LEHIGH VALLEY
HOSPITAL AND
HEALTH NETWORK

PROGRESS NOTES
Medical Staff

March, 2002 Volume 14, Number 3

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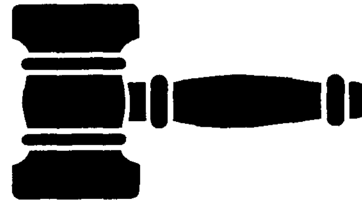
On Friday, March 22, from 8 to 9:30 a.m., members of Troika will be available in the Medical Staff Lounge at LVH-Muhlenberg to entertain comments, questions and observations from members of the Medical Staff. Please drop in for refreshments!



From the President

No physician, insofar as he is a physician, considers his own good in what he prescribes, but the good of his patient; for the true physician is also a ruler having the human body as a subject, and is not a mere moneymaker.
- Plato - c. 428-348 BC

Healthcare is Changing
As physicians struggle with an assortment of issues and forces (malpractice crisis, managed care regulations, manpower shortages, revenue squeeze, the new economics of healthcare, patient safety) one clearly feels that the American medical system is in a state of flux. The structure and dynamics of healthcare delivery systems continue to evolve while healthcare providers scramble to keep up with constant technologic advances. At a time like this, it is especially important to examine who we are and where we are going.

LVHHN Medical Staff Goals
As members of the LVHHN medical staff, I submit to you that we have the following goals (among others):

- Professionalism and Self awareness (personal stability and character)
- Self governance using the medical staff organization and bylaws
- Life long learning and an active medical staff education process
- Meaningful peer review and patient safety standards
- Single standard of care across the network
- Closer staff relationship of LVH and LVH-M
- Finding joy in our roots

So where's this joy?
I would like to emphasize the last point. When we are stressed with paperwork and clinical pressures, it can be hard (maybe impossible) to remember why we went into medicine in the first place. However, there is the joy and satisfaction of clinical excellence. We need to appreciate and savor those cases in which we used all of our clinical skills for diagnosis and management of a challenging problem. Often, we are the only ones who know that we did "the right thing" for this patient, but often the patient realizes it as well and they may be very appreciative. We have a privileged profession.

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There is the joy of learning – a new explanation, a new technique, a new understanding...

There is the joy of teaching – and hoping that your explanations will be etched into another's brain...to continue after we are gone...

There are positive reactions to stress like taking an extra interest in patient safety projects at LVHHN and elsewhere. Our process of care needs improvement.

And finally, there is the satisfaction of knowing that you are genuinely the patient's advocate ... and knowing that the patient also knows...

Physician Advocate
On a broader scale, we need to support and encourage one another through the difficult and stressful times. We are all working together on the same team and we are starting to realize this as a medical staff. Medical staff leadership (Troika) is your physician advocate. As your president, I especially need to represent the medical staff in administrative and clinical matters, and I need to be sure that all medical staff members are being treated with the fairness, understanding and reason that you deserve. Many of you know that it is not easy running a medical practice or being part of a larger medical group these days. Let's face it! You are in a stressful profession and deserve an effective advocate. Troika is composed of active clinicians who understand your concerns and issues and who can relate to your problems.

Communication
In the format of the monthly newsletter, ***Medical Staff Progress Notes***, and the e-mail publication, ***Pro Tempore***, I have tried to keep the medical staff abreast of current developments regionally and nationally so that we can stay informed and keep our problems and challenges in perspective. It can be surprising to learn that many of our problems and concerns are shared by medical staffs across the country. We will continue to emphasize communication within the medical staff as an antidote to any feelings of isolation, and to hopefully dispel misunderstandings. We will move ahead together cautiously but positively.

I welcome your comments on physician advocacy, the joy of medicine and other related topics.

Energizer bunny arrested!....charged with battery...

Does the name Pavlov ring a bell?

We are looking to the State Senate for leadership on this critical issue.

Save Pennsylvania Medicine!!!
THE PA. HOUSE VOTED 148-51 TO CHANGE THE MEDICAL MALPRACTICE BILL PASSED BY THE SENATE. The full House voted to approve new provisions supported by the Pennsylvania Medical Society and the state hospital association, changing parts of the Senate bill that addressed patient safety, the CAT Fund and legal changes to the malpractice system, reported the Inquirer. The legislation cannot be sent to Gov. Schweiker until the differences between the House and Senate are reconciled, and the Senate is not scheduled back for a full session until March 11, the Inquirer added. (***Philadelphia Inquirer***, February 14, 2002)

Comment: We are giving the political process a chance. But, in the final analysis, the goal is resolution of the spiraling cost of medical malpractice insurance which is, slowly but surely, strangling Pennsylvania medicine. Without significant cost reduction of these premiums, we will surely see reduced access to health care for the citizens of the Lehigh Valley in the future. Remember, in many ways, it is still a free market in health care and it will adjust to cost shifts.

A man's home is his castle, in a manor of speaking.

A pessimist's blood type is always B-negative.

Avoiding Malpractice Lawsuits
Dr. Larry Levitt will give a brief but very important presentation at the General Medical Staff meeting on Monday, March 11 at 6 p.m., in the LVH, Cedar Crest & I-78, Auditorium. He will describe specific practical and useful techniques to prevent the progression of cases into lawsuits. In today's environment, I urge all medical staff members to attend and share Larry's experience in this area. One tip will be worth the trip – and may save you that migraine headache later.

Stupidity got us into this mess, why can't it get us out?

Inpatient Smoking
We all have the occasional patient who is a smoker and requests that they be accompanied outside the walls of the institution to smoke. Consistent with LVHHN efforts at safety and efficiency, we recommend that all caregivers first try the Nicoderm patches for your patients who smoke. Often, the

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patches may suffice (perhaps with a mild sedative) and may even give the patient the first experience with smoking cessation. Assisting your patient in reducing or eliminating smoking would be a major step in helping them achieve a healthier life-style.

Teamwork – No member of a crew is praised for the rugged individuality of his rowing.

- Ralph Waldo Emerson

More about us...

- LVHHN represents over 50 medical specialties and serves as a regional referral center for trauma, burn, kidney transplant, perinatal, cardiac and cancer care.
- Last year, the staff at LVHHN cared for over 38,000 admissions, attended to 100,000 emergency room visits, and delivered 3,300 babies.
- LVHHN's Trauma Center is one of three in the state with additional qualifications in pediatric trauma.
- The LVH Burn Center is a regional referral center for pediatric and adult burns. The nine-bed unit features a hydrotherapy area and sleeping accommodations for family members.
- The Regional Heart Center is one of the largest in Pennsylvania with over 1,200 open-heart procedures and 1,700 angioplasties last year.
- The LVHHN Cancer Service is the fourth largest in Pennsylvania and sees 2,400 new patients a year. Cancer services are provided at the John & Dorothy Morgan Cancer Center and LVH-Muhlenberg by experienced cancer care specialists.
- LVHHN has one of the top three orthopedic programs in Pennsylvania, based on volume, patient outcomes, length of stay, and other criteria.

More to come in future issues... there's a lot to share.

Corduroy pillows are making headlines.

Sea captains don't like crew cuts. (Had enough puns yet?)

Ed

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

Lehigh Valley Hospital Medical Staff Reappointment

In compliance with the regulations of the Pennsylvania Department of Health, the Medical Staff and Hospital Bylaws, and the standards of the Joint Commission on Accreditation of Healthcare Organizations, each member of the hospital's Medical Staff must be reappointed a minimum of once every two years.

On March 3, this year's biennial reappointment process will be put into motion when Reappointment Packets will be mailed to over 1,000 members of the Medical Staff. Each packet will contain a five-page Application for Reappointment to the Medical Staff, a copy of the addressee's current privilege sheet, a new blank privilege sheet to transfer currently approved privileges, a malpractice claims report, a self-addressed return envelope, and to simplify the process, a Checklist has been included to assist in completing the information.

Although much of the information on the application is preprinted for each physician, it is of paramount importance that ALL the information is reviewed, changes made where necessary, and missing data completed. Before returning the application, please take a moment to review the Checklist to make sure all the information is complete and all the required documents have been attached to the application.

Please Note: **Associate** and **Affiliate** members are required to provide a letter of good standing from their primary hospital. It is the physician's responsibility to insure that the good standing letter is received by the Medical Staff Services Office.

The deadline to return reappointment applications is March 22. Your prompt attention to this matter is both requested and appreciated.

If you have any questions regarding the reappointment process, please contact one of the Credentialing Coordinators in Medical Staff Services at (610) 402-7800.

Ethics Corner

At the suggestion of Troika, the Ethics Committee, chaired by Glenn A. Mackin, MD, has been invited to provide commentary regarding the AMA Ethical Opinions/Guidelines regarding Gifts to Physicians from Industry. For your review and information, these guidelines are attached on Pages 11 & 12. Over the next six months, Dr. Mackin will provide his interpretation of each of the points addressed in the guidelines.

News from CAPOE Central

Increasing "Face Time" with Patients

Recently, I was speaking with a member of the Medical Staff who has been using the PenCentra wireless handheld device, and he kept mentioning "face time." As I didn't quite understand what he meant, he provided the following explanation.

The physician stated that now that he has gotten accustomed to using the PenCentra, he takes it into each patient room. He can sit down with the device on his lap and review information with the patient. He can review the vital signs and see how the patient is feeling; review labs and procedures and explain them to the patient (e.g., "I see you had a chest x-ray yesterday. Let me review the results with you."); review the medications, and see if the patient has any questions about the treatment plan. This physician is looking forward to entering orders on-line, again, while in the patient's room, and he can review details with the patient. (e.g., "Let me review with you what we are going to do today; I am ordering some blood work to see if we are giving you the right amount of blood thinners.")

The physician stated that by using the PenCentra to review and enter data in the patient's room, it has increased the amount of time he spends with the patient -- "face time." Patients probably do not realize the amount of time that is spent reviewing data in the chart or in the computer. However, by using the wireless device in the patient's room, the patient can watch the physician review the data, providing an opportunity for the patient to ask questions and reinforcing the continuity of care.

We are all concerned about efficiency and managing our time. I believe that by using the handheld devices, we can be more efficient while increasing "face time" with our patients.

Please contact me with any concerns or questions.

Don Levick, M.D., MBA
(484) 884-4593 (office) or (610) 402-5100 7481 (pager)

New Directories Available

The January, 2002 edition of the **Lehigh Valley Hospital and Health Network Medical Staff Directory and Departmental Roster** is now available for physicians' offices, in limited supply. If you have not yet received your copy, please contact Janet M. Seifert in Physician Relations at (610) 402-8590.

"Thank You" for Your 911 Contributions

A letter was received from the American Red Cross of the Greater Lehigh Valley to thank everyone who sent contributions to benefit the families affected by the tragedy of September 11. To date, the Red Cross has spent $317.5 million providing immediate disaster response for more than 34,500 families affected by this tragedy.

The American Red Cross thanks you for your heartfelt support and wants you to be assured that your contribution has made a difference.

News from Lehigh Valley Diagnostic Imaging

Lehigh Valley Diagnostic Imaging has recently invested in several new software programs and has done the necessary education of physicians and staff to be able to offer you these new services.

A coronary artery calcium scoring (CACS) program will help you better manage your cardiac patients and proactively monitor their cardiac risk factors. CACS is one of the safest and easiest testing tools for coronary artery disease. Calcium deposits in the coronary arteries can be detected by using a CT scanner and this special software package. The test itself takes only minutes to perform and is painless and non-invasive.

LVDI will also have the capability to do Lung Screenings, which can detect lung cancer in its very earliest stages. This test is non-invasive, takes about 10 minutes to perform, and it is not necessary for the patient to disrobe.

Also coming in the near future is the addition of Virtual Colonoscopy. Although there is some patient preparation required for this test and it involves the introduction of air into the bowel, it is far less invasive than a barium enema or traditional colonoscopy or even sigmoidoscopy. More information will be forthcoming when service becomes available.

Initially, LVDI plans to introduce these new services on a limited basis. These cases will be performed on Saturdays between noon and 4 p.m. Please call (610) 435-1600 for convenient scheduling. Since most insurance plans currently do not cover the cost of these tests, LVDI does accept VISA and Mastercard.

If you have any questions regarding these new services, please contact either Candy LaBarre, Marketing Representative, or George Gavalla, Director of Operations, at (610) 435-1600.

Medical Liability Matters

(The following Pennsylvania Medical Society News is being provided to you by Robert X. Murphy, Jr., MD, OMSS Representative)

At A Glance:

1. Vote YES for 1802! Key Provisions Explained
2. Long-Term Goals Remain Unchanged
3. For Your Patients

1. Vote YES for 1802!

Senate Holds Future of PA Medicine in Their Hands - On February 13, 148 members of the House of Representatives voted to strengthen medical liability reforms in Pennsylvania by voting for strong amendments to House Bill 1802. When our Senators return to the Capitol on March 11, HB 1802 will be on their desks.

The Senate's "YES" vote on HB 1802 at this point would mean they agree that Pennsylvania needs strong new medical liability reforms. If the Senate passes House Bill 1802 with its current amendments intact, we will have accomplished most of our short-term goals. Our reform campaign began 15 months ago with three basic strategies:

- Medical liability reform
  Patients will still receive fair awards for injuries due to malpractice. There is no cap on non-economic damages (pain and suffering) in HB 1802. In general, future earnings will be reduced to present value, and future non-economic damages will be paid out over time.
- CAT Fund reform
  The CAT Fund would be privatized and gradually phased out. It would be replaced with a new fund, administered by the Department of Insurance, under which basic coverage limits increase as excess coverage formerly provided by the Fund decreases.
- Patient safety reform
  A new Patient Safety Authority would require health care providers to report serious events and incidents. Reports would be non-discoverable, and retaliation against reporting health care workers would be prohibited.

2. Long-Term Goals Remain Unchanged

While the above reforms will provide a basis for change in the insurance industry and the courtrooms, our long-term goals remain unchanged:

- A constitutional amendment capping non-economic damages;
- Ongoing judicial reform; and
- Further legal system reforms

In March, we will begin major strides toward these long-term goals.

The Society has worked with legislative leadership and the administration throughout the negotiations of the past few months. House leadership has stated they will continue to work with us to introduce a separate bill to begin the process toward a constitutional amendment seeking a cap on non-economic damages.

The Society anticipates meeting with the Rules Committee of the State Supreme Court to discuss reinstatement of the rules originally included in Act 135 of 1996, which were withdrawn by the Court.

The Court is also expected to take up the venue issue through the Inter-branch Commission on Venue that would be established through HB 1802.

3. For Your Patients: The Truth About the Medical Liability Crisis

A handout for your patients about the medical liability crisis is now available to Members of the Pennsylvania Medical Society. Call the Society's LRAC at 1-800-566-TORT (8678) or download <http://www.pamedsoc.org/uploads/MLM_LiabilityTruths.pdf> and print an Adobe PDF copy now.

? ? ? Mystery Medical Staff Member ? ? ?

? Born in Philadelphia, Pa.
? Earned Bachelor of Science degree from Muhlenberg College
? Received Medical degree from Jefferson Medical College of Thomas Jefferson University
? Completed internship at Allentown Hospital
? Completed residency at Allentown Affiliated Hospitals
? Performed the first H & P as cardiology resident when Lehigh Valley Hospital (Cedar Crest & I-78) opened its doors in September, 1974
? Served in the U.S. Air Force for two years in New Mexico
? Joined the Medical Staff in 1977
? Wife, Ann, is a teacher
? Father of two children
? Enjoys exercise, traveling and ballroom dancing

Give up? Please see Page 8 for the answer.

15th Annual Art Auction

Mark your calendar! Lehigh Valley Hospital and Health Network's Professional Nurse Council is rolling out the red carpet . . . and you're invited!

Art at the Oscars -- this year's Crystal Anniversary Celebration -- will be held on Friday, April 5, in the Fred Jaindl Family Pavilion, Lehigh Valley Hospital, Cedar Crest & I-78. A cocktail reception and preview will be held from 6:30 to 7:30 p.m., followed by the art auction at 7:30 p.m.

This year's event will be presented by Avatar Galleries for the benefit of "Friends of Nursing."

For tickets or additional information, please contact Jann Christensen in Professional Development at (610) 402-1789 or Tina Stoudt at (610) 402-1704.

Telemetry Guidelines

The following guideline was recommended and approved at the February 5, 2002 meeting of the Medical Executive Committee:

"If the physician requests telemetry and does not designate the class, it will default to Class III and the telemetry can be discontinued the next day."

Pocket-sized "Guidelines for Telemetry Monitoring on Medical/Surgical Units" are available in the Medical Staff Lounge at Cedar Crest & I-78 or may be obtained by calling Physician Relations at (610) 402-8590. If you have any questions regarding the Guidelines for Telemetry Monitoring, please contact Bruce A. Feldman, DO, at (610) 770-2200.

Missing Patient's Name Cause for Concern

When writing progress notes or any other document to be included in the patient's chart, PLEASE make sure that each form is stamped with the patient's name and demographic information. Occasionally, physicians take blank, unstamped forms, write on them, and stuff them into the patient's chart. This is a potential source for a major error. **It is imperative that each form or document included in the chart contains the patient's name and medical record number.** Please take the time to make sure that each form is stamped before placing it into the patient's chart.

Congratulations!

Albert D. Abrams, MD, Chief, Division of Rheumatology, was awarded the 2001 Joseph Lee Hollander, MD Award from the Arthritis Foundation at the Grand Soiree-Evening of Honors held at the Blue Mountain Ski Area Special Events Center in October, 2001. This award is presented annually to the medical professional who exemplifies excellence and achievement in the field of Rheumatology. In addition, Dr. Abrams was inducted as a Fellow in the College of Physicians of Philadelphia in May, 2001.

Barry H. Glassman, DMD, Division of General Dentistry, has recently become a Fellow of the American Academy of Carniofacial Pain, as well as a Diplomate of the American Academy of Pain Management. In addition, he has been credentialed by the Certification Board of the Academy of Dental Sleep Medicine.

Upcoming Seminars, Conferences and Meetings

Family Practice Grand Rounds

Family Practice Grand Rounds will be held on Tuesday, March 5, at 7 a.m., in Conference Rooms 1A & 1B in the John & Dorothy Morgan Cancer Center. Joseph G. Trapasso, MD, Division of Urology, will discuss "PSA Screening - The Controversy."

Medical Grand Rounds

Medical Grand Rounds are held every Tuesday beginning at noon in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78, and via videoconference in the First Floor Conference Room at LVH-Muhlenberg. Topics to be discussed in March will include:

- March 5 - "NSAIDs and the GI Tract: The Silent Epidemic"
- March 12 - "Update on Alzheimer's Disease and Frontotemporal Dementia"
- March 19 - "New Directions in Osteoporosis Therapies"
- March 26 - "Critical Care for the New Millennium"

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

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Department of Pediatrics

Pediatric conferences are held every Tuesday beginning at 8 a.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78. Topics to be discussed in March will include:

- March 5 - "Update of Sickle Cell Anemia"
- March 12 - "Radiofrequency Catheter Ablation for Treatment of SVT"
- March 19 - "Novel Ways of Copying with Serious Illness and Injury in Children"
- March 26 - "Hyperbilirubinemia"

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

Surgical Grand Rounds

Surgical Grand Rounds are held every Tuesday at 7 a.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78, and via videoconference in the First Floor Conference Room at Lehigh Valley Hospital-Muhlenberg.

Topics to be discussed are posted each week near the Auditorium door and on the LVH_LIST bulletin board in e-mail. For more information, contact Cathy Glenn in the Department of Surgery at (610) 402-8334.

General Medical Staff Meeting

A General Medical Staff meeting will be held on Monday, March 11, beginning at 6 p.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78, and via teleconference in the First Floor Conference Room at Lehigh Valley Hospital-Muhlenberg. During the meeting, "Malpractice Suit Prevention" will be presented by Lawrence P. Levitt, MD, Division of Neurology, and Janine Fiesta, Esq., Vice President, Legal Services. All members of the Medical Staff are encouraged to attend.

Forum on Pennsylvania Malpractice Crisis

On Tuesday, March 26, several local representatives have agreed to attend a forum and participate on a panel to address concerns and answer questions regarding the Pennsylvania malpractice crisis. The forum will begin at 6 p.m., in the hospital's Auditorium at Cedar Crest & I-78. Your attendance is encouraged to share your concerns regarding the malpractice crisis in Pennsylvania with local representatives. The forum is sponsored by the Greater Lehigh Valley Independent Practice Association. For more information, contact Eileen Hildenbrandt, Coordinator, GLVIPA, at (610) 402-7423.

Who's New

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

Medical Staff

Appointments

Christopher F. Buckley, DO
LVH Department of Medicine
Lehigh Valley Hospital
Cedar Crest & I-78, P.O. Box 689
Allentown, PA 18105-1556
(610) 402-5200
Fax: (610) 402-1675
Department of Medicine
Division of General Internal Medicine
Provisional Limited Duty
Site of Privileges - LVH & LVH-M

Gina M. Fitzsimmons, DO
Riverside Medical Associates
5649 Wynnewood Drive, Suite 203
Laurys Station, PA 18059-1124
(610) 261-1123
Fax: (610) 262-1739
Department of Family Practice
Provisional Affiliate
Site of Privileges - None

Robert A. Kitei, MD
Bethlehem Eye Associates
1530 Eighth Avenue
Bethlehem, PA 18018-1829
(610) 691-3335
Fax: (610) 974-9950
Department of Surgery
Division of Ophthalmology
Provisional Active
Site of Privileges - LVH-M

William J. Kitei, MD
Bethlehem Eye Associates
1530 Eighth Avenue
Bethlehem, PA 18018-1829
(610) 691-3335
Fax: (610) 974-9950
Department of Surgery
Division of Ophthalmology
Provisional Active
Site of Privileges - LVH-M

Eugene M. Saravitz, Jr., MD
Bethlehem Eye Associates
1530 Eighth Avenue
Bethlehem, PA 18018-1829
(610) 691-3335
Fax: (610) 974-9950
Department of Surgery
Division of Ophthalmology
Provisional Active
Site of Privileges - LVH-M

Stephen W. Wilz, MD
Health Network Laboratories
Lehigh Valley Hospital
Cedar Crest & I-78, P.O. Box 689
Allentown, PA 18105-1556
(610) 402-8146
Fax: (610) 402-1691
Department of Pathology
Division of Anatomic Pathology
Section of Genitourinary Pathology
Provisional Active
Site of Privileges - LVH & LVH-M

Spage M. Yee, MD
Lehigh Valley Eye Physicians
2663 Schoenersville Road
Bethlehem, PA 18017-7308
(610) 867-9900
Fax: (610) 867-0730
Department of Surgery
Division of Ophthalmology
Provisional Active
Site of Privileges - LVH-M

Status Changes

Tanya Ermolovich, DO
Department of Medicine
Division of Dermatology
From: Associate
To: Active
Site of Privileges: LVH & LVH-M

Fernando M. Garzia, MD
Department of Surgery
Division of Cardio-Thoracic Surgery
From: Affiliate
To: Active
Site of Privileges: LVH & LVH-M

Yogeswary Kannangara, MD
Department of Anesthesiology
From: Active
To: Honorary

Mark N. Martz, MD
Department of Surgery
Division of Cardio-Thoracic Surgery
Section of Thoracic Surgery
From: Active
To: Affiliate
Site of Privileges: None

Additional One-Year Leave of Absence

Anjam N. Bhatti, MD
Department of Medicine
Division of General Internal Medicine
Active/LOA

New Practice Name

Pain Specialists of the Greater Lehigh Valley, PC

- **Robert J. Corba, DO**
- **Bruce D. Nicholson, MD**
- **Robert E. Wertz II, MD**
- **Robert E. Wilson, DO**

Changes of Address

Ellen M. Field-Munves, MD
New Primary Office:
2045 Westgate Drive, Suite 203
Bethlehem, PA 18017-7400
(610) 868-8460
Fax: (610) 868-8435

David A. Gordon, MD
2025 Fairview Avenue
Easton, PA 18042-3915
(610) 923-5200
Fax: (610) 923-5272

Mari A. McGoff, MD
Sacred Heart Hospital
Emergency Medicine Department
421 Chew Street
Allentown, PA 18102-3490
(610) 776-4622
Fax: (610) 776-5156

Antonio C. Panebianco, MD
2025 Fairview Avenue
Easton, PA 18042-3915
(610) 923-5200
Fax: (610) 923-5272

Answer to Mystery Medical Staff Member
Gene H. Ginsberg, MD

Practice Change

Ronald E. Wasserman, MD
(No longer with Valley Neurology Consultants, PC)
In practice with Bethlehem Neurological Associates, PC
826 Delaware Avenue
Bethlehem, PA 18015-1190
(610) 882-0284
Fax: (610) 882-0218
(Effective March 11, 2002)

Resignations

Sarah J. Fernsler, MD
Department of Pediatrics
Division of General Pediatrics

Stephen J. Ksiazek, MD
Department of Medicine
Division of Cardiology

Vincent R. Lucente, MD
Department of Obstetrics and Gynecology
Division of Gynecology
Section of Pelvic Reconstructive Surgery

Joseph M. Pascuzzo, DO
Department of Medicine
Division of Hematology-Medical Oncology

Death

James M. Marcks, DDS
Department of Dental Medicine
Division of General Dentistry

Allied Health Staff

Appointments

Charles T. Christopher
Physician Extender
Technical - Acupressurist
(The Center for Pain Management)
(Supervising Physician: Bruce D. Nicholson, MD)
Site of Privileges: LVH & LVH-M

Lynette E. Nicholette, RN
Physician Extender
Technical - Pacemaker/ICD Technician
(Guidant Corporation)
(Supervising Physician: Norman H. Marcus, MD)
Site of Privileges: LVH & LVH-M

Additional Supervising Physician

David J. Grazio, PA-C
Physician Extender
Physician Assistant - PA-C
(Supervising Physician: David A. Gordon, MD)
Additional Supervising Physician: Geary L. Yeisley, MD
Site of Privileges: LVH & LVH-M

Change of Supervising Physician

Michael D. Lee, PA-C
Physician Extender
Physician Assistant - PA-C
From: Geary L. Yeisley, MD
To: Gazi Abdulhay, MD
Site of Privileges: LVH & LVH-M

Change of Supervising Physician

From: Luis Constantin, MD
To: Norman H. Marcus, MD
for the following ICD/Pacemaker Technicians:

- **Peter W. Bellis**
- **Jeffrey B. Biondi**
- **Richard W. Conklin**
- **Daniel R. DeBlass, RN**
- **Bobbie E. Ewing, RN**
- **Karla D. Fabian, RN**
- **Cathleen C. Forney**
- **Bernard W. Girman, Jr.**
- **William J. Kelly**
- **Jean A. Lehman, RN**
- **Cathy Jo Leiby, RN**
- **Matthew C. Olley**
- **Paul J. Rafferty**
- **R. Gregory Scott, RN**
- **Christopher W. Skelly**
- **Rick M. Uter**

From: Steven L. Zelenkofske, DO
To: Norman H. Marcus, MD
for the following ICD/Pacemaker Technicians:

- **Denise E. Emery**
- **Robert L. Havlicsek II**
- **Sandra L. Malys, RN**
- **Carla B. Peck**

Resignation

Susan E. Zimmerman, CRNP
Physician Extender
Professional - CRNP
(The Heart Care Group, PC)

- Practice Change

Ronald E. Wasserman, MD
(No longer with Valley Neurology Consultants, PC)
In practice with Bethlehem Neurological Associates, PC
325 Delaware Avenue
Bethlehem, PA 18015-1190
(610) 882-0284
Fax: (610) 882-0218
(Effective March 11, 2002)

Resignations

Karen J. Pernsner, MD
Department of Pediatrics
Division of General Pediatrics

Stephen J. Kalczak, MD
Department of Medicine
Division of Cardiology

Vincent R. Lucente, MD
Department of Obstetrics and Gynecology
Division of Gynecology
Section of Pelvic Reconstructive Surgery

Joseph M. Pascuzzo, DO
Department of Medicine
Division of Hematology-Medical Oncology

Death

James M. Marcks, DDS
Department of Dental Medicine
Division of General Dentistry

Allied Health Staff

Appointments

Charles T. Christopher
Physician Extender
Technical - Acupressurist
(The Center for Pain Management)
(Supervising Physician: Bruce D. Nicholson, MD)
Site of Privileges: LVH & LVH-M

Lynette E. Nicholetto, RN
Physician Extender
Technical - Pacemaker/ICD Technician
(Guidant Corporation)
(Supervising Physician: Norman H. Marcus, MD)
Site of Privileges: LVH & LVH-M

Additional Supervising Physician

David J. Grazio, PA-C
Physician Extender
Physician Assistant - PA-C
(Supervising Physician: David A. Gordon, MD)
Additional Supervising Physician: Geary L. Yeisley, MD
Site of Privileges: LVH & LVH-M

Change of Supervising Physician

Michael E. Lee, PA-C
Physician Extender
Physician Assistant - PA-C
From: Geary L. Yeisley, MD
To: Gazi Alhulley, MD
Site of Privileges: LVH & LVH-M

Change of Supervising Physician

From: Luis Constantin, MD
To: Norman H. Marcus, MD
for the following ICD/Pacemaker Technicians

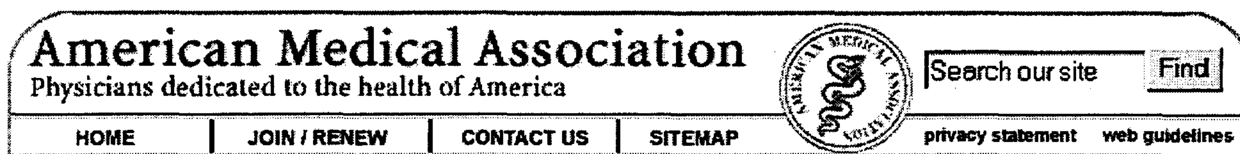
- **Peter W. Bellis**
- **Jeffrey S. Biondi**
- **Richard W. Conklin**
- **Daniel R. DeBlass, RN**
- **Bobbie E. Ewing, RN**
- **Karla D. Fabian, RN**
- **Cathleen C. Forney**
- **Bernard W. Gilman, Jr.**
- **William J. Kelly**
- **Jean A. Lachman, RN**
- **Cathy Jo Laiby, RN**
- **Matthew C. Olley**
- **Paul J. Raffery**
- **R. Gregory Scott, RN**
- **Christopher W. Skelly**
- **Rick M. Ufer**

From: Steven L. Zelenkofske, DO
To: Norman H. Marcus, MD
for the following ICD/Pacemaker Technicians

- **Denise E. Emery**
- **Robert L. Havlicsek II**
- **Sandra L. Malys, RN**
- **Carl B. Perk**

Resignation

Susan E. Zimmerman, CRNP
Physician Extender
Professional - CRNP
(The Heart Care Group, PC)



AMA Home > Medical Education > Gifts to Physicians > Ethical Opinions/Guidelines

Ethical Opinions/Guidelines

- E-8.061 Gifts to Physicians From Industry.
- E- Addendum II: Council on Ethical and Judicial Affairs Clarification of Gifts to Physicians from Industry (E-8.061)
- E-9.011 Continuing Medical Education.

E-8.061 Gifts to Physicians From Industry.

Many gifts given to physicians by companies in the pharmaceutical, device, and medical equipment industries serve an important and socially beneficial function. For example, companies have long provided funds for educational seminars and conferences. However, there has been growing concern about certain gifts from industry to physicians. Some gifts that reflect customary practices of industry may not be consistent with the Principles of Medical Ethics. To avoid the acceptance of inappropriate gifts, physicians should observe the following guidelines:

1. Any gifts accepted by physicians individually should primarily entail a benefit to patients and should not be of substantial value. Accordingly, textbooks, modest meals, and other gifts are appropriate if they serve a genuine educational function. Cash payments should not be accepted. The use of drug samples for personal or family use is permissible as long as these practices do not interfere with patient access to drug samples. It would not be acceptable for non-retired physicians to request free pharmaceuticals for personal use or use by family members.

2. Individual gifts of minimal value are permissible as long as the gifts are related to the physician's work (e.g., pens and notepads).

3. The Council on Ethical and Judicial Affairs defines a legitimate "conference" or "meeting" as any activity, held at an appropriate location, where (a) the gathering is primarily dedicated, in both time and effort, to promoting objective scientific and educational activities and discourse (one or more educational presentation(s) should be the highlight of the gathering), and (b) the main incentive for bringing attendees together is to further their knowledge on the topic(s) being presented. An appropriate disclosure of financial support or conflict of interest should be made.

4. Subsidies to underwrite the costs of continuing medical education conferences or professional meetings can contribute to the improvement of patient care and therefore are permissible. Since the giving of a subsidy directly to a physician by a company's representative may create a relationship that could influence the use of the company's products, any subsidy should be accepted by the conference's sponsor who in turn can use the money to reduce the conference's registration fee. Payments to defray the costs of a conference should not be accepted directly from the company by the physicians attending the conference.

5. Subsidies from industry should not be accepted directly or indirectly to pay for the costs of travel, lodging, or other personal expenses of physicians attending conferences or meetings, nor should subsidies be accepted to compensate for the physicians' time. Subsidies for hospitality should not be accepted outside of modest meals or social events held as a part of a conference or meeting. It is appropriate for faculty at conferences or meetings to accept reasonable honoraria and to accept reimbursement for reasonable travel, lodging, and meal expenses. It is also appropriate for consultants who provide genuine services to receive reasonable compensation and to accept reimbursement for reasonable

travel, lodging, and meal expenses. Token consulting or advisory arrangements cannot be used to justify the compensation of physicians for their time or their travel, lodging, and other out-of-pocket expenses.

6. Scholarship or other special funds to permit medical students, residents, and fellows to attend carefully selected educational conferences may be permissible as long as the selection of students, residents, or fellows who will receive the funds is made by the academic or training institution. Carefully selected educational conferences are generally defined as the major educational, scientific or policy-making meetings of national, regional or specialty medical associations.

7. No gifts should be accepted if there are strings attached. For example, physicians should not accept gifts if they are given in relation to the physician's prescribing practices. In addition, when companies underwrite medical conferences or lectures other than their own, responsibility for and control over the selection of content, faculty, educational methods, and materials should belong to the organizers of the conferences or lectures. (II) Issued June 1992 based on the report, "Gifts to Physicians from Industry," adopted December 1990; (JAMA. 1991; 265: 501 and Food and Drug Law Journal.1992; 47: 445-458); Updated June 1996 and June 1998.

Last updated: Aug 30, 2001

Content provided by: Gifts to Physicians Work Group

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a minute for the medical staff

Follow these gastroenterology documentation tips

Gastroenterologists often develop documentation techniques that are quite helpful to other gastroenterologists or the physicians who sent the patients to them. But they're no help to coders. Sometimes it's the vocabulary, other times it's the relationships between symptoms and diagnoses.

GI bleed

Patients are often hospitalized with gastrointestinal (GI) bleeding. The following questions tend to arise from the documentation:

Is it really GI bleeding in the first place? Did the patient have a questionable history of black stool or a positive hemoccult? Once you do your work-up, be sure to state that the initial thoughts of GI bleed are not borne out through study. Things that are ruled out are just important as things that are ruled in.

How much bleeding is there? Is it acute or chronic? Does the patient have "anemia due to blood loss?" Is it anemia of acute blood loss or of chronic blood loss? Sometimes the patients have anemia that is not even due to the blood loss. If so, state the likely cause of the anemia. Is it anemia in a 70-year-old woman due to chronic GI blood loss from the right colon lesion you just found on a colonoscopy? Or is it anemia from End Stage Renal Disease in a patient who vomited blood once because he swallowed blood from a nose bleed?

Is it upper GI bleeding? Manifested by what? Hematemesis of bright red blood? Melenic stools? When you performed your upper GI endoscopy, did you see the bleeding site?

If so, call it "Upper GI bleed due to [whatever you saw]." Did you see the pathology that was the likely cause of the bleeding? If so, call it "Upper GI bleed most likely due to diffuse alcoholic gastritis [or whatever you saw], currently not bleeding." Did you see several possible lesions, none of which you could implicate as the definite or likely cause of the bleed? If so, say that to make sure it gets assigned a code for "GI bleed. I don't know where it came from, but the patient has [specify condition]."

If it's lower GI bleeding, what is it manifested by—hematochezia, bright red, maroon; drops on the tissue; coating the stool; only blood; or mixed with stool?

When you performed your anoscopy or flexible or rigid sigmoidoscopy or colonoscopy, did you see the bleeding site? If so, call it "Lower GI bleed due to [whatever you saw]." Did you see the pathology that was the likely cause of the bleeding? If so, call it "Lower GI bleed most likely due to multiple angiodysplasias [or whatever you saw], currently not bleeding." Or did you see several lesions, none of which you could implicate as the definite cause of the bleed? If so, document as above.

One of the most important things to remember is to tell the coders what you think the bleeding came from. Sometimes a colonoscopy is performed, and the only thing found for sure is hemorrhoids. If you think that the bleeding was due to the hemorrhoids, say so. If you're pretty sure that the bleeding was not due to the hemorrhoids, say so. If you don't draw the line, it will probably be coded incorrectly. If there's a symptom and a diagnosis, it is the physician's responsibility to define whether the symptoms were due to the diagnosis.

Anemia of blood loss

Sometimes documentation is even more complex than tying the anemia with the pathology and identifying whether it is acute or chronic. Is there anemia in the first place?

One of the primary requirements for applying the codes for "anemia of" acute or chronic "blood loss" is the presence of anemia. If a patient comes in with an acute, massive upper GI bleed, gets started on packed cells and almost no crystalloid gets run in, the hemoglobin is not likely to fall.

The blood volume may certainly go down precipitously but, in the acute stages, there may be no anemia. Coders have to learn that significant hemorrhage does not equate with anemia. And doctors have to learn to document the absence of significant anemia even though you may transfuse 12 units of packed cells.

Ulcer v. 'itis'

Whether you just know the patient's history or perform an upper or lower GI series or an endoscopic procedure, it is crucial to tie symptoms to the diseases discovered or presumed present.

Ulcerative esophagitis is not equivalent to an esophageal ulcer—we know that. But make sure you define which one is the problem with your patient. It is also important to document finding the cause of bleeding, perforation, or obstruction.

Gastric or duodenal ulcers can be malignant or acid peptic in origin or secondary to ingestion of substances, etc. Document clearly what specific substances you think caused the ulcer. Do the same for gastritis or duodenitis. You have to define the causes in clear terms. Was what you found the cause of the patient's vomiting or bleeding or pain? Just because a patient with vomiting and abdominal pain has what you found does not mean that the symptoms were caused by it.

Rectal or colonic ulceration can result from a myriad of causes, but coders don't know that. If you can define ulceration due to ischemic bowel or ulceration due to ulcerative colitis or stercoral ulcer, be as specific as you can regarding the pathophysiology. When you use the term "ulcer" and are not any more specific than that, it will likely be coded incorrectly.

Endoscopic biopsy

Coders know a few things. There are biopsies and there are removals (-ectomies). Sometimes the biopsy is done by removal. Sometimes, for expedience sake, we call some nonpolyps "polyps," or say, "Maybe they're polyps."

Identify the thing you want to biopsy. If it looks like an adenomatous polyp, say, "It looks like an adenomatous polyp," and indicate whether it's on a stalk. If it looks like a tubular polyp, say, "It looks like a tubular polyp." If it looks like a mucosal excrescence, say, "It looks like a mucosal excrescence, but it could be a small sessile polyp."

Identify whether it was on a stalk or was sessile. When a polyp on a stalk is removed with a snare, it gets coded as snare polypectomy. When a polyp on a stalk is removed by biting through the stalk with a cold forceps, it is also coded as snare polypectomy. When a polyp or other lesion is partially removed, it should be referred to as biopsy.

Indicate whether you removed it or took a bite out of it. Write in the operative report whether you used cold biopsy forceps or a snare. Write whether it was totally removed.

A small sessile polyp can be totally removed with a cold biopsy bite, which makes it a polypectomy. But a larger lesion is probably not totally removed using the same device, which makes it biopsy. If there are multiple procedures done on a particular endoscopy, address each completely and make sure you use the proper terminology.

What's the difference?

If the wrong code gets assigned, you might not be paid or your patient might wind up at another facility at a later date and get the wrong treatment. If the wrong code is used, the World Health Organization database is flawed. It makes a difference. Be specific. Draw relationships clearly in your documentation. Get credit where credit is due.

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The Last Word...

Tips and Techniques for the Lastword™ User

March, 2002 – Volume 1, Issue 5

Renewing CAPOE Orders

by Carolyn K. Suess, R.N.

Lastword users may have noticed a recent enhancement. Renew notifications now automatically appear in the *CAPOE Order Profile* window (see Figure 1). They are generated for any order scheduled to expire the following day. Renew notifications serve as a reminder to all physicians, both CAPOE and non-CAPOE users.

It is important to differentiate a renew notification from an active order in the *CAPOE Order Profile* window. Renew notifications have a category designation *RENEW*, as compared to an order which would have a category designation based upon the order type (i.e., MED, RAD, LAB, etc.).

For Non-CAPOE physicians, renew notifications serve as a reminder that an order is about to expire. Renew notices remain at the top of the *CAPOE Order Profile* screen until Pharmacy acts on them, at which time they drop from the list.

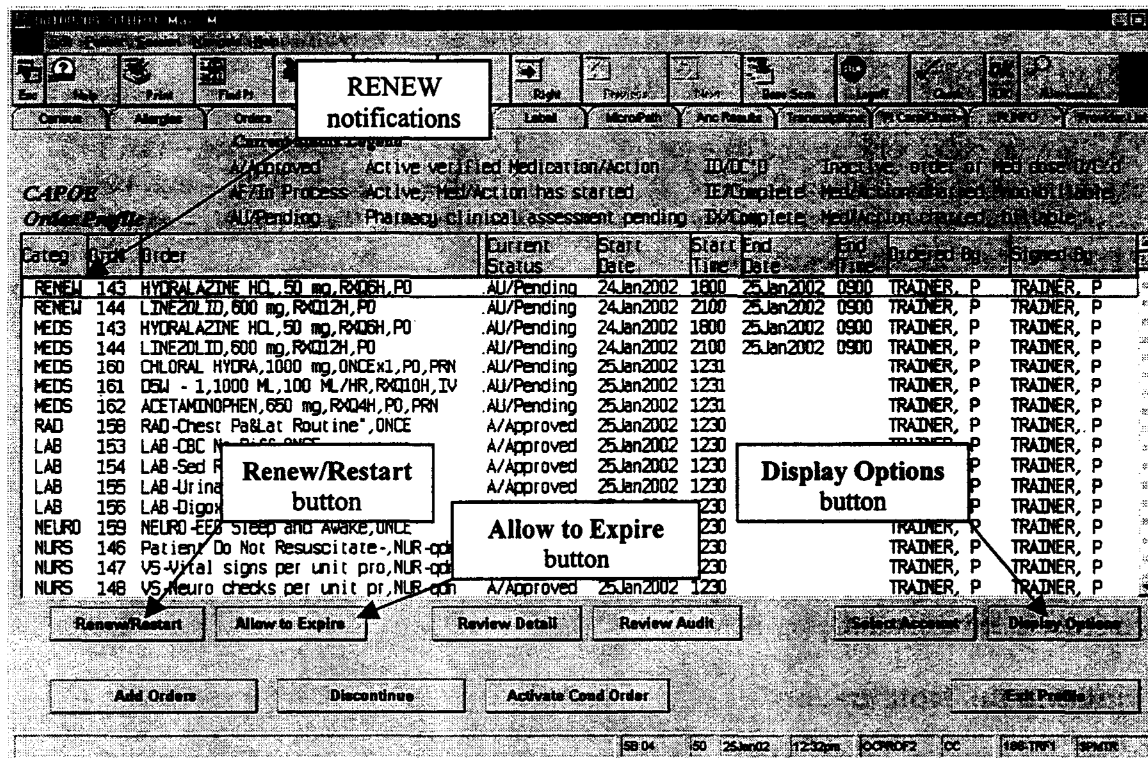

Figure 1 – CAPOE Order Profile showing renew notifications

CAPOE physicians have three options to consider with a renew notification:

Renew the order
Allow the order to expire
Ignore the notification

Each of these options is discussed in detail in the following paragraphs.

Renew

To renew an order, click on the desired *RENEW* notification, then click on the **Renew/Restart** button, located on the bottom left side of the *CAPOE Order Profile* screen (see Figure 1). The order detail screen opens. This screen displays the new order start and end dates, based upon the order frequency and the current expiration date of the original order. Click on the **Place This Order** button to renew the order.

Allow to Expire

To allow an order with an end date to expire, click on the desired *RENEW* notification then click on the **Allow to Expire** button, located beneath the *CAPOE Order Profile* window (see Figure 1). The renew notification drops from the *CAPOE Order Profile* window, and will expire at the designated date and time. The Lastword system logs this action, noting the physician reviewed the order and allowed it to expire. This should eliminate the need for the nursing staff to call the physician to find out if an order is to be continued or not.

Ignoring the Notification

By ignoring the renew notification, the Lastword system allows the order to expire at the designated date and time. The order drops off of the *CAPOE Order Profile* window once the expiration date and time are reached, along with the renew notification. Please consider that ignoring a renew notification does not communicate your intentions to Nursing, Pharmacy, or other physicians reviewing the patient's account.

To learn more about *CAPOE* and other Lastword features, please take a moment to review the on-line documentation for Lastword. Both the CAPOE and Non-CAPOE Physician User Guides can be found on the LVHNN Intranet under the *Resources* heading **Lastword for Physicians.**

If you wish to obtain a paper copy of either document, or are interested in a personal training session, please contact one of the Physician Software Educators on staff:

Lynn Corcoran-Stamm – ext. 1425
Kimberlee Szep, R.N. – ext. 1431
Carolyn K. Suess, R.N. – ext. 1416

Lynn, Kimberlee and Carolyn will be pleased to assist you.

Entering Allergies into the Lastword System

By Carolyn K. Suess, R.N.

Whenever a patient is admitted to Lehigh Valley Hospital, one of the first pieces of information typically provided by the physician on the admission order sheet are allergies and reactions. In the wake of the expansion of CAPOE, physicians now have the ability to enter allergies directly into the Lastword system.

By entering your patient's allergies into the Lastword system prior to placing CAPOE orders, conflict screens alert you should your patient have an allergy to the medication you are ordering. Additionally, the dispensing and administration of medications is expedited when the physician enters allergies into Lastword, eliminating the need for Pharmacy to contact Nursing for that information.

Entering a Medication Allergy

To enter an allergy, click on the **Allergies** tab on the *Physician Base Screen*. The first of two *Clinical Data* screens displays (see Figure 2). Select a medication allergy by clicking on the drop-down listing adjacent to the *Medication Allergy* text box (see Figure 2). Double-click on the desired medication you wish to add. The top 80 medications are listed by their generic names. If the generic medication you wish to enter does not appear on the list, you may type the first few letters of the desired medication into the text field and press the F1 key on your keyboard to

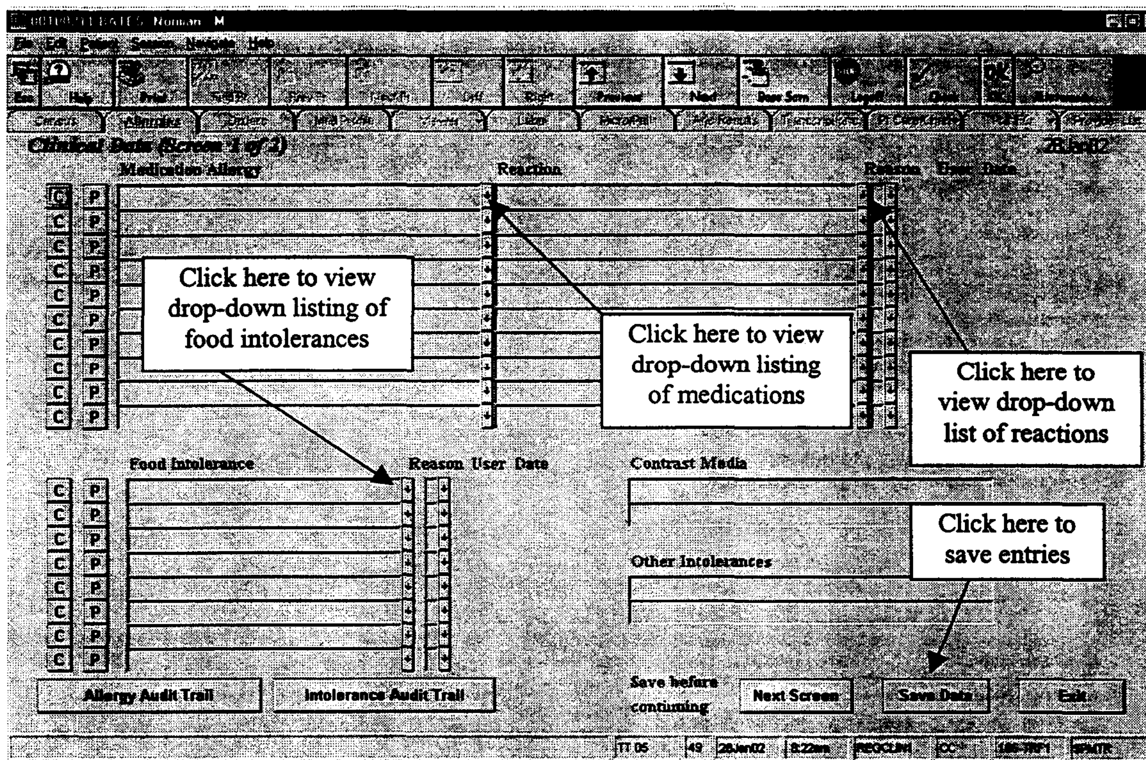

Figure 2 – Clinical Data screen used for allergy entries

view an expanded listing (see Figure 3). Double-click on the desired medication to add it under the patient's medication allergies.

Select a reaction by clicking on the drop-down listing adjacent to the *Reaction* text box (see Figure 4). Double-click on the desired reaction you wish to add. You may also enter free text for your reaction if needed.

Once you have entered in all of the medications and their reactions, click on the **Save Data** button located on the bottom right side of the screen (see Figure 4). This action saves your entries, and lists your initials as well as and the date and time the entries were made.

Entering a Food Intolerance

Food intolerances are entered similarly to medication allergies. Click on the drop-down listing adjacent to the *Food Intolerance* text box (see Figure 2). Double-click to select the appropriate food item. When your selections are complete, click on the **Save Data** button to record your entries.

Updating Allergies

Allergy information provided in the *Allergies* chart tab is carried from admission to admission, and may require updates. For this reason it is important to review allergy data with each admission to ensure accuracy.

To update allergy entries, make your changes to the appropriate entry fields. Once your changes are entered, click on the second of two drop-down listings located to the far right of the *Reaction* and *Food Intolerance* text boxes (see

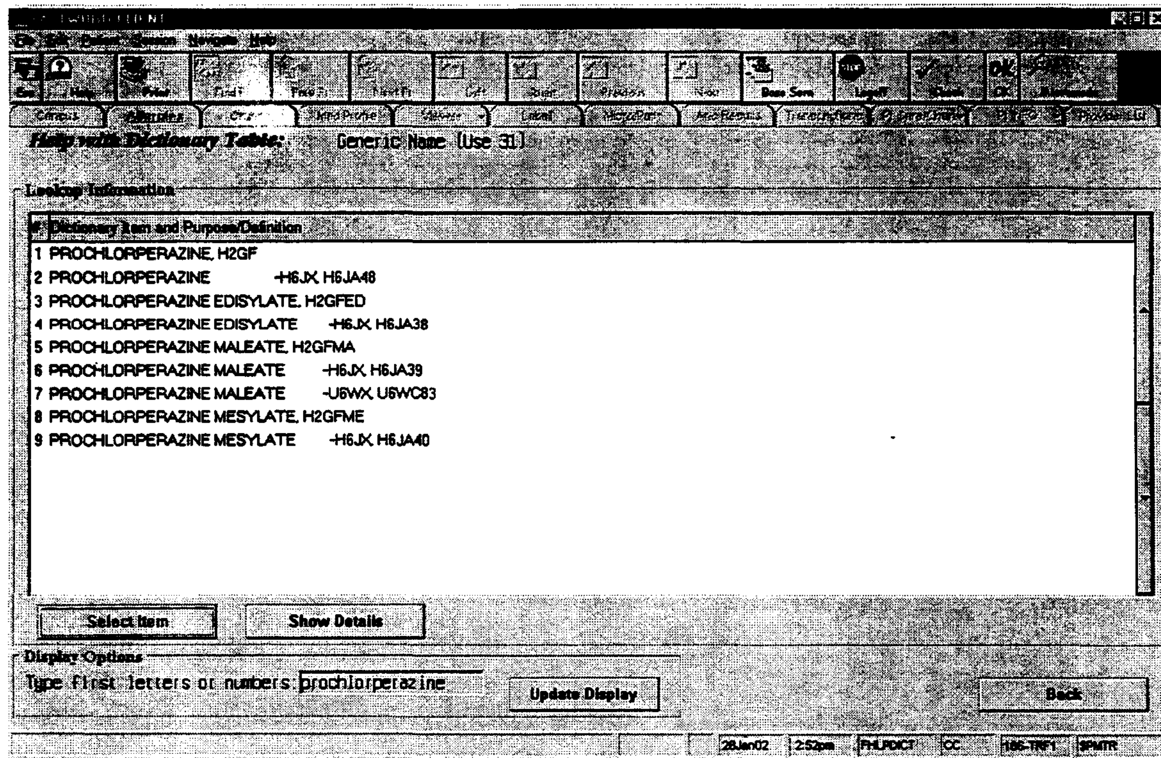

Figure 3 – Expanded listing of generic name medications

Figure 2). An *Update Reasons* listing appears, from which you can select the most appropriate update reason (see Figure 4). To select an update reason, double-click on the selection you wish to add. Once your selection is made, click on the **C** button located to the far left of the *Medication Allergy* and *Food Intolerance* text boxes to execute your change (see Figure 4). To save your updates to the database, click on the **Save Data** button located on the bottom right side of the *Clinical Data* screen. In addition to saving the updates, this action lists your initials as well as and the date and time the updates were made.

Purging an Entry

To purge an entry (if a patient is no longer found to be allergic or manifest the reaction), click on the second of two drop-down listings located to the far right of the *Reaction* and *Food Intolerance* text boxes. An *Update Reasons* listing appears, from which you can select the most appropriate purge reason (see Figure 4). To select a reason, double-click on the selection you wish to add. Once your selection is made, click on the **P** button located to the far left of the *Medication Allergy* and *Food Intolerance* text boxes to execute the purge (see Figure 4). To save your changes to the database, click on the **Save Data** button located on the bottom right side of the *Clinical Data* screen. This action saves your changes, and lists your initials as well as and the date and time the changes were made.

Adding Allergies to Contrast Media and Other Intolerances

Allergies to contrast media are added as free text in the text boxes located beneath the heading *Contrast Media* on the lower right side of the *Clinical Data*

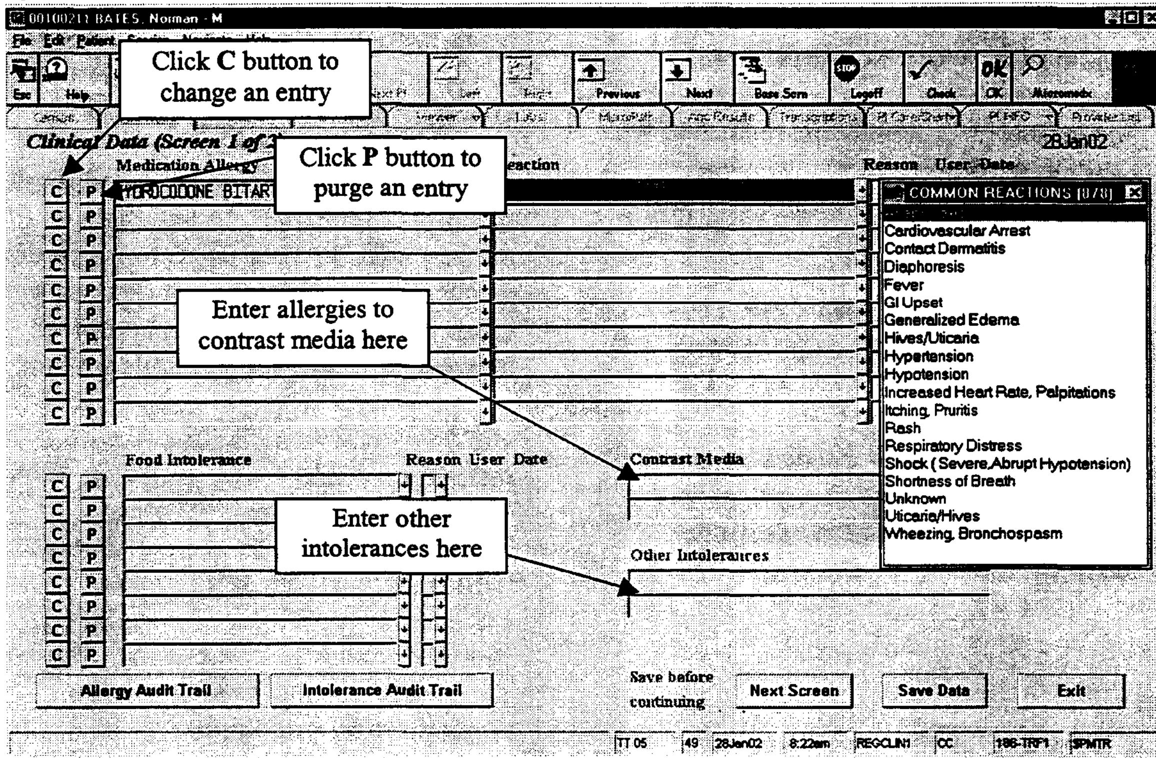

Figure 4 – Clinical Data screen showing Common Reactions listing

screen (see Figure 4). Simply click in the text box and begin typing in the information as free text.

Similarly, other intolerances may be added as free text in the text boxes located beneath the *Other Intolerances* heading on the lower right side of the *Clinical Data* screen.

After entering your data in either of these fields, click on the **Save Data** button to save your entries to the database. This action not only saves your entries, but lists your initials as well as and the date and time the entries were made.

For more information on the *Allergies* chart tab and other Lastword features, please take a moment to review the on-line documentation for Lastword. Both the CAPOE and Non-CAPOE Physician User Guides can be found on the LVHNN Intranet under the *Resources* heading **Lastword for Physicians.**

For questions or comments regarding the CAPOE module in Lastword, please contact one of the Physician Software Educators on staff:

Lynn Corcoran-Stamm – ext. 1425
Kimberlee Szep, R.N. – ext. 1431
Carolyn K. Suess, R.N. – ext. 1416

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

Patient Confidentiality, HIPAA, and the Lastword System

by Carolyn K. Suess, R.N.

One of the tenets of Lehigh Valley Hospital is respect for our patients' dignity and right to privacy. This not only applies to our values, but also to the Health Insurance Portability and Accountability Act (HIPAA). HIPAA's Privacy Rule, which goes into effect on April 12, 2003, protects patient health information through consent and authorization requirements.

One way to ensure patient information is kept private, is to log off of a computer workstation once you have completed viewing your patient's information in the Lastword system. Not only does it stop someone from viewing confidential information, but it also prevents other users from ***making system transactions under your user ID***. This is particularly crucial with the advent of Computer Assisted Physician Order Entry (CAPOE). Additionally, by logging off of a workstation prior to leaving a clinical unit, the time taken to logon onto a subsequent workstation is reduced by eliminating the need for the computer network to cancel the previous session.

HIPAA privacy regulations require us to maintain confidentiality, as do the values stated along with Lehigh Valley Hospital's Mission Statement. But, as patient advocates, it is the duty of everyone to protect the privacy of our clients. Making an effort to log off of the Lastword system is one big way to maintain these principles.

LAB-LINK

Information And Advice About Our Laboratory

February 1, 2002

A recent article published in JAMA (December 26, 2001) on the cross-reactivity of the quinolone microbials with some immunoassays for opiates, again emphasizes the possibility that urine drug screening may produce false positive results. Immunoassays have been shown to be extremely reliable and statistically have relatively few false positives. However, immunoassays are screening tests that are designed to rule out negative samples and it is necessary to perform confirmation testing when screening results are in question or do not fit the clinical history. Confirmation testing is mandatory when the results may be used for legal purposes.

Please note some other common compounds that may cause "false positives" with immunoassay drug screening:

Drug screen	**Some cross reacting substances**
Amphetamines	Pseudoephedrine, Ephedrine, Phentermine, Selegiline, Chlorpromazine
Benzodiazepines	Daypro
Opiates	Quinolones, poppy seeds, Dextromethorphan metabolites
PCP	Dextromethorphan, Cyclobenzaprine, Mesoridazine

Health Network Laboratories offers the following drug screens to **Lehigh Valley Hospital:**

Drug Screen	Test Code	Automatic Confirmation
Rapid Urine Drug Screen	RUDS	No
Rapid Toxicology Screen	RTS	No
Emergency Toxicology Screen, Comprehensive	ETOX	Yes
Drug Screen Comprehensive, Urine	DRGS	Yes
Drug Screen 5 or Drug Screen 9, Urine with Confirmation	IMDS or IM5	Yes

If a positive drug screen result is in question, please contact the Toxicology Laboratory to insure that the sample is confirmed by GC/MS. All drug screening samples are saved for a minimum of 2 weeks so confirmation testing may be added within this time frame if requested.

If you have questions, contact Joann Sell, Toxicology Production Manager, at 610-402-5850.

LAB-LINK

Information and Advice About Our Laboratory

Amplified DNA probes for *Chlamydia trachomatis* and *Neisseria gonorrhoeae*

Effective March 1, 2002 Health Network Laboratories (HNL) is pleased to announce the offering of amplified DNA probes for *Chlamydia trachomatis* and *Neisseria gonorrhoeae*. These amplified probes offer increased sensitivity and will replace direct DNA probes.

Acceptable specimens include urethral, female cervical, or first catch urine specimens from both symptomatic and asymptomatic individuals.

Chlamydia trachomatis and *Neisseia gonorrhoeae* are two of the most common sexually transmitted infections worldwide. In 1999 there were an estimated 582,000 new cases of Chlamydia and 323,000 cases of gonorrhoeae in the United States. *C. trachomatis* can cause non-gonococcal urethritis, epididimitis, proctitis, cervicitis, acute salpingitis and PID. These infections are often asymptomatic in males and females. Children born to infected mothers have an increased risk for inclusion conjunctivitis and chlamydial pneumonia.

Cell culture was once considered the gold standard for Chlamydial detection. Although culture is quite specific, recent publications have demonstrated that probe technologies have a greater sensitivity.

The majority of gonococcal infections are uncomplicated lower genital tract infections. However, if left untreated in women, these infections can ascend and cause PID. Culture methods which require the isolation of gonococcal organisms on selective media are quite specific, but are highly dependent on proper specimen handling, collection and incubation. If improperly handled, false negative results may occur.

AMPLIFIED *CHLAMYDIA* AND *NEISSERIA GONORRHOEAE* DNA Probe Testing	
Clinical Utility	Detection of Chlamydia and N. gonorrhoeae in urethral, endocervical or urine samples in male and female patients
Test Codes	GCAMP – Neisseria gonorrhoeae Amplified DNA Probe CTAMP – Chlamydia Amplified DNA Probe
Specimen Requirements	Male – urethral swab OR first catch urine Female – cervical swab OR first catch urine Please obtain transport containers from HNL
Turn Around Time	72 hours upon arrival in laboratory

If you have any questions, please call Georgia Colasante, Microbiology Technical Specialist at 610-402-8170.

THE CENTER FOR EDUCATIONAL DEVELOPMENT AND SUPPORT

March 2002

NEWS FROM THE LIBRARY

OVID Instruction.

Contact Barb Iobst at 610-402-8408 to arrange for instruction in the use of OVID's MEDLINE and its other databases.

After-Hours Access to LVH-MUHLENBERG Library.

Recently, the LVH-Muhlenberg library door was converted to a card-access area for the convenience of our patrons. You can now gain entrance to the Library by running your hospital I.D. through the card reader outside the door. If your card does not open the library door, please email Barbara Iobst with your name and social security number.

Recently Acquired Publications.

Library at 17th and Chew Streets

"Textbook of Family Practice." 6th ed. By: Robert E. Rakel

"Primary Care Geriatrics." 4th ed. By: Richard J. Ham

Library at CC & I-78 Campus

"Clinical Advisor 2002." By: Fred F. Ferri

"Total Burn Care." 2nd ed. By: David Herndon

Library at LVH-Muhlenberg

"Williams Hematology." 6th ed. By: Ernest Beutler

"Rosen's Emergency Medicine." 5th ed. 3 vol. set By: John A. Marx

Computer-Based Training (CBT):

Computer Based Training (CBT) programs are available for LVHHN staff. Topics covered by the CBT programs include:

Access 2.0	Power-Point 4.0
Windows NT 4	Word 97
Excel 97	Access 97
PowerPoint 97	Lotus 1-2-3 Millennium
WordPerfect 8	E-mail GUI

PHAMIS LastWord Inquiry Only commands

CBT programs replace the instructor-led classes previously held at Lehigh Valley Hospital. A proctor will be in the room with the learner while he/she takes the CBT, but the learner will control the pace and objectives of the learning.

Computer Based Training takes place in **Suite 401** of the **John & Dorothy Morgan Cancer Center** (the computer training room) and in the **Muhlenberg Hospital Center computer training room** (off the front lobby). The schedule of upcoming dates is as follows:

CBT sessions for JDMCC, suite 401 are as follows:

March 26, 8am - noon
April 23, 8am - noon

Sessions at MHC, I.S. Training room are as follows:

March 5, noon – 4pm
May 14, noon – 4pm

Twelve slots are available for each session.

To register, please contact Suzanne Rice via e-mail or at 610-402-2475 with the following:

- date of session
- second date choice
- department
- phone number

You will receive an e-mail confirming your choice within two business days. If you have any questions, please contact Craig Koller at 610-402-2413 or through e-mail.

Any questions, concerns or comments on articles from CEDS, please contact Bonnie Schoeneberger 610-402-2584

March 2002

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1 7am GYN GR CC CR1 11 am Neurology Conf CC Cr1 12 noon Breast TB JDMCC CR1	**2**
3	**4** 12 noon Colon/Rectal TB JDMCC CR1	**5** 7am Family Practice GR-JDMCC 1A/B 7am Surgical GR CC-Aud 8am Pediatric GR CC-Aud 12 noon Medical GR CC-Aud	**6** 12 noon MHC TB OR Con Rm	**7** 8am Emergency Medicine GR Banko Rm 1&2 12 noon Combined TB JDMCC CR1	**8** 7am OBGYN GR CC CR1 11 am Neurology Conf CC Cr1 12 noon Breast TB JDMCC CR1	**9**
10	**11**	**12** 7am Surgical GR CC-Aud 8am Pediatric GR CC-Aud 12 noon Medical GR CC-Aud	**13** 12 noon Pulmonary TB JDMCC CR1 12 noon MHC TB OR Con Rm	**14** 8am Emergency Medicine GR 4th Fl Conf. Rm 12 noon Combined TB JDMCC CR1	**15** 7am OBGYN GR CC CR1 11 am Neurology Conf CC Cr1 12 noon Breast TB JDMCC CR1	**16**
17	**18** 12 noon Colon/Rectal TB JDMCC CR1	**19** 7am Surgical GR CC-Aud 8am Pediatric GR CC-Aud 12 noon Medical GR CC-Aud	**20** 12 noon MHC TB OR Con Rm	**21** 8am Emergency Medicine GR 4th Fl Conf Rm 12 noon G.I.TB JDMCC CR1	**22** 7am OBGYN GR CC CR1 11 am Neurology Conf CC Cr1 12 noon Breast TB JDMCC CR1	**23**
24	**25**	**26** 7am Surgical GR CC-Aud 8am Pediatric GR CC-Aud 12 noon Medical GR CC-Aud	**27** 12 noon MHC TB OR Con Rm	**28** 8am Emergency Medicine GR 4th Fl Con. Rm 12 noon Combined TB JDMCC CR1		

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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 (610) 402-8590.