

Medical Staff PROGRESS NOTES

Final JCAHO Survey Results Released

Dear Colleague:

Wow!! We are writing to you with excellent news about our JCAHO surveys. We had our final wrap-up meeting with JCAHO on December 17. All five entities that were reviewed received among the highest scores possible. Specifically, LVH-Cedar Crest, LVH-17, and LVH-Muhlenberg received a 96; Home Care and Hospice received a 93; and Behavioral Health LVH and LVH-M received a 98.

The surveyors continued with the praise they heaped upon our organization following the first week's survey. We would like to share with you, verbatim, the feedback of organizational performance they made to us as their parting words to their 10 days with us:

"This organization, part of Lehigh Valley Hospital and Health Network, has participated in a number of activities leading to national recognition. These include designation of Magnet Status by the American Nursing Credentialing Center; the Eisenberg Award in the Advocacy category for a Patient Safety Video; a National Quality Award from the National Center for Health Care Quality.

In addition, during the survey several activities were noted by the team which were notable. These included a Domestic Violence Recognition project, the establishment of an Emergency Behavioral Health Management Program and a model for Collaborative Rounds for post-operative patients undergoing cardiovascular surgery and elsewhere.

These activities and others we observed, indicated to us that the organization has taken seriously the implementation of its mission and values and is offering a comprehensive array of services to the communities served in an exemplary manner."

It simply doesn't get any better than that. Actually it does. All of the JCAHO hospital surveyors said that if ever they are sick, this is the organization they want to come to for their care! Why? Because of the excellent facilities, information systems, team collaboration, universal respect, and superior staff that we have.

All hospitals are not alike! We know and now JCAHO knows it!

Thank you for all you do every day.

Sincerely,

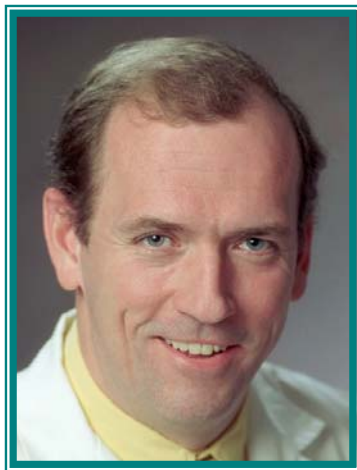
Elliot J. Sussman, MD
President and CEO

Ronald W. Swinfard, MD
Chief Medical Officer

Louis L. Liebhaber
Chief Operating Officer

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From the President

Happy New Year! By the time you read this you will have survived the holiday season, gained a couple of pounds, and gone to at least one party you wish you hadn't. It's a new year, and time to buckle down for the rest of the winter. I'd like to share with you some of the presentation I gave on your behalf at the annual board community meeting.

Community

"Patient may not swear, curse, get drunk, behave rudely or indecently on pain of expulsion after first admonition. There shall be no card playing or dicing and such patients as are able shall assist in nursing others, washing and ironing linen and cleaning the rooms and such other services as the matron may require."

It may surprise you to learn that these words are not taken from Dickens, but are from the regulations of the Philadelphia General Hospital for 1790. I don't suggest that we add them to the bylaws of our hospital. Nor do I mean to poke fun at the Philadelphia General Hospital, a late and great institution of care and learning.

From these words it is evident that in 1790 life carried on inside the hospital walls much as it did outside. There was no artificial separation between the life outside the hospital and the liveliness within its walls. It is also evident that the patients were expected to behave in a way that they were in part responsible for their own care and the care of

others. The hospital was as much a community as the community outside its walls.

It is good for us to remember the community embodied in the regulations of the Philadelphia General Hospital. We are perhaps a bit more genteel these days. We don't expect patients to do their own linens or empty bedpans. To my knowledge, we have had no problem with card playing or dicing in the intensive care unit. But we are all part of a community and share responsibility for the care, nurture, and healing of everyone else.

Thanks

The closing of the old year requires notes of thanks to those who have been instrumental in the success of this community within hospitals.

Thanks to past and present board members for their service to the hospital community. Thanks to the administration for their work in ensuring a high quality institution that serves the greater community. Thanks to Dr. Michael Weinstock for serving as interim chief medical officer. Thanks to Dr. Ron Swinfard and his wife, Dr. Sara Viessman, and children for moving to the Valley so he could take over the CMO job. We welcome you to our community. Thanks to Dr. Sussman and Mr. Liebhaber for their guidance and vision. Thanks to Dr. Gavin Barr for his leadership at Muhlenberg during a pivotal time, and Dr. Robert Murphy for his new leadership.

Thanks to the department chairs, division chiefs, senior vice presidents and vice presidents of Senior Management Council and many others for overseeing the conduct of care at our hospitals and health network.

Particular thanks to members of the Medical Staff for their tireless work in caring for the ill and preventing illness where possible. Thanks for working in an increasingly complex field with many stresses and obstacles, and despite this maintaining the best of care for patients and families.

Thanks to the nursing staff for their excellent care, their attention to detail, and their focus on the needs of patients and families. Particular thanks to Terry Capuano, head of Patient Care Services, who has grown to be regarded as having the steadiest eye, clearest mind, and kindest heart of all of us. On top of that, she also has a MAGNETIC personality.

Thanks to the Medical Staff Services office for their work in accrediting doctors, responding to queries for information, helping rewrite bylaws, and helping to deal with issues of physician behavior. Thanks to Janet, Brenda, Rita, Cindi, Karen, Kathy, and Barrie, who make this office run particularly well. Thanks to Mr. John Hart, one of the best friends the Medical Staff could have. Thanks to Beth Martin, who knows what I want to do before I do it and knows what I should have done when I don't.

Thanks to Dr. David Caccese and all of the prior presidents of the Medical Staff for their services to the Medical Staff. You are not forgotten. Thanks to Dr. Ed Mullin, past president of the Medical Staff, and Dr. Donald Levick, the president-elect, for their active participation in Medical Staff leadership and continued sage wisdom and advice on what to do and what especially not to do.

Thanks to Mr. Leonard Parker Pool. His drive and inspiration forced us to become something that we weren't, and even now make us strive to become something we as yet aren't. He set us the task of providing the best of care to the communities of this region every day. Thanks to the members of the Pool Trust whose task it is to carry out the wishes of Mr. Pool and guard his legacy.

Thanks to the technical partners, to the laboratory technicians, to the managers and supervisors, the secretaries and clerks, to the cleaners and chefs, the security and parking officials, information technologists, the check out clerks at the cafeteria and the janitors, electricians, plumbers and contractors, to all those who support the environment of care in our community.

Thanks, most of all, to the patients for their patience, fortitude, and wisdom. Thanks to their families for being supportive and taking on responsibilities when necessary. We continuously learn from the people we care for how much of medicine is an art, how every patient is unique, and how much there is to learn from every member of the community we meet.

Thanks to all of those who together make us a community rather than a collection of individuals.

The Future

The future of medicine is unknown, but allow me to make a few predictions.

In the future, we'll need more balance between what we are able to do, what we'd like to do, and what we should do. We will need to decide what medicines not to give, what tests not to do, and what procedures not to perform. To quote Florence Nightingale, "It may seem a strange principle to enunciate as the very first requirement of a hospital that it should do the sick no harm."

We will have more new medications we cannot afford, more procedures we can do on a given individual, more tests that tell us more about what we can't really change.

Our society, our community, will have to decide what emphasis on health and

what emphasis on health care, how much to spend and how to apportion spending justly. We will have to think as a community, not as an assemblage of individuals. In the words of Winston Churchill, "In critical and baffling situations, it is always best to return to first principles."

What, then, are the first principles of health?

The prevention of disease, good nutrition, a satisfying occupation, appropriate vaccination, regular exercise, moderate habits, life-long self-education, and a community of supportive family and friends. These are more important to a good and long life than anything modern medicine can provide. The management of treatable conditions such as high blood pressure and high cholesterol, as well as treatable tumors such as colon, prostate, and breast cancer. Simple, common and correctable situations are the paramount province of effective clinicians. The judicious application of complex technology and treatments, and above all the recognition of the limits of care; these are important in the care and nurturing of the community in health care.

As a health care community, we must brace ourselves for the duties that lie before us, the challenges that face us, the uncertainty of the future, the inevitability of adversity, and the unending

nature of the work we do. We must convince our patients of their responsibilities and active involvement in their care, and the consequences of their own actions. We must appreciate the privilege of our work, the sanctity of the people we care for, and the fundamental wonder of the world around us.

We must get up each day and get out of bed, put on our clothes, have a good hot breakfast, and go to work.

When we in our turn become patients and put on the robes of that office, we should try to treat our physicians and nurses with kindness and respect. We should remember with humility that in the eyes of a geriatrician, we are all potential patients in the act of ripening.

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Since we are all patients in one way or another, maybe these rules aren't so outlandish, after all.



Alexander D. Rae-Grant, MD
Medical Staff President

Written/Oral Orders by Allied Health Professionals

The Pennsylvania Department of Health (DOH) statement of policy concerning the utilization of nurse practitioners, nurse midwives and physician assistants was published in the *Pennsylvania Bulletin* on September 27, 2003. Section 107.12 (14) in the medical staff chapter of the DOH hospital regulations permits "specified and professional personnel" who are qualified to render direct medical care under the supervision of a member of the medical staff to exercise judgment within their areas of competence, directly participate in the management of patients and write orders and record reports and progress notes in the medical record.

Effective the date of publication, as noted above, this statement of policy permits specified professional personnel (CRNPs, PAs and CNMs) to issue written and oral medical orders and to take oral orders. This change only applies to Allied Health Professionals practicing in the hospital. Areas, such as Home Health Care, may have other rules that apply.

In compliance with the DOH's requirement for implementation within 90 days, Lehigh Valley Hospital has implemented this practice effective December 26, 2003. Members of the Allied Health staff in the above categories who have approved privileges to initiate orders do not have to do anything further. However, if their Delineation of Privileges do not reflect this privilege and it is the desire of the supervising physician that they initiate orders, please have them contact Medical Staff Services to request this privilege.

All verbal orders given by CRNPs and CNMs are required to be signed by the issuing mid-level provider within 24 hours. All verbal orders given by PAs are required to be signed by the PA and countersigned by his/her supervising physician within 24 hours also.

If you have any questions regarding this issue, please contact Brenda Lehr, Director, Medical Staff Services, at 610-402-8975.

Growing Organizational Capacity

As part of the Growing Organizational Capacity (GOC) project, a subcommittee was formed to examine the flow of patients through Lehigh Valley Hospital and Lehigh Valley Hospital-Muhlenberg. This subcommittee was charged with designing a "pull" system. "Pull" is a manufacturing term that describes a system that proactively anticipates demand. Currently both campuses operate under a "push" system, which reacts to demand as necessary.

Community demand for beds at both campuses has steadily increased, and this has led to increased patient waiting time for beds – either at home or in the Emergency Departments. The lack of beds leads to a number of problems. Patient satisfaction suffers due to long waiting times. The Emergency Departments must occasionally divert patients to other institutions because of the lack of beds. Surgical cases can be delayed, or patients must remain in the operating room because of bottlenecks in the Post-Anesthesia Care Unit (PACU).

The "Pull Team" began meeting in July 2003. Representatives from Clinical Services, Perioperative Services, unit directors and educators, Emergency Department staff, staff nurses, Management Engineering, Care Management, Organizational Development, and the Medical Staff formed this multidisciplinary committee. The group met every other week for several months. The initial meetings were spent examining the current patient flow process. The "Pull Team" then set to work designing the ideal patient flow along four tracks – Emergency Department, Express Admissions Unit (EAU), PACU, and lateral transfers.

The "Pull System" will be piloted at Cedar Crest & I-78 from January 5-28, 2004 for Emergency Department and EAU patients being admitted to 7A (NSU) and PACU patients going to 5C. Campus-wide implementation will begin on January 28 at Cedar Crest & I-78, and on March 1 at LVH-Muhlenberg.

Most of the responsibility for making the "Pull System" work falls on the Clinical Services and ancillary staff. However, physicians play the key role in getting the system going. When a physician places a bed order for an admission or transfer, he or she needs to communicate that order with either the patient's nurse or the Administrative Partner. Without the notification that a bed order has been placed, the "Pull System" cannot function. The end result should be improved access to Lehigh Valley Hospital and Lehigh Valley Hospital-Muhlenberg, and decreased waiting time in the Emergency Department and EAU.

If you have any questions regarding this issue, please contact either Tami Lee, RN, BSN, Clinical Services Director, 4C and EAU, at 610-402-8777, or Mike Pistoria, DO, Medical Director, EAU, at 610-402-8045.

Fragility Fractures—Enhancing Care

The American Academy of Orthopaedic Surgeons issued a position statement urging orthopedic surgeons to ensure that all patients who suffer fragility or low-energy fractures are evaluated for osteoporosis and advised that treatment can reduce future fracture risk.

While orthopedic surgeons are frequently the initial point of contact for fracture care, all physicians have an opportunity to facilitate diagnosis and treatment and encourage follow-up

care for osteoporosis by requesting a consult with a physician from the Metabolic Bone Team by calling 610-402-2700.

To view the position statement, go to: <http://www.aaos.org/wordhtml/papers/position/1159.htm>

For more information regarding the Metabolic Bone Team, please contact Sallie Urffer, Project Analyst, Care Management, via email or at 610-402-5015.

NutriHep Tube Feeding

Although Nutrihep will continue to be listed on the formulary, it will NOT be routinely stocked since it is rarely requested and usually expires before it is used. Therefore, if you have a patient who needs the product, notify your clinical dietitian so that it can be obtained within 24 hours. Your dietitian will assist in identifying a substitute until it comes in. The dietitian responsible for the patient on Nutrihep needs to monitor the amount of tube feeding necessary to meet the patient's needs and communicate to procurement so there is enough on hand.

Nutrihep will be taken out of the computer so it cannot be erroneously ordered. It is a special request tube feeding that is still available with 24-hour notice.

If you have any questions regarding this issue, please contact Kimberly Pettis, RD, Clinical Nutrition Director, at 610-402-8609.

Anderson Clinical Ethics Fellowship Begins

On September 1, **Patricia Lyndale, PhD**, began her duties as the first Anderson Clinical Ethics Fellow at Lehigh Valley Hospital and Health Network. This fellowship program is made possible through a grant made available from contributions provided to the hospital by Carl and Anne Anderson.



Dr. Lyndale earned a PhD in Religion with a specialty in Biomedical Ethics from Florida State University. Because she wanted clinical exposure and experience to complement her academic achievements, she applied to the LVH program which has been designed to provide academicians in biomedical ethics the opportunity to experience clinical health care first-hand. In turn, the hospital's clinical areas benefit from the expertise in ethics that she brings. As part of her experience, Dr. Lyndale sits on the Ethics Committee and participates in ethics consultations.

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To date, she has completed four clinical rotations – internal medicine, intensive care, family practice, and case management (at LVH-Muhlenberg). She will also participate in rotations in neurology, oncology, and pediatrics. During the second half of her fellowship, she will be offering teaching sessions and working on an ethics project. She participates in ethics consultations and is available to clinicians for discussions.

Although her main office is in the Center for Educational Development and Support at 17th & Chew, Dr. Lyndale is based clinically in the Department of Medicine. In addition, Pastoral Care has provided a drop-in space for her at Cedar Crest & I-78.

Dr. Lyndale welcomes the opportunity to talk with members of the hospital's staff regarding ethics concerns and is eager to meet as many caregivers as possible during her fellowship. She is available to facilitate discussion groups and/or workshops about bioethical issues.

To reach Dr. Lyndale, contact her by phone at 610-402-2509 or by pager at 610-402-5100 2592.

News from the Libraries

Recently Acquired Publications

Library at 17th & Chew



- × Hulley. Designing Clinical Research. 2001
- × Driscoll. Family Practice Desk Reference. 2003

Library at Cedar Crest & I-78

- × Huth. Writing and Publishing in Medicine. 1999
- × Telinde's. Operative Gynecology. 2003

Library at LVH-Muhlenberg

- × Berhman. Nelson Textbook of Pediatrics. 2003
- × Gates. Infectious Disease Secrets. 2003

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

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.

Coding Tip of the Month

In HCFA language, urosepsis means urinary tract infection. Documentation of sepsis or septicemia is required in the medical record to code sepsis. Positive blood cultures do not preclude the diagnosis of sepsis. Document if there are positive blood cultures and if they are clinically significant or contaminants. It would be helpful if documentation of some indicators of sepsis, such as positive blood cultures, hypotension, or vasodilatation, are documented in the record. Avoid terms "urosepsis" or "bacteremia" as a substitute for sepsis. Also document if the patient's sepsis is a complication of an indwelling device such as an indwelling Foley catheter or vascular device.

News from the HIM Department

Dictation System Upgrade/ Voice Recognition

The HIM Centralized dictation system upgrade and speech recognition system will be implemented in several phases. Even though there will be some minor changes to the current process, every effort is being made to make this a smooth transition with minimal alteration in physician practice.

Phase I – Dictation System Upgrade – Physicians will continue to dictate as normal. During this phase, some of the changes that will occur are:

..Dictation Station Input – Telephones will be utilized for all dictations throughout the organization. Over the last several years we have been transitioning from “hard wired” to “telephone” dictate stations because of the versatility of using the telephone for dictations and phone calls, as well as the reduced implementation and maintenance costs.

..HIPAA Password – With the implementation of new dictation systems, there is a requirement to enter a password, as well as your user ID, to ensure the confidentiality of the dictated reports.

Implementation Dates:

February 2, 2004 – LVH-17 Dictation System Go Live

February 16, 2004 – LVH-CC Dictation System Go Live

March 8, 2004 – LVH-M Dictation System Go Live

Phase II – Speech Recognition – During Phase I, the dictation system will record voice patterns and become accustomed to physician

voices and patterns. The physicians will be unaware of the speech recognition technology implementation. Transcription will utilize this method to speed up the transcription process and decrease transcription turnaround time.

Implementation Dates:

March 22, 2004 – LVH-17 Speech Recognition Go Live

April 5, 2004 – LVH-CC Speech Recognition Go Live

April 19, 2004 – LVH-M Speech Recognition Go Live

Phase III – Editing Capability – Self editing will be available as a pilot to a limited number of physicians who desire to do their own editing.

Training literature and dictation cards for the new system will be forwarded to the physicians during the month of January. Communication will also occur via e-mail, flyers, Medical Staff Progress Notes, etc. HIM Staff will be available at the time of implementation to assist the Medical Staff.

If you have any questions, please contact Marianne Lucas, Operations Coordinator, Centralized Transcription, at 610-402-3863.

Readmit Medical Record Abstracts

The EHMR (Electronic Historical Medical Record) data base includes medical records on inpatient, ambulatory, observation and Emergency Department patients from the current date back to October 1998 at LVH, and June 2001 at LVH-M. Since we have such an extensive historical medical record da-

tabase, effective January 1, 2004, the HIM Department will discontinue sending abstracts of the last admission to the admitting unit on readmits. If historical medical records are not available on the EHMR, you may contact the HIM Department at 610-402-3876.

Duplicate Registrations

When patients receive services at LVH, every effort is made to assure that all registrations are linked under the same medical record number for continuity of care. For the past few years, collection of the patient's social security number has been mandatory to assure accuracy in linking patient registrations. The HIM Department utilizes software to review and compare all new patient registrations against the hospital database, investigate that the patients are the same, and finally to merge the numbers together.

Once the registration has been merged, both the old medical record number and the new medical number remain in the system. However, if you click on either the old or the new, you will be taken to the correct patient. The HIM Department is in the process of implementing a user screen that prevents the user from seeing the old medical record number that have been merged and only viewing the correct medical record number.

If you have any questions regarding this issue, please contact Carol Morris, MPI Coordinator, at 484-884-5624.

Wanted: Physician Advisor

The HIM Department is currently recruiting a physician advisor to serve as a liaison between Coding and the Medical Staff. The physician will be required to assist Coding in (1) obtaining missing documentation, (2) clarifying conflicting documentation, (3) providing education on assignment of principal diagnosis(es) and co-morbid conditions, and (4) assist in ensuring that DRGs (Diagnosis Related Groups) are supported by documentation in the medical record. Position commitment required is approximately 1-4 hours per week. If interested or for more information, please contact Zelda B. Greene, MS, Director of Health Information Management, at 610-402-8330.

News from CAPOE Central

Dr. Bruce Ellsweig Wins Second CAPOE Trip Drawing

In a sparsely attended ceremony, **Bruce A. Ellsweig, MD**, Department of Family Practice, was the winner of the second CAPOE Compliance Trip Drawing. The drawing is held monthly for those physicians and physician extenders with greater than 60% CAPOE compliance. The November drawing was based on October data. The monthly prize is a voucher worth \$2,000 from AAA good for a trip to the winner's choice of destinations. Dr. Ellsweig was in his office when the drawing occurred and was notified by phone. "This is almost as exciting as when I was elected President of the IPA," exclaimed Bruce. Drawings will continue monthly. Look for announcements in the Medical Staff Lounge at Cedar Crest & I-78 regarding the date of the next drawing. Good luck to all those lucky CAPOE users who qualify!!

You've Waited Long Enough – It's Time to MODIFY

Effective January 13, you will see the MODIFY button on the Order Profile Screen. A full explanation of how to use MODIFY is in the January, 2004 issue of *The Last Word* (mailed to physicians' offices with *Medical Staff Progress Notes* or available on-line in the Medical Staff Services web site in the "Newsletters" section). A few key tips are highlighted here.

When using the Modify button for medications, you may use it to:

- ... Change the frequency
- ... Change the PRN status
- ... Change the rate of an IV
- ... Change the comment
- ... Change the start/stop time
- ... Change the number of max doses

Please do not use the Modify button to:

- ... Change a medication dose or route
- ... Retract an order (if you change your mind right after placing the order)
- ... Discontinue an order
- ... Modify a Blood Bank or Nursing Transfusion order (in the interest of patient safety)

Modify can also be used to modify existing diagnostic orders (i.e., changing an H/H from q4h to q12h); modifying nursing orders (changing blood glucose monitoring from before meals to BID); changing the parameters in a Notify Physician/Resident order.

This should be a great timesaver for the CAPOE users. Please read over *The Last Word* when you receive it and remember, as we enjoy the Holiday Season, to "Always modify responsibly."

More Laptops at LVH-M

As CAPOE utilization increases at the LVH-M campus, we have received requests to increase computer availability on the Med-Surg units. In response, we have placed two more laptops on carts

on both 3S and 4S. This should increase the access to computers for the physicians and physician extenders working on those units.

Why is it becoming so tough to get charged up

The CAPOE team has been hearing that batteries and battery chargers are missing from the units at Cedar Crest & I-78. Where could they be going? LifeBook users should exchange batteries when they need to. There is no reason to take batteries from the chargers and not replace them with the battery that needs to be recharged. Also, as there are chargers located throughout the hospital and in the lockers, it is difficult to understand where the chargers are 'walking off' to. This is affecting all LifeBook users and creates an inconvenience for everyone. Note that this problem is adding expense to the LifeBook program and may affect our ability to provide replacement devices. The batteries cost approximately \$100 each, and the chargers cost \$200. If you have accidentally taken any extra batteries or chargers, please contact Lynn Corcoran-Stamm at 610-402-1425 or Kim Szep at 610-402-1431 and return them. All the other LifeBook users will be grateful.

If you have any questions, please contact me.

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

Edward M. Mullin, Jr., MD, Past President of the Medical Staff, recently came across the following article on the Internet:

Boston-area hospitals: Increase investments in patient-safety systems (11/24/2003)

With evidence underscoring the benefits of computerized physician order entry and other patient-safety systems, a growing number of Boston-area hospitals are investing "millions of dollars" in such systems in order to save money by preventing errors, the Boston Globe reports. According to the Leapfrog Group—which is spearheading national efforts to implement patient-safety systems—only about 5% of the nation's hospitals currently have CPOE systems, but another 17% plan to install CPOE in the next five years. The systems can cost up to \$15 million in set-up costs and \$2 million in annual maintenance costs, but Leapfrog estimates that the systems can help hospitals save "hundreds of thousands of dollars" annually by reducing medication errors.

Brigham and Women's Hospital in Boston, for example, has seen medication errors fall by more than 80% since it implemented its CPOE 10 years ago. Such "evidence that the systems reduce patient deaths and injuries" has led several large hospitals in the area to devote "millions of dollars to electronic systems." Boston-based Partners HealthCare, which operates Brigham and Women's, will spend \$30.5 million over five years to implement CPOE at its hospitals and introduce the use of EMRs. Meanwhile, Children's Hospital Boston will spend \$35 million over three years to install CPOE systems, and Beth Israel Deaconess Medical Center and Tufts-New England Medical Center, both in Boston, are funneling "millions of dollars" into the systems. The Globe notes that "even small community hospitals," such as Saints Memorial Medical Center in Lowell, plan to spend as much as \$5 million over the next three years to implement such systems and train providers to use them. (Kowalczyck, 11/23).

Papers, Publications and Presentations

h Two members of the Department of Family Practice gave presentations at the Northeast Society of Teachers of Family Medicine conference held in October in Pittsburgh, Pa. **Eamon C. Armstrong, MD**, presented "A Rational and Practical Approach to Diagnostic Testing," which won him a Third Place Presentation Award. **Brian Stello, MD**, presented "Implementing Group Visit Medical Appointments in a Family Practice Residency Program." In addition, both Drs. Armstrong and Stello gave presentations at the Northeast Society of Teachers of Family Medicine conference held in Atlanta, Ga., in September. Dr. Armstrong gave two presentations – "Using the Internet While Seeing Patients" and "Teaching Evidence-Based Practice to Residents." Dr. Stello presented "Incorporating Idealized Clinical Office Practice Theory into Residency Practice."

h Three members of the Department of Family Practice were presenters at the North American Primary Care Research Group conference held in October in Banff, Alberta, Canada. **Julia A. Dostal, MD**, presented "Designing Methods of Evaluations in Family Medicine." **Lou A. Lukas, MD**, presented "End-of-Life Directive at the End of the Millennium: A Population Based Study." **William L. Miller, MD**, presented "Learning to be a Better Peer Reviewer (and Writer)."

h **John P. Fitzgibbons, MD**, Chair, Department of Medicine, was invited to a meeting of the Leadership of the Alliance for Academic Internal Medicine with the senior members of the American Board of Internal Medicine to discuss the issues of certification and recertification in Internal Medicine.

Additionally, Dr. Fitzgibbons was an invited participant in the American College of Physicians Summit on the Future of Internal Medicine. Seventy-five leaders in Internal Medicine from throughout the country met on November 8 and 9 in Philadelphia to work on plans for revitalization of both General Internal Medicine and the medical subspecialties.

h **Mark A. Gittleman, MD**, Division of General Surgery, recently had an article, "Single-step Ultrasound Localization of Breast Lesions and Lumpectomy Procedure," published in the October 2003 issue of *The American Journal of Surgery*.

In addition, Dr. Gittleman was an invited instructor for the Breast Ultrasound Workshop at the American College of Surgeons meeting held in October in Chicago, Ill.

h **Peter A. Keblish, MD**, Division of Orthopedic Surgery, Section of Ortho Trauma, was the principal author for "Unicompartmental Knee Arthroplasty with 11 Year Follow-up," which he presented at the 13th Annual Meeting of the American Association of Hip and Knee Surgeons held recently in Dallas, Texas. He was also the co-author of a scientific poster exhibit titled "Comparison of Isokinetic Strength in Resurfaced and Retained Patellae in Bilateral TKA." Additionally, Dr. Keblish was an invited lecturer and panel moderator on mobile bearing knee at the International Mobile Bearing Total Knee meeting held in September in Paris, France.

h **Donald L. Levick, MD**, Physician Liaison, Information Services, and Medical Staff President-elect, co-authored an article, "CPOE is Much More than Computers," which was published in the November-December 2003 issue of *The Physician Executive*.

h **Dominic P. Lu, DDS**, Division of General Dentistry/Special Care, was a guest lecturer at two recent meetings. On October 19, at Columbia University in New York, NY, Dr. Lu discussed "Anatomical Relevance of Some Acupuncture Points in the Head and Neck Region that Dictates Medical or Dental Application Depending on Depths of Needle Insertion." On November 29, at the Greater New York Dental meeting held at Jarvits Convention Center in New York, NY, Dr. Lu presented "Acupuncture and Clinical Hypnosis for Facial and Head and Neck Pain: a single cross over comparison."

In addition, Dr. Lu was the co-author of an article, "Comparison of the Nausea-Relieving Effects of Droperidol & Acupuncture/Acupressure on Sedated Dental Patients," which was published in Volume 4, Number 2, 2003 of the *American Journal of Traditional Chinese Medicine*.

h **Robert X. Murphy, Jr., MD**, Division of Plastic Surgery/Hand Surgery, Section of Burn, and Medical Director of LVH-Muhlenberg, and **Marshall Miles, MD**, General Surgery resident, co-authored the article, "Chronic, Non-healing, Lower Extremity Ulcers Responsive to Splenectomy in a Patient with Thalassemia Major: A Case Study" which appeared in the November issue of *Plastic and Reconstructive Surgery*.

Dr. Robert Murphy and **Johnny Chung, MD**, Plastic Surgery resident, co-authored the article, "Quality Analysis of Bilateral Reduction Mammoplasty Using a State-Legislated Comparative Database and an Internal Hospital-based System" which appeared in the November issue of the *Annals of Plastic Surgery*.

h "Recognition and Treatment Pathway for Psychiatric Illness in Multiple Sclerosis," co-authored by **Alexander D. Rae-Grant, MD**, Division of Neurology and Medical Staff President; **Ralph A. Primelo, MD**, Section of Consultation-Liaison Psychiatry; **Nancy J. Eckert, RN**, Clinical Director, Multiple Sclerosis Center; and **Stacy A. Statler, PA-C**, Physician Assistant, Multiple Sclerosis Center, was presented as an abstract and poster at the 17th Annual Meeting of the Consortium of Multiple Sclerosis Centers held in late May in San Diego, Calif. Additionally, "Enriching Program Design for an MS Wellness Program," co-authored by Dr. Rae-Grant and Mrs. Eckert, was also presented as an abstract and poster at the same meeting.

"A Safety Study of Combination Treatment with Interferon beta-1a (AVONEX) and Azathiaprine in Breakthrough Multiple Sclerosis," co-authored by Dr. Rae-Grant and Mrs. Eckert was presented as an abstract and poster at the European Committee for Treatment and Research in MS (ECTRIMS) held September 17-20 in Milan, Italy.

Upcoming Seminars, Conferences and Meetings

GLVIPA Annual Meeting

The Greater Lehigh Valley Independent Practice Association (GLVIPA) will hold its Annual meeting on Monday, January 26, 2004, at 6 p.m., in the Auditorium at Lehigh Valley Hospital, Cedar Crest & I-78, at which time the annual election for Board of Trustees will be held.

The IPA Bylaws require the voting process to be completed by physician members in person or by proxy. If you cannot attend the meeting and wish to vote by proxy, please make certain that your signed proxy is available at the time of the meeting.

If you have any questions, please contact Eileen Hildenbrandt, GLVIPA Coordinator, at (610) 402-7423.

Risk Reduction – Strategies for Identification and Management of Medical Liability

Even the best health care professionals seem to wind up in court these days. But there are proactive steps you can take to actually prevent a claim from being filed in the first place.

On Saturday, January 31, 2004, members of the Risk Management team of LVPG invite you to join them as they take a retroactive look at situations in which claims were – and weren't – filed. You'll learn how to recognize and change system problems that can contribute to patient dissatisfaction with outcomes. And you'll learn concrete steps you can take in your own practice to ensure greater patient satisfaction, even when the outcome is less than optimal.

The keynote speaker for the conference will be Victor Cotton, MD, JD, publisher of *Law & Medicine*, and Adjunct Professor of Law at Widener University. Dr. Cotton will discuss "Medical Legal Liability: Why We End Up in Court."

The conference, which is free to members of Lehigh Valley Hospital and Health Network, will be held from 7:30 a.m. to 1:15 p.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78. The Category 1 credits are available.

To register for the conference, please contact Sue Marques in the Center for Education at 610-402-2556. For more information about the conference, please contact Patrice M. Weiss, MD, Medical Co-Director, Risk Management, LVPG, at 610-402-9514, or Michael D. Pasquale, MD, Medical Co-Director, Risk Management, LVPG, at 610-402-1350.

Family Practice Grand Rounds

Family Practice Grand Rounds are held the first Tuesday of every month from 7 to 8 a.m., in the Educational Conference Room 1 at Lehigh Valley Hospital, Cedar Crest & I-78, unless otherwise noted. The topic for January is:

- × January 6 – "Early Identification of Children at Risk for Reading and Related Learning Disabilities"

For more information, please contact Staci Smith in the Department of Family Practice at 610-402-4950.

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 for January include:

- × January 6 – TBA
- × January 13 – "LOVAR – Lowering of Vascular Atherosclerotic Risk Study. Is an Ounce of Prevention Worth a Point of Cure? A 4-Year Study"
- × January 20 – "Ankylosing Spondylitis"
- × January 27 – "Update in General Internal Medicine"

For more information, please contact Judy Welter in the Department of Medicine at 610-402-5200.

OB/GYN Grand Rounds

The Department of Obstetrics and Gynecology holds Grand Rounds every Friday morning from 7 to 8 a.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78, unless otherwise noted. Topics to be discussed in January will include:

- × January 2 – NO GRAND ROUNDS – Happy New Year!
- × January 9 – "Professionalism"
- × January 16 – "Vaginal Birth after Cesarean Section"
- × January 23 – NO GRAND ROUNDS – CREOG In-House Exam
- × January 30 – "Dermatology for the Obstetrician"

For more information, please contact Teresa Benner in the Department of Obstetrics and Gynecology at 610-402-9515.

Department of Pediatrics

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

- × January 6 – TBA
- × January 13 – "A School District's Attempt to Address the Issue of Childhood Obesity"
- × January 20 – TBA
- × January 27 – "Case Presentation"

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 LVH-Muhlenberg. Topics to be discussed in January will include:

- × January 6 – "Rectal Cancer: Surgical Approach to Treatment"
- × January 13 – "Carotid Angioplasty and Stenting in the Treatment of Extracranial Cerebrovascular Disease"
- × January 20 – "Breast Cancer Update"
- × January 27 – TBA

For more information, please contact Cathy Glenn in the Department of Surgery at 610-402-7839.

Congratulations!

Robert X. Murphy, Jr., MD, Division of Plastic Surgery/Hand Surgery, Section of Burn, and Medical Director of LVH-Muhlenberg, was recently notified by the American Board of Plastic Surgery that he successfully completed the 2003 Examination for Recertification in the Subspecialty of Surgery of the Hand.

Who's New

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

Medical Staff New Appointments



Robert D. Barraco, MD, MPH

Surgical Specialists of the
Lehigh Valley
1240 S. Cedar Crest Blvd.
Suite 308
Allentown, PA 18103-6218
610-402-1350
Fax: 610-402-1356

Department of Surgery
Division of Trauma-Surgical Critical Care/
General Surgery
Provisional Active



Ardeth L. Copeland, MD

Eric Schoeppner, MD, PC
1723 Northampton Street
Easton, PA 18042-3133
610-253-7211
Fax: 610-252-8685
Department of Medicine
Division of General Internal
Medicine
Provisional Active

Status Changes

Robert C. Bornstein, DO

Department of Medicine
Division of General Internal Medicine
From: Associate To: Affiliate

Anthony L. Dimick, MD

Department of Pediatrics
Division of General Pediatrics
From: Active To: Associate

Zirka M. Halibey, MD

Department of Obstetrics and Gynecology
Division of Primary Obstetrics and Gynecology
From: Active To: Affiliate

Tayyaba S. Jan, MD

Department of Pediatrics
Division of General Pediatrics
From: Active To: Associate

Howard A. Silverman, MD

Department of Family Practice
Division of Geriatrics
From: Affiliate To: Honorary

Address Changes

Saeed Bazel, MD

65 E. Elizabeth Avenue, Suite 303
Bethlehem, PA 18018-6506
Phone: 610-865-7929 h Fax: 610-866-0972

Christopher T. DiLeo, DMD and

Ronald C. DiLeo, DDS

4104 W. Tilghman Street
Allentown, PA 18104-4428
610-821-0422 h Fax: 610-821-9018

Robert Kiesel, MD

400 N. 17th Street, Suite 200
Allentown, PA 18104-5052
610-433-2021 h Fax: 610-433-7856

Brian J. Miller, DMD

65 E. Elizabeth Avenue
Suite 600
Bethlehem, PA 18018-6506

George Tyler, MD

65 E. Elizabeth Avenue, Suite 303
Bethlehem, PA 18018-6506
Phone: 610-691-0443 h Fax: 610-866-0972

Practice Change

Shawn M. Weigel, DO

(No longer with Lehigh Valley Eye Physicians)
Bausch and Jones Eye Associates
Plaza West
1616 Allen Street
Allentown, PA 18102-2012
610-432-0201 h Fax: 610-434-1210

Resignations

Marc N. Abo, MD

Department of Surgery
Division of General Surgery

Continued on next page

Dominique R. Bailey, MD
Department of Pediatrics
Division of General Pediatrics

Angela M. Camasto, MD
Department of Pediatrics
Division of General Pediatrics

Ian Chan, MD
Department of Medicine
Division of Cardiology

Peter J. Feczko, MD
Department of Radiology
Division of Diagnostic Radiology

Manny Iyer, MD
Department of Surgery
Division of Plastic Surgery

Ami S. Kulkarni, DO
Department of Medicine
Division of General Internal Medicine

Bruce I. Rose, MD
Department of Obstetrics and Gynecology
Division of Reproductive Endocrinology & Infertility/Gynecology

Allied Health Staff

New Appointments

Jodi D. Emery, PA-C
Physician Assistant-Certified
(Coordinated Health Systems – James Hoffman, MD)

Tsilina Grinberg, PA-C
Physician Assistant-Certified
(The Heart Care Group, PC – Vadim Levin, MD)

Afifi Khoury, CRNP
Certified Registered Nurse Practitioner
(Wound Healing Center – Robert X. Murphy, Jr., MD)

John E. Kresge, CRNA
Certified Registered Nurse Anesthetist
(Lehigh Valley Anesthesia Services, PC – Thomas M. McLoughlin, Jr., MD)

Jimmy La Torres
Surgical Technician
(Lehigh Valley Orthopedic Group, PC – Barry A. Ruht, MD)

Theresa M. Larkin, RN
Registered Nurse
(Valley Sports & Arthritis Surgeons – Barry I. Berger, MD)

Carole J. Moretz, PsyD, MSN
Psychologist
(John & Dorothy Morgan Cancer Center)

Michael A. Papp, GRNA
Graduate Registered Nurse Anesthetist
(Lehigh Valley Anesthesia Services, PC – Thomas M. McLoughlin, Jr., MD)

Scott M. Roman, PA-C
Physician Assistant-Certified
(Orthopaedic Associates of Bethlehem, Inc. – John M. Williams, MD)

Geannina E. Schiavone, PA-C
Physician Assistant-Certified
(Department of Surgery – Herbert C. Hoover, Jr., MD)

Janice M. Schuler, RN
Registered Nurse
(Lehigh Valley Cardiology Assoc – George A. Persin, DO)

Meggen A. Walsh, PA-C
Physician Assistant-Certified
(Surgical Specialists of the Lehigh Valley – Rovinder S. Sandhu, MD)

Carole B. Wetherhold, CRNA
Certified Registered Nurse Anesthetist
(Lehigh Valley Anesthesia Services, PC – Thomas M. McLoughlin, Jr., MD)

Laura L. Zitzer, CNM
Certified Nurse Midwife
(The Midwives & Associates, Inc. – Garry C. Karounos, MD)

Changes of Supervising Physician

Scott E. Pellington
Message Therapist
From: Paula L. Stillman, MD, MBA
To: Zubina M. Mawji, MD, MPH

Carol A. Skinner
Massage Therapist
From: Paula L. Stillman, MD, MBA
To: Zubina M. Mawji, MD, MPH

John J. Swankoski, PA-C
Physician Assistant-Certified
From: Devendra K. Amin, MD
To: The Heart Care Group – Paul Gulotta, MD

Additional Supervising Physician

Kelly S. Harrison, PA-C
Physician Assistant-Certified
Addition: Valley Sports & Arthritis Surgeons – Barry I. Berger, MD

Additional Substitute Supervising Physicians for Prescriptive Authority

Kimberly A. O'Sullivan-Smith, CRNP
Certified Registered Nurse Practitioner
Additional Substitute Physicians:
Mary Cohen, MD
Pushpi Chaudhary, MD
Ralph Primelo, MD
Edward Norris, MD
Kenneth Zemanek, MD
Najma Khanani, MD
Helen Voinov, MD

Resignations

Angela Y. Bean, RN
Registered Nurse
(The Heart Care Group, PC)

Jean M. Carroll, RN
Registered Nurse
(CHOP-Pediatric Hematology/Oncology)

Kevin T. Chernesky, CRNA
Certified Registered Nurse Anesthetist
(Lehigh Valley Anesthesia Services, PC)

Eileen Y. Evanina, CRNA
Certified Registered Nurse Anesthetist
(Lehigh Valley Anesthesia Services, PC)

Lisa M. Fraine, CNM
Certified Nurse Midwife
(The Midwives & Associates, Inc.)

David J. Isgan, PA-C
Physician Assistant-Certified
(Gastroenterology Associates, LTD)

Lorraine A. Johnson, CRNA
Certified Registered Nurse Anesthetist
(Lehigh Valley Anesthesia Services, PC)

Michael D. Lee, PA-C
Physician Assistant-Certified
(Lehigh Valley Women's Cancer Center)

Theodore J. Lengyel, CRNA
Certified Registered Nurse Anesthetist
(Lehigh Valley Anesthesia Services, PC)

Andrew J. Sifers
Surgical Technician
(Valley Sports & Arthritis Surgeons)

LEHIGH VALLEY
HOSPITAL
AND HEALTH NETWORK

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

Phone: 610-402-8590
Fax: 610-402-8938
Email: janet.seifert@lvh.com

Medical Staff Progress Notes

Alexander D. Rae-Grant, MD
President, Medical Staff
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

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Laurence P. Karper, MD
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John W. Margraf, MD
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William L. Miller, MD
Edward M. Mullin, Jr., MD
Michael J. Pasquale, MD
Alexander D. Rae-Grant, MD
Victor R. Risch, MD, PhD
Michael A. Rossi, MD
Raymond L. Singer, MD
Elliot J. Sussman, MD
Ronald W. Swinfard, 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.