxicity after an ingestion, the quantity of each drug has to be individually evaluated for potential toxicity. An example follows:

A child weighing 10 kg ingested a maximum of 30 ml of an OTC cold preparation containing the following ingredients per 30 ml.

| | |
|---|---|
| Acetaminophen | 100 mg |
| Diphenhydramine | 25 mg |
| Pseudoephedrine | 60 mg |
| Dextromethorphan | 30 mg |
| Guaifenesin | 200 mg |
| Ethanol | 112 mg/dl |

All drugs were considered to be below a toxic threshold amount except ethanol which produced a calculated serum ethanol level of 112 mg/dl which was high enough to possibly result in hypoglycemia.

The equation that relates quantity of ethanol ingestion to blood level can be obtained by contacting one of the editors of this article -- John J. Shane, MD, Chairperson, Department of Pathology, at 402-8141, or Gerald E. Clement, PhD, Technical Director, Clinical Labs, at 402-2534.

# ACLS COURSES 1996

## *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**

- February 8 & 9, 1996
- April 18 & 19, 1996
- May 15 & 16, 1996
- June 29 & 30, 1996
- October 24 & 25, 1996
- December 5 & 6, 1996

**ACLS Renewal**

- January 12, 1996
- March 22, 1996
- May 17, 1996
- June 14, 1996
- September 13, 1996
- November 16, 1996

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

- January 22, 1996 - March 25, 1996
- Fall - Dates to be announced.

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

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

## *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.

**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 Lehigh Valley Area Health Education Center is accredited by the Pennsylvania Medical Society to Sponsor continuing medical education programs.

The Lehigh Valley Area Health Education Center designates this continuing medical education activity for (15) credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association and the Pennsylvania Medical Society membership requirement and the ACLS renewal for 7 credit hours.

All faculty participating in continuing medical education programs sponsored by the Lehigh Valley Area Health Education Center are to disclose to the program audience any real or apparent conflict(s) of interest related to the content of their presentation(s).

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

Paramedic continuing education credits by Eastern PA Regional EMS Council.

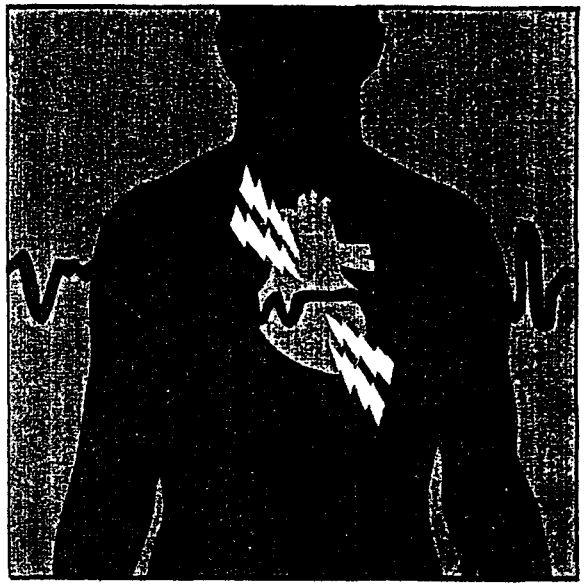
*LEHIGH VALLEY HOSPITAL*
Emergency Medicine Institute
1243 South Cedar Crest Boulevard
Allentown, PA 18103

# *LEHIGH VALLEY HOSPITAL*

## Emergency Medicine Institute

*presents*





# A.C.L.S.

# ADVANCED

# CARDIAC

# LIFE SUPPORT

# COURSES

# 1996

# CPR COURSES 1996

## *INTRODUCTION*

The EMERGENCY MEDICINE INSTITUTE of the **Lehigh Valley Hospital** is offering courses to student participants interested in obtaining or maintaining certification in cardiopulmonary resuscitation (CPR) and foreign body airway obstruction (FBAO).

## *LOCATION*

Lehigh Valley Hospital
1243 South Cedar Crest Boulevard
Allentown, Pennsylvania 18103

Classes are held at the 1243 Building of the hospital which is located across the street from the main hospital grounds on the third floor.

The course will begin promptly at 7:00 PM and end 10:00 PM

## *PARKING*

Parking is available in the parking deck which is located along side the building.

## *CANCELLATION POLICY*

If you must cancel the course you are registered for, it must be done no later than 72 hours prior to the first night of the course.

Please call (610) 402-5945 to cancel and/or reschedule the course you have registered for. An administrative $5.00 processing fee and cost of books, will be deducted from your refund if you cancel the course.

For additional information on the CPR courses or any other educational programs offered at the EMI at LVH, please contact (610) 402-5945. EMI hours are from 8:00 A.M. until 4:00 P.M., Monday-Friday. If you are unable to call during normal business hours, you may call and leave a voice mail message and someone from the EMI will contact you as soon as possible.



## *COURSE C*

Participants in this course will learn to administer adult 1 and 2 man, child, and infant CPR. Instruction will also be provided in utilization of mouth to mask ventilation and removing an item blocking the airway for conscious and unconscious adults, infants, and children. You must attend all 3 evenings to be eligible for provider status. Written and practical examinations are given. The course fee is $35.00

## *COURSE C - RENEWAL*

This course reviews all of the material covered in the provider course. To be eligible for this course, you must have a current course C card or a card that has expired within 1 month. The course fee is $20.00.

## *COURSE A*

Participants in this course will learn to administer one-man adult heart-saver CPR and instruction on removing an item blocking the airway for conscious and unconscious adults. The course fee is $25.00

## *COURSE D*

Participants in this course will learn to administer child and infant CPR and instruction on removing an item blocking the airway for a conscious and unconscious infant and child. The course fee is $25.00.

## *COURSE DATES*

### COURSE C

January 15, 22, & 29, 1996
February 26, March 4, & 11, 1996
April 1, 8, & 15, 1996
June 3, 10, & 17, 1996
July 1, 8, & 15, 1996
August 12, 19, & 26, 1996
September 16, 23, & 30, 1996
October 28, November 4, & 11, 1996
December 9, 16, & 23, 1996

### COURSE C - RENEWAL

February 12, 1996
March 18, 1996
May 6, 1996
June 24, 1996
July 22, 1996
October 7, 1996
November 18, 1996

### COURSE A

February 5, 1996
May 13, 1996
October 14, 1996
April 22, 1996
August 5, 1996
November 25, 1996

### COURSE D

January 8, 1995
March 25, 1996
May 20, 1996
September 9, 1996
December 2, 1996
February 19, 1996
April 29, 1996
July 29, 1996
October 21, 1996

## REGISTRATION

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

**LEHIGH VALLEY HOSPITAL**
Emergency Medicine Institute
ATTN: CPR Program
1243 South Cedar Crest Boulevard, 3rd Floor
Allentown, PA 18103
(610) 402-5945

Please make checks payable to:

**EMERGENCY MEDICINE INSTITUTE**
Payment must be included with form to reserve a seat in each class. Payment includes all course materials.

The American Heart Association strongly promotes knowledge of and proficiency in CPR 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.

If you have any additional questions or concerns, you may contact us at (610) 402-5945.

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**Please Print or Type**

Name_____

Address_____

City_____

State_____ Zip_____

Home Phone(____)_____

Work Phone(____)_____

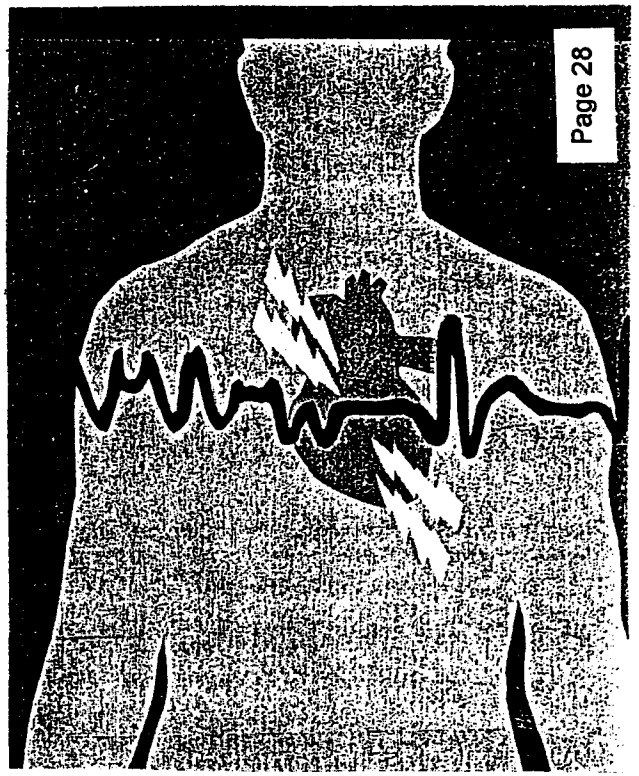
Course Date_____

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

# *LEHIGH VALLEY HOSPITAL*

## Emergency Medicine Institute

*presents*




# C.P.R.

# CARDIO

# PULMONARY

# RESUSCITATION

# 1996

# SCHEDULE OF COURSES

# PALS COURSES 1996

The founder of the Emergency Medicine Institute of the Lehigh Valley Hospital, the late George E. Moerkirk, M.D., F.A.C.S., had a strong commitment to the development of a PALS training program. The Institute dedicates this PALS program to Dr. Moerkirk and the children of the Lehigh Valley.

## *PALS PROGRAM DIRECTOR*

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

## *FACULTY*

The faculty is composed of PALS certified instructors including, pediatricians and emergency physicians, nurses, respiratory therapists, and other health professionals.

## *AHA DISCLAIMER*

The American Heart Association strongly promotes knowledge of and proficiency in the PALS course 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.

## *PURPOSE*

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

## *ACCREDITATION*

The Lehigh Valley Area Health Education Center is accredited by the Pennsylvania Medical Society to sponsor continuing medical education programs.

The Lehigh Valley Area Health Education Center designates this continuing medical education activity for 16 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association and the Pennsylvania Medical Society membership requirement and the PALS renewal for 8 contact hours.

All faculty participating in continuing medical education programs sponsored by the Lehigh Valley Area Health Education Center are to disclose to the program audience any real or apparent conflict(s) of interest related to the content of their presentation(s).

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.



## *GROUP COURSES*

Arrangements for a course for a particular group can be made through our 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.

## *PALS PROVIDER RENEWAL COURSE*

**Course Pre-Requisites**
The AHA AAP Program recommends renewal within 2 years. Pre-requisites include current PALS provider status and completion of a (CPR) Basic Life Support Course within 2 years. A copy of your current PALS and CPR cards with expiration date shown must accompany this registration form. A specific course for the appointment of those who have previously completed the full PALS provider course. Participants will be given the opportunity to refresh practical skills prior to demonstrating cognitive and practical expertise through a written and performance evaluation.

## *COURSES*

**PALS Provider**

- January 17 & 18, 1996
- February 21 & 22, 1996
- March 27 & 28, 1996
- April 24 & 25, 1996
- May 22 & 23, 1996
- June 5 & 6, 1996
- September 11 & 12, 1996
- October 9 & 10, 1996
- November 20 & 21, 1996
- December 11 & 12, 1996

**PALS Provider Renewal**

- September 25, 1996
- October 30, 1996

## *GENERAL INFORMATION*

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

**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

**Renewal Course**
$100.00 for physicians and $75.00 for nurses
$50.00 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 at Lehigh Valley Hospital. For assistance with overnight accommodations, please contact us at (610) 402-5945.

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**

- January 17 & 18, 1996
- February 21 & 22, 1996
- March 27 & 28, 1996
- April 24 & 25, 1996
- May 22 & 23, 1996
- June 5 & 6, 1996
- September 11 & 12, 1996
- October 9 & 10, 1996
- November 20 & 21, 1996
- December 11 & 12, 1996

**PALS Provider Renewal**

- September 25, 1996
- October 30, 1996

(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**
ATTN: PALS Program
Lehigh Valley Hospital
1243 South Cedar Crest Boulevard, 3rd Floor
Allentown, PA 18103

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

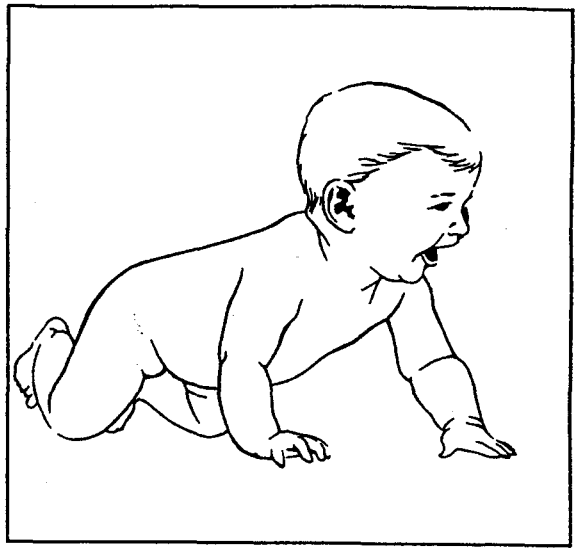
*LEHIGH VALLEY HOSPITAL*
Emergency Medicine Institute
1243 South Cedar Crest Boulevard
Allentown, PA 18103

# *LEHIGH VALLEY HOSPITAL*

## Emergency Medicine Institute

*presents*





# P.A.L.S.

# PEDIATRIC

# ADVANCED

# LIFE SUPPORT

# COURSES

# 1996

# 10 Tips for Preventing the Spread of Infection

*Some diseases have become immune to the antibiotics we use. As a result, controlling diseases and preventing infections from spreading are more crucial than ever, and doing so begins with measures every individual can take. Here are "10 tips" to remember.*

1 Wash your hands frequently—especially before preparing food, before eating, and after using the restroom. Insist that your health care providers wash their hands and use gloves, especially before any invasive treatment or procedure.

2 Don't insist that your physician give you antibiotics if you don't need them. Antibiotics have no effect on illnesses caused by viruses.

3 Take prescribed antibiotics exactly as instructed; do not stop taking them without checking with your physician, even if the medicine makes you feel better—or worse.

4 Keep your immunizations—and those of your children—up to date.

5 Don't send your child to a day care center or to school with symptoms of an infection—such as vomiting, diarrhea, and/or fever.

6 Follow safe sexual practices.

7 Do not use I.V. drugs; if you do, do not share needles.

8 Don't share personal items—such as razor blades, tooth brushes, combs, and hairbrushes—and don't eat or drink from others' plates or glasses.

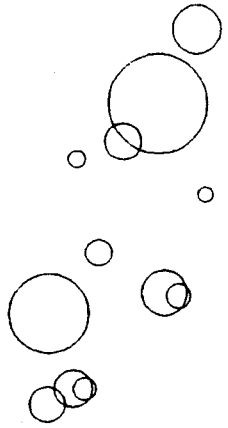
9 Keep kitchen surfaces clean, especially when preparing meat, chicken, and fish; disinfect kitchen surfaces.

10 Keep hot foods hot and cold foods cold, especially when they will be left out for a long time.

**A Message from the Association for Professionals in Infection Control and Epidemiology, Inc.**

# Infection Control Tips On Handwashing

- Handwashing is the single most important procedure for preventing nosocomial (facility-acquired) infections.
- Just from contact with body secretions, health-care workers' hands can carry bacteria, viruses, and fungi that may be potentially infectious to themselves and others.
- Handwashing is recommended when there is prolonged and intense contact with any patient.
- Handwashing is necessary *before* and *after* situations in which hands are likely to become contaminated, especially when hands have had contact with mucous membranes, blood and body fluids, and secretions or excretions, and *after* touching contaminated items such as urine-measuring devices.



- As a general rule, when in doubt health-care workers should wash their hands.
- The generally accepted correct handwashing time and method is a 10- to 15-second vigorous rubbing together of all lathered surfaces followed by rinsing in a flowing stream of water. If hands are visibly soiled, more time may be required.
- The choice of plain or antiseptic soap, or of alcohol-based hand rinses should depend on whether it is important to reduce and maintain minimal counts of colonizing flora as well as to mechanically remove the contaminating flora. *Consult your infection control department if you have a question as to whether you should use an antimicrobial soap.*
- Even if gloves are worn, handwashing is still extremely important when gloves are removed. Gloves may become perforated and bacteria can multiply rapidly on gloved hands.

**A Message from the Association for Professionals in Infection Control and Epidemiology, Inc.**

# P & T HIGHLIGHTS

The following action were taken at the October 18, 1995 Pharmacy and Therapeutics Committee Meeting - Maria Barr, Pharm.D., BCPS, Barbara Leri, Pharm.D.

## *NEW TRANSPLANT MEDICATIONS JOIN THE RANKS!*

***Neoral[R], cyclosporin microemulsion capsules and oral solution*** - Sandoz Pharmaceuticals has recently marketed a new formulation of cyclosporine. Cyclosporine (Sandimmune[R]) was first introduced into the U.S. market in 1983. The drug prevents organ rejection by two mechanisms that block the activation and proliferation of T-cytotoxic lymphocytes. Cyclosporine inhibits synthesis and release of interleukin-2 (IL-2) by helper T cells. It also inhibits expression of IL-2 receptor on helper and cytotoxic T cells.

Absorption of the original cyclosporin solution is variable and can be problematic for some transplant patients. The Neoral[R] preparations were designed specifically to improve bioavailability by means of microemulsion technology. The peak plasma concentration after dose administered in renal transplant patients is 40% to 106% higher than that achieved with Sandimmune[R]. In liver transplant patients, peak plasma concentrations are 90% higher.

Dosing Recommendations for Neoral[R]

1. Patients converting to Neoral[R] from Sandimmune[R] should begin treatment at the same dosage.
2. Because the two products are NOT bioequivalent, plasma concentrations must be monitored and the dosage adjusted accordingly. A decreased maintenance dose is expected resulting in possible cost savings for the patient since Sandimmune[R] and Neoral[R] are at the same wholesale cost.
3. You may refer to the Transplant Service for assistance in managing conversions and/or determining which patients to convert to Neoral[R].
4. Remember that the same drug interactions apply with Neoral[R] as Sandimmune.

**Drugs that increase cyclosporin levels:**

| | |
|---|---|
| diltiazem | itraconazole |
| erythromycin | nicardipine |
| ketoconazole | verapamil |
| fluconazole | metoclopramide |

**Drugs that decrease cyclosporin levels:**

| | |
|---|---|
| rifampin | phenobarbital |
| carbamazepine | phenytoin |

## *MYCOPHENOLATE MOFITEL (CELL CEPT[R])*

Authors: Douglas E. Johnson, M.D., Craig R. Reckard, M.D.

Mycophenolate mofitel (MMF) was recently released under the trade name of CellCept by Roche Laboratories in late June. This is an interesting and rather potent immunosuppressive agent which works similarly to azathioprine as a purine metabolic inhibitor. It depletes guanine nucleotides with a selective antiproliferative effect on B and T lymphocytes. It inhibits

antibody production, generation of cytotoxic T cells and down regulates the expression of adhesion molecules and binding of ligand on activated endothelial cells. This effect on adhesion molecules may give the drug a role in treating chronic rejection.

Data from a Phase III trial shows promise for MMF in renal transplant patients. There was a 14 center double-bind trial which included 499 patients receiving primary cadaveric renal transplants. Recipients were randomized to 3 groups, the first being azathioprine, the second being MMF at 1gm bid and the third group being MMF at 1.5gm bid. In this study a sequential quadruple induction protocol was used which included antilymphocyte globulin, prednisone, cyclosporine and the trial agent. These patients were randomized with a resultant distribution of primary renal diseases which reflect the end stage renal disease population at large. There was a slightly larger number of patients with a pre-transplant PRA greater than 20% in the MMF 1gm bid group. The cold ischemia times were uniform at 22 hours with other variables being controlled for adequately.

There was a significant decrease in the number of biopsy proven first acute rejection episodes (47.6% in the azathioprine group versus 31.1% in the MMF 2gm group and 31.3% in the 3gm MMF group). Similarly, the time to first rejection was prolonged in the MMF groups versus azathioprine. Those patients requiring rejection therapy were more likely to require a full course of anti-rejection therapy if they were in the azathioprine group compared to the MMF groups. This was reflected by more frequent use of antilymphocyte agents in the treatment of these rejections. Surprisingly, there were 3 cases of post-transplantation lymphoproliferative disorders (PTLD) in the MMF groups (none in the azathioprine group) despite the fact that no patient received any more than induction antilymphocyte treatment.

The adverse effects of MMF focus on gastrointestinal problems with diarrhea, gastritis, nausea and vomiting and leukopenia being the most common, followed by hypertension and anemia. These were more pronounced in the 3gm per day group. There was a slight but statistically insignificant increase in opportunistic infections as reflected in adverse events, resulting in treatment failures or discontinuance of the study. These occurred in 9.6% of the 3gm per day MMF group as compared to 4.2% and 3.6% in the MMF 2gm and azathioprine groups respectively.

Overview: Mycophenolate mofitel (MMF/CellCept) is a potent immunosuppressive agent which has an acceptable side effect profile. This is the first clinical trial of any significant size utilizing MMF as an induction drug. It has previously been used for the treatment of acute rejection in smaller groups with similar benefit. Its role in the treatment and management of chronic rejection and perhaps in the group of patients which are being tapered off prednisone therapy, has yet to be defined.

Current dosing guidelines recommend a fixed dose of 2gm daily as a split dose, regardless of the indication for its use (i.e. induction or rescue therapy). The cost of this is $12.50 daily. Medicare will pick up 80% of the cost for up to three years post-transplant, as is already done with other immunosuppressive drugs.

## *AMIODARONE - AN OLD PO DRUG NOW AVAILABLE IV*

Amiodarone injection (Cordarone$^{R}$) is now available. This Class III antiarrhythmic agent has been available only as an oral formulation for many years. Amiodarone is indicated for use in refractory ventricular arrhythmias. The long half-life of approximately 55 days and delayed onset of action have discounted the use of amiodarone for acute therapy of serious, fatal arrhythmias. The injectable formulation is a long-awaited advancement in the acute management of arrhythmias.

The dosing of amiodarone injection includes a loading dose of 150mg over the first 10 minutes followed by 360mg over the next 6 hours (1mg/min) followed by 540mg over the next 18 hours (.5mg/min). A continuous infusion is maintained at .5mg/min until converted to oral amiodarone. Conversion to oral therapy is based on the duration of infusion.

| **Duration of Infusion** | **Initial Daily PO Dose** |
|---|---|
| < 1 week | 800-1600mg |
| 1-3 weeks | 600-800mg |
| > 3 weeks | 400mg |

Onset of action is shorter than with an oral loading dose with effects seen within approximately 10-12 hours. Adverse effects include hypotension, bradycardia, elevated LFT's, CHF, proarrhythmias, and nausea. The cost of therapy is approximately $350 per day. Limited use of this agent is expected for treatment of refractory ventricular arrhythmias.

## *ANNOUNCING THE WINNERS!*

A hearty "thanks" to all those who participated in the contests being run for National Pharmacy Week, October 22-28. The pharmacy staff was available near the cafeteria throughout the week to answer drug information questions, provide various written pharmacy materials and test the knowledge of employees and visitors. Great fun was had by all!

The contest winners included:

Tom Lakata, M.D. - Diplomat Pen
Cheryl Rowan, R.N. - Movie Tickets
Verna Gilbert, Volunteer - Candy Jar

Congratulations to our winners!

PS: The correct guess for the candy jar contest was 1452. Our winner guessed 1492! WOW!

LEHIGH VALLEY
HOSPITAL

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







***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.**

***Lehigh Valley Hospital is an equal opportunity employer.***
***M/F/H/V***