

Medical Staff PROGRESS NOTES

Director of Breast Imaging Among America's Top Radiologists

Dr. John Pearce's keen eye detects breast cancer early and makes him one of the nation's best radiologists.

As he stares at the x-ray image, radiologist John G. Pearce, MD, searches for clues. His detective-like eye can zero in on a mammography abnormality with uncanny and lifesaving skill. "Each time I can detect breast cancer early," he says, "I give my patients a fighting chance."



That ability to advocate for patients drives everything Dr. Pearce does, from teaching other physicians to reading an unmatched 7,000-10,000 mammograms yearly with accuracy far exceeding the national

standard. That's key, Dr. Pearce says, because a mammogram can detect a breast lump an average of 1.7 years before it can be felt, and at that early stage, the chance of a favorable outcome is about 90 percent.

"We see a lot of images, but the key is interpreting those images and saying, 'there's one we should look at more closely,'" says Dr. Pearce, Chief, Section of Mammography and Director of Breast Imaging. "It's also knowing a patient's risk factors, such as age and family history. That means understanding the total patient."

His 30 years of skill and experience have brought national renown to Breast Health Services (BHS) as the Consumer's Re-

search Council of America selected him to appear in the 2002-2003 *Guide to America's Top Radiologists*.

"He has a real gift and an incredible passion for reading mammograms," says Neddy Mack, RN, BHS program director. He may be a mammography detective behind the scenes, but his commitment to caring for women goes well beyond that. He tries to meet all of his patients, often transforming from detective to a new, fun character. You may see him wearing a grass skirt during "South Seas Day," shorts and sunglasses during "Beach Day" or bunny ears during Easter egg hunts, all in hopes of making patients laugh and easing their fears. "Dr. Pearce's positive, upbeat attitude makes a world of difference to our patients," Ms. Mack says.

Dr. Pearce is also a Renaissance man of sorts, putting nearly as much passion into hobbies such as classical music, ballroom dancing and soccer officiating. He's also a qualified private pilot in his native New Zealand.

Still, Dr. Pearce is most proud of his team and the work they do for women every day. "Having Dr. Pearce look into the eyes of an anxious patient with reassurance sets us apart," Ms. Mack says. "A mammogram here is much more than taking a picture. It's a total dedication to provide spectacular care, and Dr. Pearce instills that idea in everyone here."

by Dennis Lockard

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From the President

It was a warm summer day in the hundred-acre woods. Christopher Robin was sweeping his porch off, just humming to himself. It was a summery sort of humming, and if it had words, I think it would have gone like this...

When the weather is hot,
If you like it or not,
It's fun to trot,
To Pooh's house for a spot,
Of honey,
That's runney,
To fill your tummy,
When the weather is hot,
If you like it or not

And so on.

It was a working sort of song, and Christopher was just starting to make up some more humming sounds when he heard a small "Aheming" noise just behind him. It wasn't every day he heard an "Aheming" noise behind him, and Christopher knew that this sort of noise meant a bear with very little brain was probably making the "Aheming" noise, and meaning by it, very politely, "Christopher Robin, won't you stop sweeping and humming and come for a walk with me in the hundred-acre woods, as it is such a nice day for walking."

So he stopped sweeping, put the broom down carefully, and looked around. And there, sure enough, was Mr. Edward Bear, or Pooh, or more formally, Winnie-the-Pooh.

"Oh, hello, Pooh. Have you been there long?" asked Christopher Robin, politely.

"Well, it depends on what you mean by long, Christopher Robin," said Pooh. Since we are among friends, and we know Winnie-the-Pooh very well, I shall call him Pooh.

"I haven't been here for as long as I might have been, but I've been here long enough to be here a while. I'm not exactly sure how long it is," said Pooh, with a quizzical look, "as I have very little brain and have a bit of trouble with numbers and seconds and such."

"Well," said Christopher Robin, eyeing Pooh carefully, "you can't have been here very long, as you appear very, very wet." Pooh, it turns out, was wet from head to toe, and while he was standing there was dripping and forming a little puddle around his paws. "And if you were standing here a long time, you might have dried off, so you shouldn't have been quite so wet."

Pooh thought about this, and scratched his head in a thoughtful sort of way. "Christopher Robin, I have decided that I would like to take a walk with you and tell you how I got to be so wet, seeing as how bears are usually not so very wet when we can help it, and I am, after all, a bear."

Christopher Robin nodded emphatically, that is to say, quite a lot. "Yes, Pooh. I think this is the first time I have seen you wet since the rainy flood, and that was a very long time ago. Let's start walking, and you tell me what happened to make you wet as wet can be."

So on they went through the hundred-acre woods. Christopher Robin demonstrated his new humming tune, which Pooh tried to copy but found had far too many fiddly bits to get it right. Pooh just murmured "Cottleston Pie" to himself in a drippy sort of way. As they walked, Pooh began to tell Christopher Robin the story of how he came to be wet as wet could be. Pooh made

squishing noises, much as if you had filled up your shoes with water and were stomping about in a squelchy sort of way.

"Once upon a time, about an hour ago, I was walking along thinking very busily to myself. You know, Christopher Robin, I have been very busy lately." said Pooh, in an anxious sort of voice. He hoped that Christopher Robin had noticed his anxiousness.

"Yes, Pooh. You have been very busy lately. You never seem to sit still or rest or visit any more. You used to be so restful and visity, and now you seem to be just a busy bear." Christopher Robin tried to sound supportive, but he had a peeved sort of sound in his voice. As it so happened, it was just because Mr. Edward Bear was so busy and not in a visiting mood lately that Christopher Robin had been sweeping off his porch and thinking about making his bed. You see, he was very bored waiting for school to start again with Pooh busy and all.

"Yes, well, you see," said Pooh, thoughtfully, "I have been keeping an eye on the bees, wondering what they are doing and hoping that they would put their honey somewhere convenient. For bears, I mean." he nodded, knowingly. "But they haven't," he said, nodding, "yet."

Christopher nodded as well.

"So this has kept me very busy, so busy, in fact, that I have forgotten all of my friends in the hundred-acre woods, including you, Christopher Robin." This last sentence came out in a bit of a rush. Pooh had been practicing this as a sort of apologetic sentence, and he had practiced it so many times in his mind that it came out in a very rambling sort of way.

"That is, until today. I was trotting along, looking up at a small but noisy cloud of bees, wondering if they would ever come nearer, and thinking out loud about whether bees ever put their

Continued on next page

honey at the bottom of trees, that being ever so much more convenient," he said, nodding, "for bears, I mean".

"Yes, Pooh. I can see how that might make it easier" said Christopher Robin, "for bears, I mean," he said, gravely.

Pooh nodded and squished along for a moment, thinking.

"Pooh" said Christopher Robin, inquiringly.

"Yes, Christopher Robin?"

"What happened then?" asked Christopher Robin. They were nearly at Piglet's house, and he wanted to know the end of the story so he could tell Piglet and they could both notice, admiringly, how very wet Pooh was on a hot day and all.

"Yes, I was going to get to that. Well, I was following the bees, wondering where they were going, and looking up into the sky and singing a little song, about bees and trees and hives at the level of my knees, and such, when I came to a sudden realization." Pooh nodded, and rubbed his knee, which now that Christopher Robin looked at it, appeared alarmingly swollen up and stiff.

"Yes, Pooh. What did you realize?" asked Christopher Robin. He hoped that the knee was part of the end of the story, since they were very near to Piglet's house by now.

"I realized that it is very difficult to keep walking if by chance you are looking up into the sky and you walk over the edge of a hill, which has, as you know, a tendency to go downwards." By this time Christopher Robin noticed the bulging over Pooh's left eye, much the sort of a bulging that a bruise might make.

"And so I thought to myself, as I went tumbling down the hill, striking my head here" and with this Pooh pointed to the swelling above his eye, which was getting alarmingly larger, "and bumping my knee here" and with this Pooh pointed to his knee, which if anything looked more swollen and stiff than ever, "and falling into the river which was very, very wet" and with this he waved his arms as if to indicate his whole body and fur and everything that was wet "I thought, you know, if I just spent some time thinking about my friends and where I was going, and not being quite so busy, I might not have been so very wet today." He shook himself, and a spray of water flew off of

his body and landed in the crocuses that lined the path to Piglet's house.

Christopher Robin nodded. "It's good sometimes to be a bit less busy, and to remember your friends and relations." He said this with a thoughtful sort of voice. He wondered if he had spent enough time recently remembering his own friends and relationships, and hurriedly looked down at the path to make sure it wasn't going down in an alarming fashion.

"Yes," said Pooh to Christopher Robin, "from now on, I propose to make sure I have time for looking where I am going, and spending time with friends, like Piglet, and Eeyore, and Kanga, and Roo, and Owl," and here he paused.

"Yes?" said Christopher Robin, expectantly,

"And most especially with Christopher Robin, you, that is," said Pooh proudly.

"I'm glad you decided that, Pooh. It sounds like a very good idea," said Christopher Robin.

And it is.

ALEX

Alexander D. Rae-Grant, MD
Medical Staff President

2003 LVHHN Summer Picnic

Hold the date! Mark your calendar now! The **2003 LVHHN Summer Picnic** will be held on **Sunday, September 7**, rain or shine, from **noon to 6 p.m.**, at **Bushkill Park** in Easton, Pa.

There will be plenty of food, rides, games, and fun. Special guests scheduled to appear include Cinderella, Harry Potter, SpongeBob SquarePants, Mickey Mouse, Spiderman, and Dora the Explorer.

Take some time with your family and friends to enjoy the day.

Tickets are available in the hospital gift shops at all sites or through interoffice mail from Gail Pitsko, LOVAR. The cost of tickets is \$10.00 for adults and children over 12 (includes rides); \$8.00 for adults (no rides); \$8.00 for children 2-12 (includes rides); free admission for children under 2 not going on rides.



The picnic is sponsored by the LVHHN Recreation Committee, Administration, and the Medical Staff.

If you have questions or for more information, contact Gail Pitsko in the LOVAR Office at (610) 402-4727.

LVH Again Named Among Best in U.S. for Heart Care by U.S. News & World Report

Lehigh Valley Hospital (LVH) ranks as one of the nation's top hospitals for heart care and heart surgery in the 2003 *U.S. News & World Report* guide to "America's Best Hospitals." This is the eighth consecutive year that LVH has made the *U.S. News & World Report* rankings. In past years, the hospital earned distinction for cardiology/cardiac surgery, urology, hormonal disorders, geriatrics and respiratory disorders.

"This national recognition is a tribute to our team of heart care professionals and their dedication and commitment to caring for our community," said Elliot J. Sussman, MD, President and CEO. "Being recognized by others around the country reinforces what our community tells us every day by relying on our physicians, our nurses and our hospital for the care they need when it matters most."

LVH joined just five other hospitals in Pennsylvania on the list that included the Cleveland Clinic, Mayo Clinic and Brigham and Women's Hospital in Boston.

"This national recognition makes me extremely proud of my colleagues in cardiac services," said Michael A. Rossi, MD, Chief of Cardiology and

Medical Director of the Regional Heart Center. "It's gratifying to know that their expertise and commitment to caring for our patients, as well as their dedication to research and teaching, have helped the hospital earn this recognition among the top heart care programs in the U.S."

According to *U.S. News & World Report*, "America's Best Hospitals" assessed care in 17 specialties. In order to be considered, a hospital must meet one of three standards: membership in the Council of Teaching Hospitals, affiliation with a medical school or availability of specified items of medical technology. In each specialty, a hospital must perform a given number of procedures or had to be cited by at least one physician in the past three years of *U.S. News & World Report* surveys. These hospitals received a score that equally weighs reputation, mortality and certain care-related factors such as nursing.

Each year, the cardiac physicians at LVH perform 1,000 cases of open-heart surgery, nearly 5,000 cardiac catheterizations, 1,900 angioplasties and 1,250 procedures for electrical problems of the heart, making it the

fourth largest heart program in Pennsylvania. The Regional Heart Center completed expansion of its services to Lehigh Valley Hospital-Muhlenberg in Bethlehem in June 2002 when open-heart surgery was launched at that location.

Additionally, in April LVH became the first hospital in the region and one of the first in the country to treat patients using a newly FDA-approved drug-coated stent to prevent scar tissue re-growth in a coronary artery. The MI Alert program at LVH and LVH-Muhlenberg is the cutting edge for diagnosing and treating heart attacks quickly by meeting and beating the 90 minute "gold standard" for opening a blocked blood vessel with angioplasty upon a patient's arrival at the hospital.

"The number and complexity of heart surgeries and procedures done at LVH shows the experience of our team and reflects the confidence our community and referring physicians have in the skills of our heart specialists," said Gary W. Szydlowski, MD, Chief of Cardio-Thoracic Surgery. "It's special when others recognize those efforts and the impact they have on the community."

Dental Health Video Available



A free video focusing on the Prevention of Early Childhood Tooth Decay, titled "Smile Baby" is now available to you. The video was filmed and produced locally, through collaboration with Lehigh Valley community members and representatives from organizations that serve families, along with dental and pediatric clinicians. Each subtitled tape contains English and Spanish audio versions and is approximately 10 minutes long. The project was a combined effort of MESH Community Initiatives

in the Department of Community Health and Health Studies at Lehigh Valley Hospital, Parkland High School, and Lehigh Valley Hospital Dental Department.

If you would like a copy of the video for patient and family viewing, please call MESH Community Initiatives at (610) 402-3950. There is no charge for the video. It is being made available through the generosity and support of the Dorothy Rider Pool Health Care Trust, the Lehigh Valley Hospital Dental Department, Dr. Jack Karabasz, Colgate, and Teen Works.

News from CAPOE Central

LVH-M Climbs Aboard the CAPOE Bus

During the month of July, both 3S and 4S at LVH-M went live with medication and vital sign charting. Many of the rounding physicians were familiar with the system from working at Cedar Crest & I-78, and this made adjusting to the new process easier. Once again, Nursing and Pharmacy have done an excellent job of making the transition and should be commended. The CAPOE team will continue to provide support at LVH-M through the implementation of both 3S and 4S.

Recognition of Effort - No One Can Be Perfect

I have received many questions about the ROE calculations. We have not set the thresholds close to 100% due to several complex factors that impact on physician utilization. Verbal orders count against utilization, even though they are occasionally unavoidable (orders from your car, your bed, etc.). Medication orders that require pharmacy intervention are re-entered by pharmacy as written orders. Handwritten orders with illegible signatures are occasionally assigned to the attending physician, even if he/she did not write them. Based on these facts, we will continue to maintain the top ROE thresholds at 60% (instead of 65% as originally discussed). If you have specific questions about the ROE program, please contact me.

New Mini-Neb Order Set - Try It, You'll Like It

In response to physician requests, the aerosol mini-neb order set has been redone and is now much easier to use. It is listed under the Respiratory button as, "Aerosol Mini-neb Med-Surg." **It is very important that aerosol treatments are ordered from the order set, and not by selecting individual meds in the Medications A-L and M-Z lists.** The order set includes the most common doses, frequencies (including prn) and combinations of aerosol therapy. The order set also automatically places an order to Respiratory Therapy, alerting them that a patient is receiving aerosol treatments. The RT's assess the patients receiving treatments, and provide valuable education and feedback. Keeping everyone informed of which patients are on treatments will help improve patient care.

Orders to be done in the ED - Please Handwrite

If you are caring for a patient in the ED, and would like something done while the patient is still in the ED, please **handwrite** those orders on the ED chart. Admission orders are expected to be entered on-line, but orders specifically for the ED to follow should remain handwritten. Please note that these handwritten orders for the ED will not affect utilization statistics (admission orders to CAPOE units will affect utilization).

Batteries Have Feelings Too!

Please remember to care for the Life-Book batteries. The CAPOE team continues to find batteries lying around the hospital and not plugged in to the chargers. There are 13 chargers (and 26 batteries) at Cedar Crest & I-78 -- two chargers on the floors (located by the printer at the central reception desk of each floor), in the ED, Medical Staff Lounge and OR Lounge. At LVH-M, batteries are located in the Medical Staff Lounge, the ED (near MedCom Communications) and on 2S (CVCU) near the AP desk. Please remember to plug in the old battery when you take out a new one. Hoarding or misplacement of batteries is not appreciated by your peers.

Where Did the Non-formulary Meds Go?

You may be asking where the non-form meds are listed, now that the button is removed. They are now listed in the main medication lists. This was done based on physician requests. This change will make it easier to find medications if you are not sure whether they are on formulary. You can distinguish the non-formulary meds by the notation, *NF* that appears after the name.

Don Levick, MD, MBA
Physician Liaison, Information Services
Phone: (610) 402-1426
Pager: (610) 402-5100 7481

Lehigh Valley Hospitalist Services Begin at LVH-Muhlenberg

On July 14, Lehigh Valley Hospitalist Services (LVHS) began at LVH-Muhlenberg. Hospitalist care is a growing national trend in top hospitals around the country. LVH-Muhlenberg is the first hospital in the region to introduce this cutting edge medical practice on a 24/7 basis. LVHS is an inpatient practice only -- there is no office component to this practice.

To reach a member of Lehigh Valley Hospitalist Services, please page (610) 402-5100 3142. The administrative office of LVHS is located on the third floor of LVH-Muhlenberg next to the Case Manager's office. The phone number for the administrative office is (484) 884-9677.

Palliative Care Initiative

Lehigh Valley Hospital, along with Massachusetts General and Harvard Medical School, the University of Medicine and Dentistry of New Jersey, and the University of Washington Schools of Medicine and Nursing were awarded grants by the Robert Wood Johnson Foundation to implement and evaluate a palliative care model in Critical Care.

Over the last 2½ months, the grantees at Lehigh Valley Hospital, along with the other three grantee sites have been meeting to decide what evaluation tools will be used to measure patient/family satisfaction, quality of death, and how well we communicate with patients and families. The four grantee sites have discussed several tools including a chart abstraction form, Quality of Dying and Death questionnaire, Nurses Activities and Satisfaction Questionnaire, and the Critical Care Family Satisfaction Survey. Lehigh Valley Hospital is awaiting final IRB approval before beginning the baseline data collection.

The palliative care coordinators at Lehigh Valley Hospital are in the process of obtaining a need assessment of the nurses' baseline knowledge of palliative medicine so an educational program can be developed to enhance the practice skills of palliative care in the MICU. It is anticipated that a need assessment of physicians and residents will also be obtained in the future.

As part of an ongoing effort by the Lehigh Valley Hospital grantees to provide useful information on various top-

ics related to the practice of palliative care, the following is a Fast Fact that deals with the subject of Imminent Death.

Fast Fact of the Month

Title: Fast Fact and Concept #03 -- Syndrome of Imminent Death

Author(s): Weissman, D.

1. Recognition

Early Stage: bed bound; loss of interest and ability to drink/eat; cognitive changes: either hypoactive or hyperactive delirium or increasing sleepiness.

Mid Stage: further decline in mental status--obtunded; "death rattle"--pooled oral secretions that are not cleared due to loss of swallowing reflex; fever is common.

Late Stage: coma, cool extremities, altered respiratory pattern--either fast or slow, fever is common; death.

2. Time Course: The time to traverse the various stages can be less than 24 hours or up to 10-14 days. Once entered, it is difficult to accurately predict the time course, which may cause considerable family distress, as death seems to "linger".

3. Treatment:

a) Once recognized, discuss with family, confirm treatment goals; Write in progress note: "patient is dying", not "prognosis is poor".

b) Discuss with family goal of stopping all treatments that are not contributing to comfort--pulse ox, IV hydration, antibiotics, finger sticks, etc. Hydration and feeding issues will need to be discussed sensitively, often eliciting more concern among the medical team than the family (future Fast Fact topic).

c) Use Scopolamine Patch (1or 2) or Atropine to decrease oral secretions--"Death rattle".

d) Use morphine to control dyspnea or tachypnea (it is very disturbing to families to see their loved one in a coma breathing 40/min (a goal should be to keep respiratory rate in range of 10-15).

Note: this is not euthanasia!

e) Opioids used to treat pain should not be stopped as death approaches--assume that the pain stimulus is still present; families always want reassurance that their loved one is not suffering.

f) Provide excellent mouth and skin care.

Reference

Oxford Textbook of Palliative Medicine, 2nd ed. 1999, pages 982-989.

If you have any questions regarding palliative care, please contact Daniel E. Ray, MD, Division of Pulmonary/Critical Care Medicine, at (610) 439-8856 or page him at (610) 776-5554.

Community Speaking Program

Lehigh Valley Hospital and Health Network would like to invite you to join its highly accomplished team of physicians, nurses and other health care professionals who participate in LVHNN's community speaking program. Not only will this give you an opportunity to meet with the people in the community face to face, but it also provides outstanding marketing opportunities for you and your practice.

Using communication vehicles such as *Healthy You*, direct mail, and the hospital's web site, your name and practice can be marketed throughout the service area. These methods do

work! Following are just two examples of the benefits of participating:

- One physician had eight new patients call to schedule an appointment the day after they attended a lecture.
- The Sleep Disorders Center realized a 56% increase in patient volumes in FY02, which they directly contributed to community outreach.

If you are interested in becoming involved in this beneficial program, please send an email with your name, practice name and some topics that you would like to present to community groups to liz.fulmer@lvh.com or call her at (610) 402-4677.

Update from the LVHHN Multidisciplinary Council

What are the 2003 National Patient Safety Goals and why should you know about them?

The six National Patient Safety Goals, which became effective January 1, 2003, are the Joint Commission on Accreditation of Healthcare Organizations' attempt to standardize and prioritize specific areas of concern in patient safety.

At the last Multidisciplinary Council (MDC) meeting in May 2003, Vice Chairs of the clinical departments and other MDC members agreed that the medical staff needs to be more familiar with these goals, since it impacts all aspects of hospital and outpatient practice. While there are several committees working to ensure compliance with the goals, it is incumbent upon the medical staff to try to familiarize themselves with the goals and adjust practice patterns to ensure their own patients' safety.

By familiarizing yourself with these goals now, you will be better able to manage your patients' expectations about the care that they will receive. Also, note that new goals announced by JCAHO in July 2003 will become effective on January 1, 2004.

Goal #1: Improve the accuracy of patient identification

- a) Use at least 2 patient identifiers (not room number; at LVHHN, use name and DOB) whenever taking blood samples, or administering medications or blood products.
- b) Prior to starting a surgical or invasive procedure, conduct a final verification process, such as a

"time out", to confirm the correct patient procedure and site, using active—not passive—communication techniques.

Goal #2: Improve the effectiveness of communication between caregivers

- a) Implement a "read-back" process to verify verbal or phone orders (expect nursing to read back your orders — Wait until they do so *before* you hang up or leave the patient care area.
- b) Standardize abbreviations throughout the organization.
 - LVH's unacceptable abbreviations should be addressed by 1) writing out "for x(number of) days" or "for x(number of) doses", 2) avoiding trailing zeros, but using leading zeros (correct: 1 mg and 0.5 mg, **not** 1.0 or .5), and 3) spelling out "Methotrexate."

Goal #3: Improve the safety of using high-alert medications

- a) Remove concentrated electrolytes from patient care areas.
- b) Standardize and limit the number of drug concentrations available in the organization.

Goal #4: Eliminate wrong-site, wrong-patient, wrong-procedure surgery

- a) Use a pre-operative verification process to confirm that appropriate documents are available before surgery or invasive procedure.
- b) Implement a surgical site marking process that involves the patient for all surgical and invasive procedures.
 - Organizations are required to mark the surgical site in cases of right/left

distinction, multiple structures (such as fingers or toes), or levels (such as the spine).

- Also, JCAHO is supporting the position of the American Dental Association (ADA) by exempting dental procedures from the site-marking requirement. The ADA acknowledges, and JCAHO supports, that there is not a reliable method to directly mark teeth intended for extraction. However, the diagram or radiograph must indicate the tooth number.

Goal #5: Improve the safety of infusion pumps

- a) Ensure free-flow protection on all general-use and PCA (patient-controlled analgesia) pumps.

Goal #6: Improve the effectiveness of clinical alarm systems

- a) Implement regular preventive maintenance and testing of alarm systems.
- b) Assure that alarms are activated with appropriate settings and are sufficiently audible with respect to distances and competing noise within the unit.

Implementation of these goals is an ongoing process and your cooperation with and support of staff in achieving these goals is much appreciated.

If you have any questions regarding this issue, please contact Zubina M. Mawji, MD, MPH, Chair, LVHHN Multidisciplinary Council, at pager (610) 402-5100 1456.

Congratulations!

Geoffrey G. Hallock, MD, Associate Chief, Division of Plastic Surgery, successfully passed the American Board of Plastic Surgery recertification examination and is now recertified in Plastic and Reconstructive Surgery.

Jeffrey R. McConnell, MD, Division of Orthopedic Surgery, Section of Ortho Trauma, recently received notice that he passed his Recertification Examination and fulfilled all requirements of the American Board of Orthopaedic Surgery.

Physician Assistance Program

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

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

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

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

This service is provided through an agreement with Preferred EAP which operates the Lehigh Valley Hospital's Employee Assistance Program (EAP) and has been involved with over 4,500 employees and dependents since 1985.

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

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

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

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

Neith. Please note that callers may remain **anonymous**.

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

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

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

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

For more information, contact Robin Chase or Oliver Neith at Preferred EAP at (610) 433-8550, or John W. Hart, Vice President, in Medical Staff Services, at (610) 402-8980, or any member of TROIKA.

Papers, Publications and Presentations

❖ **William B. Dupree, MD**, Chair, Department of Pathology, and **Kim Kemp**, Director, Pathology Lab Services, Health Network Laboratories, presented an abstract titled "The Promise and Risk of New Technology" at the Clinical Laboratory Management Association convention held on June 22, in Salt Lake City, Utah.

❖ **Indru T. Khubchandani, MD**, Division of Colon and Rectal Surgery, attended the annual meeting of the American Society of Colon and Rectal Surgeons in New Orleans, La., from June 22 to 25. As chairman of the Bacon Foundation, he chaired the session of a special lecture titled "Pelvic floor disorders following childbirth" by Dr. Professor Ronan O'Connell of Dublin, Ireland.

❖ **Stanley J. Kurek, Jr., DO**, and **Ali Salim, MD**, members of the Division of Trauma-Surgical Critical Care/General Surgery, co-authored an article, "Traumatic Bilateral Testicular Dislocation," which was published in the May issue of the *Journal of Trauma Injury, Infection, and Critical Care*.

❖ **Scott J. Lipkin, DPM**, Division of Podiatric Surgery, co-authored a paper, titled "Effectiveness of Bilayered Cellular Matrix in Healing of Neuropathic Diabetic Foot Ulcers," which was published in the July-August issue of *Wounds*.

Safety Pearl of the Month

Avoid the use of Flare Pens -- Writing with a flare tip pen on a physician order sheet can cause confusion with numbers or letters, thus creating opportunity for medication errors.

News from the Libraries

Ovid Training

To arrange for instruction in the use of OVID's MEDLINE and its other databases, please contact Barbara Iobst, Director of Library Services, at (610) 402-8408.

Useful Evidence-Based Medicine Databases

The Cochrane Database of Systematic Reviews is available through OVID. UpToDate is available on the Intranet.

Online Card Catalog

LVHHN Cybertools for Libraries Catalog is available on the Intranet. It provides information on books available at all three libraries.

To access Library services from the hospital's Intranet, go to the hospital's Intranet Homepage, select Departments -- Clinical -- Clinical Services -- then make your selection from the list.

Recently Acquired Publications

Library at 17th & Chew

- ◆ Cassel. Geriatric Medicine. 2003
- ◆ Bonder. Functional Performance in Older Adults. 2001

Library at Cedar Crest & I-78

- ◆ Mayo Clinic Internal Medicine Board Review 2002-2003
- ◆ Intravenous Medications. 2003

Library at LVH-Muhlenberg

- ◆ Wood. Hematology/Oncology Secrets. 2003
- ◆ Maxey. Rehabilitation for the Postsurgical Orthopedic Patient. 2001



If you have any suggestions for new books, please send them to Barbara Iobst in the Library at Cedar Crest & I-78.

Upcoming Seminars, Conferences and Meetings

Computer-Based Training (CBT)

The Information Services department has computer-based training (CBT) programs available for Lehigh Valley Hospital (LVH) staff. CBT programs replace the instructor-led classes previously held at LVH. A proctor will be in the room with the learner while he/she takes the CBT, but the learner will control the pace and objectives of the learning.

Topics covered by the CBT programs include:

Access 97 Windows NT 4 Excel 97 Word 97
GUI Email PowerPoint 97 PowerPoint 4.0

Computer-based training takes place in **Information Services** (Educational Room) at **1245 S. Cedar Crest Blvd., First Floor** and in the **LVH-Muhlenberg I/S training room** (off the front lobby). The schedule of upcoming classes is as follows:

2003 CBT Sessions for 1245SCC (Educational Room): (All sessions will be held from 8 a.m. to noon)

September 23 October 28 November 25 December 23

2003 CBT Sessions for LVH-Muhlenberg, I/S Training Room: (All sessions will be held from noon to 4 p.m.)

August 21 September 18 October 16

Twelve slots are available for each session. To register for a session in email, go to either the **Forms_LVH** or **Forms_MHC** bulletin board, (based on your choice of site and training room). The form has all the available information in an easy to choose format, detailing titles, dates, times and locations. Simply do a "Use Form" (a right mouse option) on the **I/S Computer Educ Request** form. Complete the form indicating your desired session selection and mail the form. Shortly thereafter, you will receive a confirmation notice.

If you have any questions, please contact Information Services by calling the Help Desk at (610) 402-8303 and press option

"1." Tell the representative that you need assistance with I/S education.

Department of Pediatrics

Pediatric conferences are held every Tuesday beginning at 8 a.m. Pediatric conferences are held in the Education Conference Room 1 at Lehigh Valley Hospital, Cedar Crest & I-78, unless otherwise noted. Topics to be discussed in August will include:

- August 5 - "Disclosing Unanticipated Outcomes and Medical Errors"
- August 12 - Adolescent Medicine topic to be announced
- August 19 - Case Presentation
- August 26 - TBA

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

ISCD Bone Densitometry Course and Certification Exam

Lehigh Valley Hospital will host the International Society for Clinical Densitometry (ISCD) Bone Densitometry Course and Certification Exam on October 4 and 5 in the hospital's Auditorium at Cedar Crest & I-78.

There are two types of educational courses and certification examinations: Clinician and Technologist. The Clinician course and examination is most appropriate for clinicians, nurse practitioners, physician assistants, and PhDs involved in the interpretation of densitometry examinations. The Technologist course and examination is most appropriate for technologists involved in the performance of densitometry examinations.

Beginning last year, certification and recertification will be valid for five years.

For more information or to register, please call (860) 585-7563 or visit online at www.iscd.org.

Who's New

This section contains an update of new appointments, address changes, status changes, resignations, etc. Please remember to update your directory and roledexes with this information.

Medical Staff

New Appointments



Jonathan J. Burke, DO
Pleasant Valley Primary Care
Route 209 & Weir Lake Road
Brodheadsville, PA 18322-9700
(570) 992-7620
Fax: (570) 992-9884
Department of Family Practice

Provisional Active



A. Wayne Howard, DO
Lehigh Valley Hospitalist Services
Lehigh Valley Hospital-Muhlenberg
2545 Schoenersville Road,
Third Floor
Bethlehem, PA 18017-7384
(484) 884-9677

Fax: (484) 884-9297
Department of Medicine
Division of General Internal Medicine
Provisional Active



Michelle Inforzato, MD
Lehigh Valley Hospitalist Services
Lehigh Valley Hospital-Muhlenberg
2545 Schoenersville Road,
Third Floor
Bethlehem, PA 18017-7384
(484) 884-9677

Fax: (484) 884-9297
Department of Medicine
Division of General Internal Medicine
Provisional Active



Jonathan A. Kochuba, DO
Lehigh Valley Internal Medicine PC
1230 S. Cedar Crest Blvd.
Suite 201
Allentown, PA 18103-6235
(610) 402-8950
Fax: (610) 402-1059
Department of Medicine

Division of General Internal Medicine
Provisional Active



Robert Laski, DMD
Valley Oral Surgery, PC
1259 S. Cedar Crest Blvd.
Suite 302
Allentown, PA 18103-6267
(610) 437-1727
Fax: (610) 437-4715
Department of Surgery

Division of Oral and Maxillofacial Surgery
Provisional Active



Abby S. Letcher, MD
Healthspring
1730 Chew Street
Allentown, PA 18104-5595
(610) 402-3500
Fax: (610) 402-3509
Department of Family Practice

Provisional Active



Michelle Liu, MD
Lehigh Valley Hospitalist Services
Lehigh Valley Hospital-Muhlenberg
2545 Schoenersville Road,
Third Floor
Bethlehem, PA 18017-7384
(484) 884-9677

Fax: (484) 884-9297
Department of Medicine
Division of General Internal Medicine
Provisional Active



Lou A. Lukas, MD
Healthspring
1730 Chew Street
Allentown, PA 18104-5595
(610) 402-3500
Fax: (610) 402-3509
Department of Family Practice

Provisional Active



Eric Mayer, MD
Northgate Urology Associates
Bethlehem Medical Arts Center
5325 Northgate Drive
Suite 203
Bethlehem, PA 18017-9410

(610) 867-3171
Fax: (610) 867-1941
Department of Surgery
Division of Urology
Provisional Active



Mark C. Montag, MD
Suburban Eye Care Associates
522 Delaware Avenue
Bethlehem, PA 18015-1104
(610) 865-1184
Fax: (610) 865-9956

Department of Surgery
Division of Ophthalmology
Provisional Active



John W. Peters II, DO
Trexlerstown Medical Center
6900 Hamilton Blvd.
P.O. Box 127
Trexlerstown, PA 18087-0127
(610) 402-0101
Fax: (610) 402-0102

Department of Family Practice
Provisional Active



Bradford G. Young, DMD
Lehigh Valley Hospital
17th & Chew, P.O. Box 7017
Dental Clinic
Allentown, PA 18105-7017
(610) 402-2436
Fax: (610) 402-9684

Department of Dental Medicine
Division of General Dentistry
Provisional Active



Elleda C. Ziemer, DO
Family Care Associates of Bethlehem
65 E. Elizabeth Avenue
Suite 206
Bethlehem, PA 18018-6506
(610) 691-8537
Fax: (610) 691-8420

Department of Family Practice
Provisional Active

Status Changes

Gary A. Costacurta, MD
Department of Medicine
Division of Cardiology
From: Affiliate
To: Provisional Active

William S. Scialla, DO
Department of Medicine
Division of General Internal Medicine
From: Limited Duty
To: Provisional Active

Continued on next page

One-Year Leave of Absence

Michele A. Pisano-Marsh, DMD
Department of Dental Medicine
Division of General Dentistry

Additional One-Year Leaves of Absence

Daniel T. Mulcahy, DO
Department of Medicine
Division of General Internal Medicine

D'nese M. Sokolowski, MD
Department of Obstetrics and Gynecology
Division of Primary Obstetrics and Gynecology

Resignations

Gary M. Dugan, MD
Department of Medicine
Division of General Internal Medicine

Maria B. Gesualdo, DO
Department of Medicine
Division of Pulmonary

Leonard M. Golub, MD
Department of Pediatrics
Division of Neonatology

Arnold H. Levine, MD
Department of Radiology-Diagnostic Medical Imaging
Division of Diagnostic Radiology

James F. McGuckin, Jr., MD
Department of Radiology-Diagnostic Medical Imaging
Division of Diagnostic Radiology

John B. Paulus, DO
Department of Medicine
Division of General Internal Medicine

Harry L. Turner, Jr., MD
Department of Radiology-Diagnostic Medical Imaging
Division of Diagnostic Radiology

Address Changes

Prasad R. Ancha, MD
315 S. 21st Street
Easton, PA 18042-3807
(610) 559-9554
Fax: (610) 559-9677

Mohammad I. Arastu, MD
5325 Northgate Drive, Suite 208
Bethlehem, PA 18017-9416
(610) 865-6044
Fax: (610) 865-6383

Peggy E. Chatham-Showalter, MD
VA Outpatient Clinic
3110 Hamilton Blvd.
Allentown, PA 18103-3672
(610) 776-4401

Marian P. McDonald, MD
Keystone Surgical Associates
800 Ostrum Street, Suite 307
Bethlehem, PA 18015-1010
(610) 776-5025
Fax: (610) 882-2018

Pradip K. Toshniwal, MD
315 S. 21st Street
Easton, PA 18042-3807
(610) 559-9554
Fax: (610) 559-9677

Douglas A. Tozzoli, DPM
Liberty Square Medical Center
501 N. 17th Street, Suite 107
Allentown, PA 18104-5044

Practice Merger

**Linda L. Lapos, MD, and
Robert D. Riether, MD**
have formally merged their practices to:
Colon-Rectal Surgery Associates, P.C.
1230 S. Cedar Crest Blvd., Suite 303
Allentown, PA 18103
(610) 402-1095 (Lapos)
(610) 402-1700 (Riether)
Fax: (610) 435-5003

Practice Changes

Michael D. Gabriel, DO
(No longer with Whitehall Medical Center)
North Whitehall Family Practice
3560 Route 309
Orefield, PA 18069-2001
(610) 398-2600 ❖ Fax: (610) 398-0240

Eugene B. Nor, MD
(No longer with Christine & Bren Family Practice)
Whitehall Medical Center
3691 Crescent Court, East, Suite 100
Whitehall, PA 18052-3498
(610) 434-4294 ❖ Fax: (610) 439-1224

Maureen C. Persin, DO
(No longer in practice with William J. Gould, DO)
217 W. Broad Street
Bethlehem, PA 18018-5517
(610) 866-0466 ❖ Fax: (610) 866-1405

David S. Warsaw, DO
(No longer in practice with Manny Iyer, MD)
701 Ostrum Street, Suite 201
Bethlehem, PA 18015-1152
(610) 868-3931 ❖ Fax: (610) 868-2915

Allied Health Staff

New Appointments

Krista T. Carson, PA-C
Physician Assistant-Certified
(LVPG-Psychiatry - Laurence P. Karper, MD)

Matthew R. DeBona, AP
Acupuncturist
(Supervising Physician: Bruce Nicholson, MD)

Sandra R. Fenstermacher, RN
Registered Nurse
(Oncovax Research Lab - Herbert C. Hoover, Jr., MD)

Melissa M. Glaudel, PA-C
Physician Assistant-Certified
(Bath Primary Care - Iqbal Sorathia, MD)

Amy B. Lamparella, CRNP
Certified Registered Nurse Practitioner
(Allentown Anesthesia Associates Inc - Lisa A. Keglovitz, MD)

Renee M. Lehmann, CRNP
Certified Registered Nurse Practitioner
(The Heart Care Group, PC - Raymond A. Durkin, MD)

John E. Reel, Jr., PA-C
Physician Assistant-Certified
(Orthopaedic Associates of Allentown - Peter A. Keblish, MD)

Sherry M. Waldhausen, CCP
Perfusionist
(Perfusion Care Associates, Inc - James K. Wu, MD)

Additional Supervising Physician

Beverley J. Genetti, RNFA
Registered Nurse First Assistant
Primary Supervising Physician - Charles J. Scagliotti, MD
Additional Supervising Physician - Robin A. Skrine, MD

Resignations

Mary C. Brinker, RN
Registered Nurse
(The Heart Care Group, PC)

Aimee R. Kessler, CNM
Certified Nurse Midwife
(The Midwives & Associates, Inc)

Georgiann Morgan, RN
Registered Nurse
(Opcor, PC)

Valeria A. Schissler, CRNP
Certified Registered Nurse Practitioner
(Center for Women's Medicine)

LEHIGH VALLEY

HOSPITAL AND HEALTH NETWORK

Cedar Crest & I-78
P.O. Box 689
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Phone: 610-402-8590
Fax: 610-402-8938
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Medical Staff Progress Notes

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Donald L. Levick, MD, MBA
President-elect, Medical Staff

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

John W. Hart
Vice President, Medical Staff Services

Brenda E. Lehr
Director, Medical Staff Services

Janet M. Seifert
Coordinator, Communications & Special Events
Managing Editor

Medical Executive Committee

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Gregory Brusko, DO
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Victor R. Risch, MD, PhD
Michael A. Rossi, MD
Raymond L. Singer, MD
Elliot J. Sussman, MD
John D. Van Brakle, MD
Michael S. Weinstock, MD
James C. Weis, MD
Patrice M. Weiss, MD

We're on the Web!

***If you have access to the Lehigh
Valley Hospital intranet, you can
find us on the LVH homepage under
What's New — Medical Staff Services***

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

Articles should be submitted by e-mail to janet.seifert@lvh.com or sent to Janet M. Seifert, Medical Staff Services, Lehigh Valley Hospital, Cedar Crest & I-78, P.O. Box 689, Allentown, PA 18105-1556 by the 15th of each month. If you have any questions about the newsletter, please contact Mrs. Seifert by e-mail or phone at (610) 402-8590.