

Medical Staff PROGRESS NOTES



Medical Staff Leadership Passes the Gavel



Members of Troika (left to right): Alexander D. Rae-Grant, MD, Past President, Donald L. Levick, MD, MBA, President, and Linda L. Lapos, MD, President-elect, take a few moments between meetings to exchange ideas.

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On January 1, 2005, leadership of the Medical Staff changed hands as **Donald L. Levick, MD, MBA**, began his term as President of the Medical Staff, and **Linda L. Lapos, MD**, joined the Medical Staff leadership as she began her two-year term as President-elect. **Alexander D. Rae-Grant, MD**, who served as President from January 1, 2003 through December 31, 2004, will serve as Past President for two years.

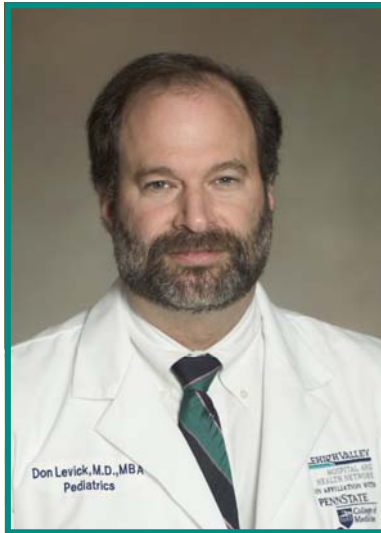
Please note that all mail for Dr. Levick, **relating to his position as President of the Medical Staff**, should be addressed to Medical Staff Services, Lehigh Valley Hospital, Cedar Crest & I-78, P.O. Box 689, Allentown, PA 18105-1556. Mail relating to patient matters should continue to be sent to Dr. Levick's patient office at ABC Family Pediatricians, Allen-

town Medical Center, 401 N. 17th Street, Suite 203, Allentown, PA 18104-6805.

Mail for Dr. Lapos should continue to be sent to her patient office at Colon-Rectal Surgery Associates, PC, 1230 S. Cedar Crest Blvd., Suite 303, Allentown, PA 18103-6212.

Additionally, mail for Dr. Rae-Grant should now be sent to his patient office at Lehigh Neurology, 1210 S. Cedar Crest Blvd., Suite 1800, Allentown, PA 18103-6208.

If you have any questions regarding this issue, please contact Beth Martin in Medical Staff Services at 610-402-8980.



From the President

Well, it is finally here. After two years of watching, listening, and learning, it is now my turn. The process of being President-elect for two years is an effective mechanism to prepare someone to assume the role of Medical Staff leadership. I have been fortunate enough to spend the last two years learning from two exceptional leaders. Ed Mullin has filled the role of past president admirably. He has drawn on his experience to provide Troika with a voice of reason, wisdom, and humility. He is the definition of a true gentleman, and has provided me with an excellent role model for the various situations that a president must face. I will miss his calming influence and subtle sense of humor now that he has left Troika. Alex Rae-Grant will be a tough act to follow. He shows great intellectual insight with the issues we have faced. I will certainly continue to count on his ability to articulate a problem and provide an accurate perspective for Troika. And he has raised intellectual trivia to new heights. I'm thrilled and honored to be able to work with Alex for another two years. It is reassuring to know that Troika will thrive after my

term with the first female President-elect of the Medical Staff, Linda Lapos. She will bring a unique perspective and a no-nonsense approach to the Medical Staff leadership. I am excited to begin my term and honored to be working with such talented and well respected physicians.

I have gotten to know many of the members of our impressive Medical Staff through the CAPOE project. It has given me the opportunity to interact with divisions and groups that, as a pediatrician, I would have never met. As Yogi Berra said, "you can observe a lot by watching." I have learned how various divisions and departments operate, and I hope to use that knowledge in my role as President of the Medical Staff. It is important to recognize the two different roles that I play. Many of you know me as the CAPOE guy, working WITH the Medical Staff and others to implement the computer assisted physician order entry system. As President of the Medical Staff, I will be working FOR the Medical Staff to help represent their interests and concerns, and to act as a liaison with administration.

Although I deal with technology in one of my many roles, I believe that health care is truly based on effective communication. Over the next two years, I hope to focus on communication and systems that surround communication in our work and our everyday lives.

I will draw on information from many sources including several of my mentors: John Van Brakle, Pasquale Fugazzotto and Harry Lukens. I'll use examples from the general systems theory literature, including Peter Senge, Chris Argyris, Jerry Harvey and others. I will discuss theories I have learned from working with an organizational con-

sultant named Irv Rubin of Temenos Inc., and I will rely heavily on work done by my predecessors, Drs. Caccese, Mullin and Rae-Grant.

Irv Rubin taught me very important lessons and skills regarding communication based on the ABCs of win-win relationships. There are several reasons I was drawn to this work: as with my practice as a pediatrician, much of the ideas are developmental in nature. Briefly, the ABCs stand for being Aware of our Behavior and its Consequences. I'll elaborate on this idea in the coming months and provide useful tools to help gauge and fine-tune communication skills.

And now for some important stuff. Tuesday has been Bagel Day in the Medical Staff Lounge for many years. I realize it would be blasphemy to mess with that tradition. So, instead of changing it, I will be adding to it. Friday will become "Fresh Fruit Friday." Bowls of fresh fruit will be placed in the Medical Staff Lounge every Friday. This should be acceptable to those people who are counting carbs and avoiding the bagels.

The General Medical Staff meetings will continue to have drawings at their conclusion to reward those physicians who attend. At the meeting, my reports to the Medical Staff will be highlighted by short humorous video clips. I hope the video clips will be both entertaining and help reinforce my messages.

I look forward to working with Troika, the Medical Staff Services office, and most importantly, with the incredible Medical Staff at Lehigh Valley Hospital that I've come to know during my 19 years here.

Don

Donald L. Levick, MD, MBA
Medical Staff President

National Patient Safety Goals

In an effort to keep you informed of changes within the National Patient Safety Goals (NPSG), the following have significant impact on physician participation.

NPSG #2 – Critical Value Reporting

Please note that all critical lab values, EKG or Radiology studies that are of critical importance need to be documented on a Critical Report Form (bright orange in color). The nursing staff should be asking you to repeat back any study results that are provided to you. It is important when providing direction over the phone that it be re-verified or read back to ensure its completeness as well as ensuring patient safety.

NPSG #7 – Reduce Risk of Healthcare-Associated Infections

In the interest of patient safety and to maintain compliance with JCAHO's National Patient Safety Goals, healthcare workers who provide direct patient care at Lehigh Valley Hospital and Health Network (LVHVN) will not be permitted to wear artificial fingernails.

Direct patient care applies to all personnel who, as part of their routine daily activities, do any of the following:

- “ Direct hands-on patient contact
- “ Perform treatment or procedures on patients
- “ Handle equipment/items that are used directly in the care/treatment of patients
- “ Handle items that are consumed by patients, employees or visitors

Artificial fingernails are any material which is attached to the natural nail, included but not limited to plastic press-on nails, acrylic nails, acrylic nail tips, fiberglass, gels, silk wraps, nail extenders, or any additional items applied to the nail surface.

Research shows that artificial nails worn by healthcare workers can contribute to healthcare-associated infections. Compared with natural nails, artificial nails have higher rates of colonization with gram-negative bacteria and yeast. Recently, there have been outbreaks associated with artificial fingernails that included organisms such as *Pseudomonas aeruginosa*, *Serratia marscescens*, *Klebsiella pneumoniae*, and *Candida albicans*. In some cases, the infections resulted in patient mortality. An evidence table is available upon request.

Timeline

Implementation date: February 1, 2005.

Enforcement

Directors, Administrators, and/or Chairs of respective clinical departments are responsible for monitoring and enforcing compliance.

Frequently Asked Questions

Q: Why are artificial nail enhancements no longer permitted for staff who have direct patient contact?

A: Several scientific studies have shown that artificial nails have been associated with serious bacterial and fungal infections in patients. In the interest of patient safety, LVHVN strongly believes that implementing this change is necessary.

Q: Why doesn't handwashing prevent the contamination of artificial nails?

A: Handwashing is the most effective means of preventing the transmission of infection. However, the wearing of nail enhancements can hinder the effectiveness of handwashing. Studies have shown that hospital personnel with nail enhancements harbor more bacteria both before and after handwashing than do personnel with natural nails.

Q: Can nail enhancements harm the person wearing them?

A: Yes, nail enhancements can sometimes cause infections of the nail bed that are difficult to treat. Long term use of nail enhancements cause the natural nail to become thin, brittle, discolored, and damaged.

Q: Doesn't wearing gloves protect the patient?

A: No, gloves do NOT provide complete protection for the patient. This is especially true when artificial nails are long. Holes can develop and germs can pass between the healthcare worker and the patient. In addition, gloves cause the hands to sweat, thus creating a moist environment for bacteria and yeast to grow.

Q: May I wear nail polish?

A: Nail polish may be worn depending on your work location. Nail polish that is chipped has a tendency to harbor greater number of bacteria. Chipped nail polish should be removed.

For more information or if you have any questions regarding this issue, please contact Fran Miranda, Director, Risk Management, and Patient Safety Officer, at 610-402-3008.

News from Health Information Management

Transcription Services/Speech Recognition

The Dictaphone Dictation, Transcription and Speech Recognition system implementation has been phased in at the three sites from February through November, 2004. The final phase of this system – Speech Recognition – has been occurring over the past three months. During this time period, approximately 70 physicians have achieved an accurate speech adaptation, which means that the transcriptionists can now edit these transcriptions rather than typing them traditionally. One of the goals of the HIM Department is to increase the number of physicians in this category.

Below are some general tips you can utilize in your dictations that will allow more physicians to become speech eligible, thereby reducing the turnaround time on medical reports.

General Dictation Tips

- “ Try to dictate in a quiet area (away from machines, radios, fans, crowds)
- “ Organize thoughts before speaking, giving instructions at the end of the report
- “ At beginning of report, indicate date of service (admission, discharge, etc.) as well as patient name
- “ Speak clearly—does not have to be slow, just clear
- “ Speak at a normal volume
- “ Keep the phone at a consistent distance from mouth, do not put mouth on phone

Speech Recognition Tips

- “ Speak sentences and phrases as close to how they should appear in the final document
- “ Add punctuation (period, comma, colon, parenthesis, etc.)

For this punctuation mark...	Say this.....	It appears in your text as....
Period	Period	.
Comma	Comma	,
Colon	Colon	:
Question Mark	Question mark	?
Hyphen	Hyphen	-
Plus	Plus	+
Minus	Minus	-
Percent	Percent	%
Quotation	Open quotation Open quote	“
End Quotation	End quotation End quote	”
Open Parenthesis	Left parenthesis Open parenthesis Open paren Left paren	(
Close Parenthesis	Right parenthesis Close parenthesis Close paren Right paren)

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“ Add format (numbered lists, paragraphs, report headings, etc.) to the dictation

For this format instruction...	Say this.....	It appears in your text as....
Next Line	New line Next line	
New Paragraph	New paragraph Next paragraph Paragraph	
1. NIDDM. 2. Obesity. 3. Jaundice.	One period NIDDM period new line Two period obesity period new line Three period jaundice period	1. NIDDM. 2. Obesity. 3. Jaundice.
FAMILY HISTORY: Reviewed and noncontributory. SOCIAL HISTORY: Patient is not a smoker, not a drinker. Is married with three children.	Family history colon reviewed and noncontributory period new paragraph social history colon patient is not a smoker comma not a drinker period is married with three children period new paragraph	FAMILY HISTORY: Reviewed and noncontributory. SOCIAL HISTORY: Patient is not a smoker, not a drinker. Is married with three children.

“ Dictate numbers, dates, etc.

For this punctuation mark...	Say this.....	It appears in your text as....
0	Zero	0
10,000	Ten thousand	10,000
December 10, 2004	December ten two thousand four December tenth two thousand four December ten twenty oh four	December 10, 2004
12/10/04	Twelve ten two thousand four Twelve ten twenty oh four	12/10/04

If you have any questions, or would like additional individual instructions on how you can assist with the transition to speech recognition, please contact Marianne Lucas, Operations Coordinator, at 610-402-3863.

Admission Progress Record

Some medical records contain a full history physical in the Admission Progress Record. The Admission Progress Record has been updated to include a check off box whereby the physician can indicate that he/she would like this documentation to be used as a History and Physical or if a History and Physical has been dictated. This will eliminate the need to ask the physician to complete a history and physical report after patient discharge.

If you have questions regarding this issue, please contact Susan Cassium, Operations Coordinator, at 610-402-3864.

Coding Tip of the Month

It is the physician’s responsibility to clearly document the etiology of non-cardiac chest pain in the medical record. It is the coder’s responsibility to determine if there is documentation in the medical record to further specify the diagnosis of non-cardiac chest pain. Some causes of non-cardiac chest pain are GI disorders, gallbladder diseases, Tietze’s Syndrome, pleuritic disorders, and anxiety. A query asking the presumed etiology of the patient’s non-cardiac chest pain will be sent to the physician when further clarification of this diagnosis is needed.

News from CAPOE Central

Even Orthopedic Surgeons Use CAPOE

Barry I. Berger, MD, Pediatric Orthopedic Surgeon with Valley Sports and Arthritis Surgeons, was the winner of the CAPOE Compliance Trip Drawing for the month of October. The drawing was held December 3, in the Medical Staff Lounge. When contacted, Dr. Berger said he had never won anything in his life and that maybe now he could afford to fly first class to his next conference and finally have enough leg room.

More about Communicating Orders

One of the cool things about CAPOE is the ability to enter orders remotely. Most of the time, this process works fine. However, there are times when the best thing for patient care is to also alert the nurse or the unit that orders were entered. A possible scenario that could occur: you are in your office and go online to look up results on a patient. Based on those results, you enter orders in CAPOE. However, while you were in your office, the patient's status has changed, and that information could affect your decision-making process. So, please remember that technology and remote access does not take the place of effective communication with the members of the team caring for the patient.

LVH-M ED Shows off New Systems

In December, the ED staff at LVH-M began documenting on a new paper form from T-Systems. This is in preparation for an electronic version of T-Systems, which is scheduled to arrive in March. In January, the ED at LVH-M will become the first of our three ED units to go live with CAPOE. The

ED attendings and residents will be entering all their orders in CAPOE, based on numerous order sets that they have developed. It is expected that all orders in the ED will be entered in CAPOE, except for code situations, etc. Admitting physicians will be able to enter not only admitting orders, but all orders for patients in the ED at LVH-M. However, please remember to communicate with the ED nurses when you enter orders –both orders that should be done immediately and those for admission.

How to Involve the Advanced ICU in the Care of Your Patient

Now that the AICU is here, physicians are asking how to notify the remote ICU team of their desired involvement. There is an order named "AICU – Level of Involvement Order" located in the critical care admission order sets, and at the top of the 'Consult Physician' list. The order has four choices for level of involvement:

- A = AICU full management
- B = Significant change notification
- C = Notify for all issues detected
- D = Default: Emergency response only

The full description of each level is in the reference text of the order.

If you have any questions regarding any of these issues, please contact me.

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

News from the Stroke Center

The Stroke Center at Lehigh Valley Hospital has been selected by JCAHO to participate as a pilot test site to evaluate ten Stroke Performance Measures. Data will be collected for a one-year period which began October 1, 2004 and will run through September 30, 2005. Medical Staff will see the addition of a form called **Stroke Core Measures Progress Note** to all stroke patients' charts to assist with compliance tracking.

The Stroke Measure Set will collect data on: Deep Vein Thrombosis (DVT) Prophylaxis, Discharged on Anti-thrombotics, Patients with Atrial Fibrillation receiving

Anticoagulation Therapy, Tissue Plasminogen Activator Considered, Initiation of Antithrombotic medication within 48 hours of hospitalization, Lipid Profile during hospitalization, Screen for Dysphagia, Stroke Education, Smoking Cessation, and Plan for Rehabilitation.

For more information or if you have any questions, please contact Claranne Mathiesen, RN, Neurologic Nurse Specialist, at 610-402-4579.

Mandatory Research Ethics Training

Lehigh Valley Hospital's IRB is currently going through the accreditation process with the Association for the Accreditation of Human Research Protection Programs (AAHRPP). One of their requirements is that all research personnel be trained in human subjects research ethics. Consequently, as of January 1, 2005, **Mandatory Research Ethics Training** will be required for **all hospital researchers** (including, but not limited to, study investigators, study coordinators, research assistants, research staff, etc.).

Investigators and research personnel involved with currently approved protocols will be grandfathered into the system, so they may proceed with work on existing studies. However, anyone submitting a new protocol after January 1 must include a certificate of current training from one of the two websites listed below. These were chosen by the IRB at their September 14, 2004 Board meeting.

1) <http://ohsr.od.nih.gov/>

(Office of Human Subjects Research, National Institutes of Health; computer based training for researchers and IRB members - Choose the "Computer Based Training" link,

then choose either researcher or IRB member. Those choosing IRB member will be prompted to register. Those choosing researcher, follow link to "Human Participant Protections Education for Research Teams. A certificate should be printed upon completion.)

2) <http://info.gradsch.wisc.edu/research/compliance/humansubjects/tutorial/>

(University of Wisconsin-Madison - Human Subjects Training module. Follow the instructions for proceeding with completion of the modules. A certificate should be printed upon completion.)

The Board requires that proof of this training be submitted to the IRB Office on an annual basis and recommends researchers alternate between the two training sites. The IRB Office already has a researcher training database up and running, and will be able to track completion certificate submissions.

If you have any questions regarding this issue, please contact Bernadette Glenn-Porter, Senior IRB Coordinator, at 610-402-2529, or Heidi Iobst, IRB Coordinator, at 610-402-2242.

Update on Measuring Quality of Care in AMI and CHF Patients

Two LVHHN nurses helping to improve the care of AMI and CHF patients want to stress the importance of documenting "why not's" on the patient's chart, when a recommended medication or test is not ordered based on your clinical assessment. This quality improvement initiative is a cooperative effort of The Regional Heart Center, Quality and Care Management, and Health Studies, and is funded by a grant from the Dorothy Rider Pool Health Care Trust.

Patricia Parker, R.N., B.S.N., B.C., and Katrina Fritz, R.N., B.S.N., are working at the Cedar Crest and Muhlenberg sites to ensure that the appropriate treatment, follow-up care and documentation are completed. The "Cardiac Core Measure Progress Note," a memory tool to assist with this goal, is found on the front of all inpatients' charts and also can be accessed on CAPOE, under the tab called "Core Measures."

The core measures project is a CMS-sponsored, voluntary initiative in which LVHHN and 58 percent of all U.S. hospitals have pledged to participate. By sharing its data, LVHHN is eligible for the full market basket update of Medicare payments for Federal fiscal year 2005.

Members from Cardiology, General Internal Medicine, Family Medicine, Quality and Care Management, Clinical Services, Health Information Management and others are engaged in this effort. It is expected that this eventually will become mandatory, according to Michael Rossi, M.D., Chief, Division of Cardiology, and Medical Director of The Regional Heart Center.

LVHHN is focused on improving these JCAHO core measures by:

- " Educating physicians, residents and staff on the importance of documenting why a patient may not receive a recommended therapy.
- " Including in the chart, a standardized core measure progress note with list of acceptable contraindications.
- " Utilizing standardized order sets for CHF and Chest Pain.
- " Participating in the AHA "Get with the Guidelines" program, which focuses on performance improvement in achieving evidence-based medicine goals for secondary prevention of cardiovascular disease.

For more information, contact Patricia Parker at pager 610-830-5318 or Katrina Fritz at pager 610-830-5073.

JCAHO Core Measures for Community Acquired Pneumonia

Beginning January 2004, Lehigh Valley Hospital and Health Network added Community Acquired Pneumonia (CAP) as the third diagnosis for which LVHVN will monitor JCAHO core measures. The table below shows the most recent LVHVN results regarding these core measures for CAP compared to National benchmarks.

JCAHO Core Measures for Community Acquired Pneumonia					
	FY 04 3rd Quarter	FY 04 4th Quarter	FY 05 1st Quarter	National Benchmark	
	Lehigh Valley Hospital -CC			Top 10% of participating Hospitals Scored at least:	Top 50% of participating Hospitals Scored at least:
Oxygen Assessment within 24 hours of hospital arrival	100.0%	100.0%	100.0%	100% *	99% *
Pneumococcal Screening and/or Vaccination	47.3%	52.6%	46.5%	79% *	43% *
Blood Cultures obtained prior to first dose of antibiotic	83.3%	83.7%	78.8%	93% *	83% *
Adult Smoking Cessation Advise/ Counseling	78.3%	35.3%	63.6%	92% *	54% *
% patients receiving antibiotic within 4 hours of hospital arrival	56.6%	70.4%	77.3%	87% **	71% **
Lehigh Valley Hospital -M					
Oxygen Assessment within 24 hours of hospital arrival	100.0%	100.0%	100.0%	100% *	99% *
Pneumococcal Screening and/or Vaccination	47.8%	38.9%	51.4%	79% *	43% *
Blood Cultures obtained prior to first dose of antibiotic	70.6%	84.0%	75.6%	93% *	83% *
Adult Smoking Cessation Advise/ Counseling	75.0%	60.0%	80.0%	92% *	54% *
% patients receiving antibiotic within 4 hours of hospital arrival	60.0%	66.0%	87.8%	87% **	71% **
* Benchmark obtained from JCAHO Hospital Quality Report (April 03 to May 04)					
** Benchmark obtained from Centers for Medicare and Medicaid Hospital Quality Alliance formerly known as National Voluntary Hospital Reporting Initiative (January - March 2004)					

These results indicate opportunities for improvement at LVHVN. Please help to optimize patient care and outcomes by considering the following recommendations.

- ˆ Order all initial antibiotics STAT.
- ˆ If ordering antibiotics in the ED, please notify the ED nurse that the antibiotic should be started STAT in the ED.
- ˆ Antibiotic administration should not be delayed in order to obtain sputum cultures first.

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- “ Blood cultures should be obtained prior to antibiotic administration; if possible, however, antibiotic administration should not be delayed if blood cultures cannot be obtained in a timely fashion.
- “ All patients admitted with CAP should be queried regarding their smoking status. Smoking cessation counseling should be offered and documented for all appropriate patients. Smoking cessation consults can be ordered at all LVHHN sites.
- “ Pneumococcal and Influenza screening and vaccination is now voluntarily offered to all patients at all LVHHN sites and does not require a specific physician order.

Beginning in July 2004, CAP patient discharges are being further accessed for the appropriateness of the initial antibiotic selection. Antibiotic guideline authors from the Centers for Disease Control and Prevention (CDC), Infectious Disease Society of America (IDSA), Canadian Disease Society/Canadian Thoracic Society (CIDS/CTS) and the American Thoracic Society (ATS) convened and reached consensus on the antibiotic regimens that could be considered consistent with all four organizations' guidelines.

The following table lists the Pneumonia Antibiotic Consensus.

Non-ICU Patient	ICU Patient	Pseudomonal Risk
b-lactam) + macrolide Or Quinolone monotherapy Or b-lactam 3 + doxycycline	b-lactam + macrolide Or b-lactam + Quinolone Or If documented b-lactam allergy: Quinolone + Clindamycin Or Quinolone + Vancomycin)	In addition to the antibiotics listed under ICU, if the patient has a diagnosis of bronchiectasis, a positive response to the bronchiectasis question, or malnutrition (as reflected by a serum albumin below 3), the following antibiotics are acceptable: IV antipseudomonal b-lactam + IV antipseudomonal quinolone Or IV antipseudomonal b-lactam + IV aminoglycoside + IV antipseudomonal quinolone Or IV macrolide Or if documented b-lactam allergy: Aztreonam + aminoglycoside + Antipseudomonal quinolone

The following table lists LVHHN's preferred treatment choices.

LVHHN Non-ICU patient preferred treatment choice	LVHHN ICU patient preferred treatment choice	LVHHN Pseudomonal Risk preferred treatment choice
Third generation non-antipseudomonal cephalosporin (cefotaxime) in combination with a macrolide (azithromycin) Or tetracycline antibiotic (doxycycline) Or Quinolone monotherapy (levofloxacin)	If not at risk for Pseudomonas treat as for Non-ICU patient	Fourth generation antipseudomonal cephalosporin (cefepime) + antipseudomonal quinolone (levofloxacin)

Note: For specific guidance on antibiotic selection, please refer to the LVH antibiograms/antibiotic guide (located on the Intranet) developed in conjunction with published guidelines. *Update of Practice Guidelines for the Management of Community-Acquired Pneumonia in Immunocompetent Adults* is also available as a resource for your treatment decisions located under "Respiratory Tract Infections" on the antibiograms/antibiotic guide or at

<http://www.journals.uchicago.edu/CID/journal/issues/v37n11/32441/32441.web.pdf>

Dr. Luther Rhodes suggests this reference as your guide for antibiotic selection.

If you have any questions regarding this issue, please contact Jay H. Kaufman, MD, at pager (610) 776-5524, or Beth Karoly, MBA, RRT, at 610-402-1706.

Upcoming Seminars, Conferences and Meetings

GLVIPA Annual Membership Meeting

The Greater Lehigh Valley Independent Practice Association Annual Membership meeting will be held on Monday, **January 24, 2005 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.

Please remember that 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 a member of the Nominating Committee or call Eileen Hildenbrandt, Coordinator of the GLVIPA, at 610-402-7423.

Demos for HBI – LVHVN's Intranet Decision Support Tool

If you or someone on your staff would like more information on admissions, average patient age, average length of stay, mortality, specific diagnoses, treatments, counties, or other patient or practitioner information, then LVHVN's Intranet decision support tool – Horizon Business Insight (HBI) – may be your answer.

HBI is:

- “ easy to use and provides data security
- “ easy to “slice and dice” data the way you want to see it
- “ easy to distribute to diverse individuals and locations
- “ accepts data from most sources (like Access and Excel)

To learn more about HBI, drop in to one of the ongoing 10-minute sessions scheduled in January as follows:

Cedar Crest & I-78 – Presidents' Room (adjacent to the Auditorium)

- “ Thursday, January 13, 10 a.m. to 2 p.m.
- “ Tuesday, January 18, 10 a.m. to 2 p.m.

LVH-Muhlenberg – Computer Training Room (across from the Gift Shop)

- “ Tuesday, January 11, 10 a.m. to 2 p.m.

For more information, please contact Sandy Sopko, I/S Systems Analyst, at 610-402-1423, or Staci Kaczmarczyk, I/S Supervisor, at 610-402-1450.

Geriatric Trauma Education Conference

The Geriatric Trauma Education Conference for January will be held at noon on Wednesday, January 5, in Classroom 1, located on the first floor of the Anderson Wing at Lehigh Valley Hospital, Cedar Crest & I-78.

“Spirituality and the Elderly” will be presented by Barbara Rutt, RN, MDiv, Manager, Pastoral Care.

For more information, please contact Robert D. Barraco, MD, MPH, Division of Trauma-Surgical Critical Care/General Surgery, at pager 610-402-5100 1651.

Family Medicine Grand Rounds

Family Medicine Grand Rounds are held the first Tuesday of every month from 7 to 8 a.m., in the Educational Conference Room #1, and Lehigh Valley Hospital, Cedar Crest & I-78, unless otherwise noted. Upcoming topics include:

- “ January 4 – “Disorders of the Female Reproductive System”
- “ February 1 – “Infectious Disease Update for Family Medicine”
- “ March 8 – “Integrating Mindfulness Based Stress Reduction into the Primary Care Setting” (Please note that this session will take place on the second Tuesday of the month)

For more information, please contact Staci Smith in the Department of Family Medicine 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 to be discussed in January will include:

- “ January 4 – “Update in Critical Care Medicine”
- “ January 11 – “Update on the Treatment of Psoriasis”
- “ January 18 – “Neuromuscular Center and Diseases”
- “ January 25 – “Celiac Disease – What the Internist Needs to Know”

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

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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 7 – OB/GYN Tumor Board
- “ January 14 – “Evidence at the Point of Care Using the Internet”
- “ January 21 – No Grand Rounds – CREOG In-training Exam being administered
- “ January 28 – “New Developments in Management of Endometrial, Cervical and Recurrent/Persistent Ovarian Cancer”

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

Department of Pediatrics

The Department of Pediatrics holds conferences every Tuesday beginning at 8 a.m., in the Educational Conference Room #1 at Lehigh Valley Hospital, Cedar Crest & I-78, unless otherwise noted. Topics to be discussed in January will include:

- “ January 4 – No Conference
- “ January 11 – “Respiratory Viruses: Rapid Testing and Cultures”
- “ January 18 – “Influenza Update 2004-05”
- “ January 25 – Case Conference

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

Psychiatry Grand Rounds

The next Department of Psychiatry Grand Rounds will be held on Thursday, January 27, beginning at noon in Conference Rooms 1 and 2 of the Banko Family Center on the LVH-Muhlenberg campus. The topic of discussion will be “Essentials of Psychopharmacology.”

For more information, please contact Natalie Kern in the Department of Psychiatry at 610-402-5713.

The Schwartz Center Rounds

In an effort to recognize and support the emotional labor done by clinical caregivers, the Department of Medicine will introduce the Schwartz Center Rounds to Lehigh Valley Hospital in February. The first topic to be discussed will be “Caring for a Colleague,” which will be presented on Tuesday, February 1, 2005, beginning at noon, in the Auditorium at Cedar Crest & I-78.

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

Surgical Grand Rounds

Surgical Grand Rounds are held every Tuesday, beginning 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 for January will include:

- “ January 4 – No Grand Rounds
- “ January 11 – “Random Cosmetic Surgery Stuff”
- “ January 18 – “Critical Appraisal Made Easy”
- “ January 25 – “The Use of 3% NS to Achieve Hypernatremic Therapy”

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

News from the Libraries



Recently Acquired Publications

Library at Cedar Crest & I-78

- “ Fazio. Current Therapy in Colon and Rectal Surgery. 2004
- “ Yang. Current Therapy in Thoracic and Cardiovascular Surgery. 2004

Library at 17th & Chew

- “ South-Paul. Current Diagnosis & Treatment in Family Medicine. 2004

Library at LVH-Muhlenberg

- “ Brunicardi. Schwartz's Principles of Surgery. 2005
- “ Tierney. Current Medical Diagnosis & Treatment. 2005

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.

Congratulations!



Margaret L. Hoffman-Terry, MD, Division of Infectious Diseases, was recently elected to a two-year term as the Officer at Large for the Executive Committee of the American Academy of HIV Medicine. The six executive committee officers are charged with governing the Academy, which is the largest

independent organization of HIV specialists representing 2,000 HIV specialists providing direct patient care to over 340,000 patients. Dr. Hoffman-Terry was also appointed to chair the academic workshop and nominating committees of the Academy.



Indru T. Khubchandani, MD, Division of Colon and Rectal Surgery, has been appointed as one of the 15 International Honorary Members of the new born Italian Society of Colon and Rectal Surgeons, recently established from the preceding Italian Society of Coloproctology.

Each honorary member is requested to publish a new article in turn, every month, on the Society's website – <http://www.siccr.org>.



Larry N. Merkle, MD, Chief, Division of Endocrinology, received the Laureate Award from the Pennsylvania Chapter of the American College of Physicians on December 4. This award is given annually by the College to a physician who has demonstrated by their example and conduct an abiding commitment to excellence in medical care, education, research, and service to their community.



Alexander D. Rae-Grant, MD, Past President of the Medical Staff and member of the Division of Neurology, was the recipient of the 2004 Health Care Practitioner of the Year Award presented by the Delaware Valley Multiple Sclerosis Society. The presentation was made at the Society's annual meeting on November 17 in Philadelphia.



Patrice M. Weiss, MD, Vice Chair of Education and Research and Residency Program Director, Department of Obstetrics and Gynecology, was named to the District III Advisory Council by the District III Chair-elect of the American College of Obstetricians and Gynecologists. Dr. Weiss will serve as the Junior Fellow Advisor for the District.

Papers, Publications and Presentations

Joanne Cohen-Katz, PhD, psychologist, Department of Family Medicine; **Susan D. Wiley, MD**, Vice Chair, Department of Psychiatry; **Terry A. Capuano, MSN, MBA**, Senior Vice President, Clinical Services; and **Debra Baker**, Research Assistant, Department of Family Medicine, are co-authors of an article – “The Effects of Mindfulness-based Stress Reduction on Nurse Stress and Burnout: A Quantitative and Qualitative Study” – which was published in the November/December 2004 issue of *Holistic Nursing Practice*. This article is the first of a three-part series.

Margaret L. Hoffman-Terry, MD, Division of Infectious Diseases, authored seven review articles from the 44th Interscience Conference on Antimicrobial Agents and Chemotherapeutics held October 30 to November 2 in Washington, DC. The articles are posted at TheBodyPro.com.

Thomas D. Meade, MD, Division of Orthopedic Surgery, Section of Ortho Trauma, was recently an invited instructor at the American Academy of Orthopedic Surgery Learning Center to demonstrate the newest techniques in anterior cruciate ligament construction using both allograft and quadruple hamstring through minimally invasive arthroscopy approach. Over 70 surgeons from around the country attended the instruction cadaver course.

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



Dorna E. Armbrister, MD
Armbrister Family Medical Services, PC
1014-1016 S. Fifth Street
Allentown, PA 18103-3356
(610) 433-0680
Fax: (610) 433-0681
Department of Family Medicine
Provisional Active



Rory L. Marraccini, MD
LVPG-Psychiatry
1251 S. Cedar Crest Blvd., Suite 202A
Allentown, PA 18103-6214
(610) 402-5766
Fax: (610) 402-5763
Department of Psychiatry
Division of Consultation-Liaison
Psychiatry
Provisional Active



Kweku A. Hayford, MD
LVPG-Hospitalist
1240 S. Cedar Crest Blvd., Suite 412
Allentown, PA 18103-6218
(610) 402-5369
Fax: (610) 402-5959
Department of Medicine
Division of General Internal Medicine
Provisional Active



Mayra I. Mendoza, MD
ABW Pediatric Associates
2223 Linden Street
Bethlehem, PA 18017-4806
(610) 866-2277
Fax: (610) 866-8352
Department of Pediatrics
Division of General Pediatrics
Provisional Active



Susan L. Krieg, MD
LVPG-Emergency Medicine
Lehigh Valley Hospital
Cedar Crest & I-78, P.O. Box 689
Allentown, PA 18105-1556
(610) 402-8111
Fax: (610) 402-4546
Department of Emergency Medicine
Division of Emergency Medicine
Provisional Active



Ryan L. Tenzer, MD
LVPG-Emergency Medicine
Lehigh Valley Hospital
Cedar Crest & I-78, P.O. Box 689
Allentown, PA 18105-1556
(610) 402-8111
Fax: (610) 402-4546
Department of Emergency Medicine
Division of Emergency Medicine
Provisional Active



Nancy R. Lembo, DO
Northeastern Rehabilitation Associates PC
Park Plaza
3400 Bath Pike, Suite 400
Bethlehem, PA 18017-2466
(610) 954-9400
Fax: (610) 954-0333
Department of Medicine
Division of Physical Medicine-
Rehabilitation
Provisional Associate



Stanley A. Yevelson, DO
Yevelson Internal Medicine, PC
65 E. Elizabeth Avenue, Suite 514
Bethlehem, PA 18018-6515
(610) 954-5575
Fax: (610) 954-9660
Department of Medicine
Division of General Internal Medicine
Provisional Active

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Status Changes

Meinardo R. Santos, Jr., DPM

Department of Surgery
Division of Podiatric Surgery
From: Provisional Active To: Affiliate

Daniel Q. Yeager, MD

Department of Medicine
Division of Physical Medicine-Rehabilitation
From: Provisional Active To: Associate

Changes of Address

Pleasant Valley Family Practice

Jonathan J. Burke, DO

Lori E. Erschen, DO

12 Kevin Lane
Brodheads ville, PA 18322-9731
(570) 992-7620 Fax: (570) 992-9884

Vu Nguyen, DO

Valley Family Care, PC
1150 Glenlivet Drive, Suite B-27
Allentown, PA 18106-3112
(610) 366-7404 Fax: (610) 366-7405

Practice Changes

Ardeth L. Copeland, MD

(No longer in practice with Eric Schoeppner, MD)
LVPG-Hospitalist
1240 S. Cedar Crest Blvd., Suite 412
Allentown, PA 18103-6218
(610) 402-5369 Fax: (610) 402-5959

James G. Gallagher, MD

Luis A. Tejada, MD

(No longer with Valley Cardiology Associates, Inc.)
Advanced Cardiac Care, L.L.C.
1107 Eaton Avenue, Suite F
Bethlehem, PA 18018-1862
(610) 954-5490 Fax: (610) 954-5427

Daniel M. Rappaport, MD

(No longer part of Mishkin, Shore, Urankar & Nichols)
(Now in solo practice)
3321 Chestnut Street
Whitehall, PA 18052-7498
(610) 262-7123 Fax: (610) 262-1189

Practice Name Change

Bath Primary Care is changing its name to
Northern Valley Primary Care

Iftikhar Ahmad, MD

Iqbal Sorathia, MD

6649 Chrisphalt Drive, Suite 101
Bath, PA 18014-8500
(610) 837-6614 Fax: (610) 837-2632

One-Year Leave of Absence

John A. Kibelstis, MD

Department of Medicine
Division of Pulmonary/Critical Care Medicine

Resignations

Craig A. Alter, MD

Department of Pediatrics
Division of Pediatric Subspecialties
Section of Endocrinology

Alan S. Brau, MD

Department of Medicine
Division of Pulmonary

Lisa S. Bunin, MD

Department of Surgery
Division of Ophthalmology

Harvey S. Cheng, MD

Department of Surgery
Division of Ophthalmology

David A. Gordon, MD

Department of Surgery
Division of Cardio-Thoracic Surgery
Section of Thoracic Surgery

Steven J. Kanoff, MD

Department of Surgery
Division of Ophthalmology

Andrew S. Kimmel, MD

Department of Surgery
Division of Ophthalmology

John S. Kintzer, Jr., MD

Department of Medicine
Division of Pulmonary

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Robert A. Kitei, MD
Department of Surgery
Division of Ophthalmology
Continued from Page 14

William J. Kitei, MD
Department of Surgery
Division of Ophthalmology

Stanley J. Kurek, Jr., DO
Department of Surgery
Division of Trauma-Surgical Critical Care/General Surgery
Section of Burn/Pediatric Trauma

Gerald F. Lowman, MD
Department of Medicine
Division of Pulmonary

Joel D. Portnoy, MD
Department of Pediatrics
Division of Critical Care Medicine

Andrew S. Potash, MD
Department of Medicine
Division of Cardiology

John J. Ryan, MD
Department of Medicine
Division of Pulmonary

Eugene M. Saravitz, MD
Department of Surgery
Division of Ophthalmology

Julie W. Stern, MD
Department of Pediatrics
Division of Pediatric Subspecialties
Section of Hematology-Medical Oncology

Louis Sweterlitsch III, MD
Department of Surgery
Division of Ophthalmology

Garry J. Thomas, MD
Department of Surgery
Division of Ophthalmology

Kenneth H. Wildrick, MD
Department of Medicine
Division of Pulmonary

Allied Health Staff

New Appointments

Geoffrey P. Carlson, PA-C
Physician Assistant-Certified
(MacArthur Medical Center – Larry W. Todd, DO)

Heather A. Hausman, PA-C
Physician Assistant-Certified
(The Heart Care Group, PC – Paul Gulotta, MD)

Randi L. Kluemper, PA-C
Physician Assistant-Certified
(Orthopaedic Associates of Allentown – Patrick J. McDaid, MD)

Ann C. Lushis, CRNP
Certified Registered Nurse Practitioner
(Lehigh Internal Medicine Associates – Thomas V. Brislin, DO)

Krista M. Rimmel, PA-C
Physician Assistant-Certified
(Lehigh Neurology – John E. Castaldo, MD)

Change of Supervising Physician

Jennifer D. Morrison, PA-C
Physician Assistant-Certified
(Muhlenberg Behavioral Health)
From: Helen Voinov, MD
To: David L. Schwendeman, MD

Resignations

Elizabeth A. Conroy, CRNA
Certified Registered Nurse Anesthetist
(Lehigh Valley Anesthesia Services, PC)

Theresa A. Kamus-Kelly, CRNA
Certified Registered Nurse Anesthetist
(Lehigh Valley Anesthesia Services, PC)

Same Names Cause Confusion

When ordering a consult or paging a physician who has the same last name as other physicians, please be specific by identifying the physician by **first and last name**. Examples: Dr. Brislin – Kenneth or Thomas; Dr. Murphy – Brian or Robert; Dr. Miller – Brian, Gerald, Kerry, Robert or William, etc.

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

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President, Medical Staff

Linda L. Lapos, MD
President-elect, Medical Staff

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

John W. Hart
Vice President, Medical Staff Services

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

Medical Executive Committee

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Elizabeth A. Dellers, MD
Michael Ehrig, MD
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Larry R. Glazerman, MD
L. Wayne Hess, MD
Herbert C. Hoover, Jr., MD
Ravindra R. Kandula, MD
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Michael W. Kaufmann, MD
Sophia C. Kladias, DMD
Richard A. Kolesky, MD
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Alexander D. Rae-Grant, MD
Victor R. Risch, MD, PhD
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Michael Scarlato, 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
Matthew J. Winas, DO

We're on the Web!

***If you have access to the Lehigh
Valley Hospital intranet, you can
find us on the LVH homepage under
Departments — Non-Clinical
“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.