

Medical Staff PROGRESS NOTES



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From the President



The time has come to take the final steps in achieving Universal CAPOE. This effort will continue to improve patient safety and allow us to eventually remove the paper order sheets.

What does Universal CAPOE mean? All orders that **CAN** be entered electronically using CAPOE, **WILL** be entered using CAPOE. We are expecting to achieve an overall utilization rate of >90%.

The CAPOE system has been shown to reduce potential adverse events at LVH, and computer physician order entry systems have been proven to reduce errors at a national level. Since the first unit – TTU – went live in June of 2001, we have worked hard to bring all the inpatient

units on-line and enhance the system in the subsequent years. Overall, utilization has been quite impressive, currently approximately 82%. This achievement is remarkable for an academic community hospital with so many private practice physicians. There are only a handful of hospitals in the nation that have accomplished this, and I applaud your efforts.

Over the past six months, I have been meeting with the various Departments and Divisions to address questions and concerns regarding Universal CAPOE. The following are answers to the most common questions that I have been asked.

What if I need more training or support?

If you have not been trained, or have been trained and need a refresher course, please contact Sherry Oels at 610-402-1703 to arrange a time to meet with the CAPOE Educators.

What if I have a question while I am making rounds?

We will continue the 24/7 support for CAPOE users that we have had in place for several years. You can directly page

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someone from the CAPOE team by calling 610-402-8303 and choosing option #9. This will bypass the Information Services Customer Support line, and you should receive a call back quickly. From January through March, there will be added support on the units. CAPOE Triage staff will be roaming the halls to answer questions during peak rounding times Monday through Friday, and Saturday mornings. You will recognize them by their **BLUE VESTS**. If they are unable to answer your questions, they will call a CAPOE Expert who can provide immediate help. (See the accompanying article for more details.)

What about verbal and telephone orders?

There will always be situations in which verbal and telephone orders are appropriate. Resuscitations and code situations will continue to be documented on paper. If a physician is scrubbed for a procedure or in the Operating Room and must give an order, telephone orders are appropriate. It will not be appropriate to call in an entire set of admission orders, or to call one nursing unit from another unit for convenience.

I do my pre-op (pre-procedure) orders in my office ahead of time. What should I do?

Pre-op or pre-procedure orders that are completed ahead of time on paper will remain on paper for now. Those orders will be excluded from the CAPOE compliance statistics.

Will TPN be available in the computer?

We are in the process of implementing a web-based TPN ordering system. The system will provide templated TPN orders and decision-support to aid in determining the ingredients and amounts. The system will be available from the "Physician Resources" webpage, accessed through the Resources tab in Last-Word.

There are certain orders that I cannot figure out how to do in CAPOE. What should I do?

As I have mentioned in previous issues of **Medical Staff Progress Notes**, please forward any ideas about difficult orders to me through email or the CAPOE Web feedback form (also available through

the Physician Resources webpage). For orders that do not contain medication orders, the "Communication to Nurse" order is an alternative. For medication orders, a call to Pharmacy will often reveal a solution. The Pharmacists can usually answer your questions and provide guidelines and tips regarding complicated orders.

Will the CAPOE Compliance Trip Drawings continue?

For now, the drawings will continue monthly through calendar year 2006. We are aiming for overall compliance of >90%. Consequently, the threshold to be entered into the drawing will increase to 70% in January and will increase every two months thereafter. Because the number of physicians that qualify has increased so dramatically, the drawings will be held via a random computerized drawing and winners will be notified.

Winners for the past several months include:

July - **Anthony P. Buonnano, MD**,

Division of General Internal Medicine

August - **Glenn A. Mackin, MD**

Division of Neurology

September - **Alan Berger, MD**

Division of Vascular Surgery

October - **Basil S. Ahmed, MD**

Division of Hematology-Medical Oncology

November - **David J. Meehan, MD**

Division of General Pediatrics

There are orders in the system that are listed under my name that I did not put in. How does that happen?

Handwritten orders with illegible signatures should be entered under the name of "PaperChart User" to avoid misattribution of the person actually responsible for the order. As the number of handwritten orders decreases, this will become less of a problem.

What is going to happen to the paper order sheets?

The paper order sheets will remain on the charts for the next few months. Nursing is being trained to perform full computer order entry. When this training is

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complete, the nurses will be able to enter verbal/telephone orders directly into the system, and this will essentially eliminate the need for the paper order sheets. Once this is achieved, the paper order sheets will be removed from the charts.

What happens if my compliance numbers are not high enough? How will Universal CAPOE be enforced?

The CAPOE enforcement plan was endorsed by the Chairs/Troika group in November and approved by the Medical Executive Committee in December. Ultimately, prolonged non-compliance will result in suspension and potential termination of Medical Staff privileges. The plan for enforcement of Universal CAPOE is based on the Medical Staff medical records completion policies. Key points are as follows:

- ... The Chairs will receive the compliance data for their department members each month, beginning in January, 2006.

- ... During January and February, the Chairs will contact physicians with low compliance and review potential issues and training/support options.
- ... Those physicians with continued low compliance will be given a warning letter in April. A final warning letter will be sent in June.
- ... Continued non-compliance will result in suspension of privileges – the first suspension will be for seven days; continued non-compliance will result in a 14-day suspension. Continued non-compliance would then result in a recommendation to the Medical Executive Committee for termination of privileges.

Please discuss any questions or concerns with your Department Chair or contact me at pager 610-402-5100 7481.

Don

Donald L. Levick, MD, MBA
Medical Staff President

Who are those people in the Blue Vests? Support for Universal CAPOE

Beginning January, 2006, Universal CAPOE will be in effect at LVH – “All orders that can be entered electronically will be entered electronically.” Overall utilization is greater than 80% and the Medical Staff deserves congratulations for achieving this goal.

To facilitate the success of Universal CAPOE, you will notice an increased number of support staff circulating through the units at LVH-Cedar Crest and LVH-Muhlenberg during the first several months of the year. The “CAPOE Triage Support” team will be easily recognized by their **BLUE VESTS** and will provide support for CAPOE-related questions. The team will circulate through the units during peak rounding times, Monday through Friday and Saturday mornings. During these times, there will be a bank of “CAPOE Experts” manning phones to answer questions that the Triage Team cannot handle or if you cannot find a Triage person to ask.

You can reach the CAPOE Experts using the same number we have always used – 610-402-8303, option #9. Please remember to put in all seven digits of the hospital unit phone number (since the prefixes are different between the various sites). When the phones are not directly manned, the CAPOE on-call person will be paged and will call back.



Christina Roberts (left) and Anna Macdonald, System Analysts, Information Services, are shown wearing the Blue Vests as members of the CAPOE Triage Support Staff.

News from Health Information Management

Electronic Historical Medical Record (EHMR) Upgrade – January 27-31, 2006

New Features:

- ... All new hardware and technology , providing faster access
- ... Color coded deficiencies
- ... Ability to edit dictated reports prior to signing

Schedule of Events:

- ... 1/25/06 - Last date of discharges and transcription available in EHMR (current records available by calling HIM at 610-402-3876. Transcription will be available in LastWord
- ... 1/27/06- 1/30/06 – Access to EHMR will be in “read only” mode
- ... 1/27/06-1/30/06 – Physicians will not be able to complete deficiencies in EHMR
- ... 1/27/06 -1/30/06 – HIM will be overstaffed to process records discharged during system “read only” mode
- ... 1/30/06 – Upgraded EHMR will be available

Training

- ... Computers with headphones will be set up in the physician lounges at Cedar Crest & I-78 and LVH-Muhlenberg for physician training
- ... HIM is in the process of developing a website tutorial for training at your convenience
- ... Instruction cards will be distributed
- ... HIM Department at Cedar Crest & I-78 and LVH-Muhlenberg have a working test system for the EHMR upgrade if you are available
 - Cedar Crest & I-78/17th & Chew:*
call 610-402-8049 to schedule time
 - LVH-Muhlenberg:*
call 484-884-2205 to schedule time

Go Live Assistance

- 1/30/06-2/3/06 from 7:30 a.m. – 4 p.m.
- ... Cedar Crest & I-78 and LVH-Muhlenberg HIM Departments
 - ... Cedar Crest & I-78 and LVH-Muhlenberg physician lounges
 - ... 17th & Chew - on call for assistance

If you have any questions regarding this issue, please contact Susan Cassium, Director, Health Information Management, at 610-402-3864.

History and Physical Update

Regulatory agencies (Joint Commission on Accreditation of Hospitals and Medicare Conditions of Participation) require that histories and physicals must be updated if done prior to admission and ambulatory/outpatient procedure as follows:

- ... Histories and physicals *may be performed up to 30 days* prior to admission and ambulatory/outpatient procedures.
- ... Histories and physicals performed prior to the day of admission or prior to ambulatory/outpatient procedures *must be updated within 24 hours of admission*.

Alerts for Physicians/Clinicians:

- ... History and physical forms (inpatient and ambulatory/outpatient) include an update section at the bottom of the last page of the forms.
- ... Transcribed histories and physicals include an update section at the bottom of the last page of the form.
- ... Patient Access/Patient Intake
 - È For elective admissions, Centralized Document Processing (CDP) will stamp “History and Physical Update” on histories and physicals that meet the 30 day requirement and require an update.
 - È Operative/Invasive Procedure suites will stamp “History and Physical Update” on history and physicals that meet the 30-day requirement and require an update.

Histories and physicals that do not meet the 30-day and update requirement will become a medical record deficiency following patient discharge.

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Telephone/Verbal Orders

According to Pennsylvania Department of Health Licensure guidelines and Medical Staff Rules and Regulations, telephone/verbal orders must be signed with 24 hours. Data obtained from CAPOE as well as paper orders show that a large number of telephone/verbal orders are not signed. The Medical Record Committee recommends that physicians:

- ... Observe that every time CAPOE is accessed, an alert appears in the lower right hand corner for telephone/verbal orders that are unsigned. Orders may be signed upon accessing the system.
- ... To sign orders, click on "You have Orders to Sign."
- ... If additional training is required, contact Information Services at 610-402-1703.

Discharge Summary Requirements

Discharge summaries should be dictated at the time of discharge. Discharge summaries are faxed to the attending, family and primary care physicians as soon as the report is transcribed to assure continuity of care and follow-up. Discharge summaries also assist clinicians in quickly assessing historical data from previous admissions. Summaries should be concise and contain pertinent information to quickly recapitulate the patient's:

- ... Final Diagnosis
- ... Secondary Diagnoses
- ... Procedures
- ... Reason for hospitalization
- ... Treatment rendered
- ... Significant findings
- ... Condition on discharge
- ... Specific instructions to patient and/or family (meds, diet, activity, follow-up)

Unapproved Abbreviations

The unacceptable list of abbreviations/dose expressions designate those abbreviations/dose expressions that may present a risk of interpretation, which could result in error and jeopardize patient safety. It applies to orders and medication-related documentation that are handwritten (including free-text computer entry) or on preprinted forms.

Do Not Use Abbreviation	Potential Problem	Preferred Term
U (unit)	Mistaken for "0" (zero), the number "4" (four) or "cc"	Write "unit"
IU (international unit)	Mistaken as IV (intravenous) or the number 10 (ten)	Write "International Unit"
Q.D., QD, q.d., qd (daily) Q.O.D., QOD, q.o.d., qod (every other day)	Mistaken for each other Period after the Q mistaken for "I" and the "O" mistaken for an "I"	Write "daily" Write "every other day"
Trailing Zero (X.0 mg) Lack of Leading Zero (.X mg)	Decimal point is missed	Write X mg Write 0.X mg
MS MSO4 and MgSO4	Can mean morphine sulfate or magnesium sulfate Confused for one another	Write "morphine sulfate" Write "magnesium sulfate"

The most commonly used unapproved abbreviation is *q.d.* and should be written out in its entirety...*daily*. On the following key documents, the list of unapproved abbreviations is listed at the top form. Please review the abbreviations prior to documenting medications:

- ... Paper physician orders
- ... Progress Notes
- ... Discharge/Transfer Orders
- ... History and Physical
- ... Ambulatory History and Physical

If you have any questions regarding this issue, please contact Zelda Greene, Administrator, Health Information Management at 610-402-8330.

Alert!!! For All Practitioners with Moderate Sedation Privileges

All members of the Medical Staff who have Moderate Sedation privileges at Lehigh Valley Hospital and Lehigh Valley Hospital-Muhlenberg will be required to successfully complete the on-line Medical Staff approved **sedation information program and on-line examination**. This requirement was initially established with the inception of moderate sedation criteria in 2003 and **is mandatory for continuation and maintenance of moderate sedation privileges**. The completion of this program is a requirement for the 2006 Reappointment to the Medical Staff.

The sedation information program and on-line examination currently resides on the LVHHN intranet under de'Medici and will be available for use on January 3, 2006. This program resides at <http://www.lvh.com>. On the right side of the homepage under "Hot Sites," click

on de'Medici Online Training. Enter your user number and proceed with completing the program. Medical Staff Services will be notified of your successful completion of the program. If you have any questions regarding this issue, please contact Kathy Schaeffer (610-402-7846) or Ruth Davis (610-402-8975) in Medical Staff Services.

In addition, current life support certification (NRP, NALS, ACLS, PALS, APLS or ATLS as appropriate for patient practice population) is a requirement. If your certification is in jeopardy of expiring before June 30, 2006, please make appropriate arrangements for renewal. For current life support course offerings, please call the Emergency Medicine Institute (EMI) at 610-402-7080.

Changes to the Current Death Certificate

The Commonwealth of Pennsylvania, Department of Health and Division of Vital Statistics has implemented a **revised** Certificate of Death. Effective **January 1, 2006**, the following has been added:

... **NEW - Item 28. Did Tobacco Use Contribute to Death?**

Source of Information: Certifier (either the certifying physician or coroner)

Instructions

Check "Yes" if, in the physician's (or other certifier's) opinion, any use of tobacco or tobacco exposure contributed to this particular death. For example, tobacco use may contribute to deaths due to emphysema or lung cancer. Tobacco use may contribute to some heart disease and cancers of the head and neck. Tobacco use should also be reported in deaths due to fires started by smoking. Check "No" if, in the physician's (or other certifier's opinion), the use of tobacco did not contribute to death. Check "Probably" if, in the certifier's opinion, the use of tobacco probably contributed to death.

... **NEW –Item 29. If female, was the Decedent Pregnant at Time of Death or Within the Past Year?** Source of Information: Certifier (either the certifying physician or coroner).

Instructions

If the decedent is a female aged 10 through 54, check the appropriate box in item 29. If the decedent is less than 10 years of age and older than 54 and meets one of these categories, call 1-800-323-9613, press 0 for the receptionist and ask to speak to one of the field consultants for instructions. It is important to collect pregnancy information for every female, even if pregnancy was not directly related to death.

All other sections remain unchanged and **SHOULD NOT** be completed, with the exception of sections 23 through 26 by the pronouncing doctor, and section 27 through 34 by the certifying physician or coroner. **Remember, if the death is other than by natural causes, i.e. as a result of trauma, related to a fall, motor vehicle accident, suicide, etc., these are Coroner cases.**

If you have any questions regarding this issue, please contact Georgene Saliba, Administrator, Risk Management, at 610-402-3005.

Radiology News

Contrast Media Induced Renal Failure

It is important to identify patients who are at risk for contrast media induced renal failure. Risk factors have been identified which may predispose patients to develop contrast nephrotoxicity. In such patients, baseline blood urea nitrogen and creatinine should be obtained. It is also important to insure that all patients are well hydrated, before and after the contrast examination. Low osmolality contrast materials (LOCM) are generally less nephrotoxic than high osmolality contrast material in patients with underlying renal insufficiency. Lehigh Valley Hospital and Health Network uses 100% LOCM.

The following is a list of risk factors for contrast nephrotoxicity where a baseline BUN and creatinine is required:

- ... Greater than 70 years of age
- ... Personal history of renal disease
- ... Family history of renal disease
- ... Diabetes
- ... Multiple myeloma or other paraproteinemia syndrome
- ... Nephrotoxic drugs
- ... Collagen vascular disease
- ... Cardiovascular disease
- ... Hypertension
- ... Hyperuricemia
- ... Dehydration

If you have any questions regarding this issue, please contact Howard D. Rosenberg, MD, Chief of Performance Improvement for Radiology, at 610-402-0390.

What is a “Swallow Study?”

Diagnostic assessments of oral, pharyngeal, and esophageal dysphagia come in many forms. Following are the various swallow studies available along with a description to differentiate the focus of each test.

Clinical Bedside Swallow Evaluation: This is a clinical swallowing evaluation performed at the bedside by a speech pathologist using various consistencies of food and liquids to determine the safest appropriate diet level and to evaluate the risk of aspiration.

- ... Order as *Swallow Eval/Rx Bedside (No X-Ray)* on CAPOE/LastWord under PT, OT, Speech orders

Videofluoroscopy/Video Swallow Study/Modified Barium Swallow Study/Video Barium Swallow Study: These all refer to a swallowing evaluation performed in radiology in coordination with a speech pathologist and radiologist to formally assess the oral and pharyngeal stages of swallowing using various consistencies of food and liquids.

- ... Order as *Video Swallow Study with Speech* on CAPOE/LastWord under imaging orders

Esophagram/Barium Swallow: This is a formal assessment of the esophagus using liquid barium only (no food) performed in radiology by a radiologist. The patient needs to be NPO.

- ... Order as *Esophagram* on CAPOE/LastWord under imaging orders

Upper GI: This is a formal assessment to visualize and assess the function of the esophagus, stomach, and duodenum using liquid barium. The patient needs to be NPO.

- ... Order as *UGI Series* on CAPOE/LastWord under imaging orders

If you have any questions regarding this issue, please contact April Rose, Speech Pathologist, at pager 610-402-5100 3283.

Documentation Tip of the Month

The latest edition of **Coding Clinic** indicates coders will now need to query physicians if they do not document either what caused rectal bleeding in patients undergoing EGD's, sigmoidoscopies, and colonoscopies or document that the cause of the bleeding is unknown or not related to the findings on exam. The physician needs to establish a causal relationship between the rectal bleeding and hemorrhoids, gastritis, duodenitis, esophagitis, diverticulosis, or any other endoscopy finding.

Rapid Response Team

On February 14, Lehigh Valley Hospital and Health Network will begin implementing a Rapid Response Team (RRT) at Cedar Crest & I-78 in the medical/surgical units.

What is an RRT?

A Rapid Response Team is a team of clinicians who bring expertise to the patient's bedside. The goal is to decrease mortality rates in the patient deteriorating outside the intensive care setting.

Why Implement an RRT at LVHNN?

Part of the Institute for Healthcare Improvement's 100k Lives Campaign Studies show that:

- ... 70% of arrests showed evidence of respiratory/neurological deterioration within eight hours of arrest
- ... 66% of patients show abnormal signs and symptoms within six hours of arrest and physician is notified in only 25% of cases
- ... There is a decrease in mortality after implementation of RRTs
- ... There is a decrease in number of code blues called outside the ICU after implementation of RRTs

RRT Team at LVH Available 24/7

The RRT is a Response Team that is made up of a critical care nurse, respiratory therapist, in-house physician, primary nurse, primary service physician, and family members (when present) who may remain with loved ones.

Criteria for Calling the RRT

- ... Acute change in respiratory status
- ... Acute change in heart rate
- ... Acute change in blood pressure
- ... Acute neurological change
- ... New or recurring chest pain
- ... Acute or uncontrolled pain
- ... Other:
 - Staff concern--patient doesn't look right
 - Suicide attempt
 - Unexplained agitation

Who Can Initiate the RRT?

Presently, the RN at the bedside initiates the RRT. The primary nurse caring for the patient knows something is wrong and initiates the team.

How is the RRT Activated?

The RN at the bedside will call 610-402-5100 1199 to page

the RRT and Primary Service physician. The primary nurse will state the reason for the call, state the unit and room number, and provide the RN's phone number.

RRT Process

- ... The RRT arrives at the patient bedside
- ... The RRT assesses, treats, and transfers (if warranted) the patient to the ICU setting
- ... Primary Service involved throughout the process
- ... Team completes debriefing session following the response

RRT education and communication will be completed in January for RRT members and for the hospital staff.

If you have any questions regarding the Rapid Response Team, please contact Beth Karoly in Care Management at 610-402-1706.

Rapid Response Development Team

Physicians

- ... Mark D. Cipolle, MD, PhD, Chief, Section of Trauma Research
- ... Richard S. MacKenzie, MD, Vice Chair, Department of Emergency Medicine
- ... Stephen C. Matchett, MD, Medical Critical Care Director
- ... Michael J. Pistoria, DO, Associate Program Director, Internal Medicine Residency Program

Clinical Services

- ... Gwen A. Bednarz, RN, MSN, Director, Patient Care Services
- ... Rita Bendekovits, RN, MSN, Quality Manager, Patient Care Services
- ... Joanna Bokovoy, RN, DrPH, Director, Healthcare Research
- ... Terry A. Capuano, RN, MSN, MBA, Senior Vice President, Clinical Services
- ... Stephanie Genovese, RRT, Clinical Coordinator, Respiratory Care
- ... LaDene M. Gross, RN, MEd, Education Specialist
- ... Elizabeth Karoly, MBA, RRT, Senior Clinical Information Analyst, Care Management
- ... Maryann Krobath, RN, BSN, MHA, PCC/Supervisor
- ... Georgianne Morgan, RN, Director, Patient Care Services
- ... Steve Pyne, RRT, BS, Clinical Coordinator, Respiratory Care
- ... Anne S. Rabert, RN, MHSA, Director, Patient Care Services
- ... Molly Sebastian, RN, MSN, Administrator, Medical-Surgical/Trauma/Oncology
- ... Holly D. Taviani, RN, BHSA, Director, Patient Care Services

Congratulations!



Johnny Chung, MD, Division of Plastic Surgery, was recently notified that he successfully completed the Oral Examination given by the American Board of Plastic Surgery and is now a Diplomate of the Board. Dr. Chung, who completed his Surgery and Plastic Surgery residencies at Lehigh Valley Hospital, was recently appointed to the Medical Staff. He is in practice with Aesthetic Surgery Associates.



On December 3, **John P. Fitzgibbons, MD**, Chair, Department of Medicine, received the Laureate Award from the Pennsylvania Chapter of the American College of Physicians at a reception and awards dinner held in Hershey, Pa. The award honors College Fellows and Masters who have demonstrated, by their example and conduct, an abiding commitment to excellence in medical care, education and research, and provided service to their community and the College. Dr. Fitzgibbons has been a member of the Medical Staff since April, 1988.



Edward R. Norris, MD, Section of Consultation-Liaison Psychiatry, was elected to the status of Fellow by the Academy of Psychosomatic Medicine during the annual meeting held on November 19, in Albuquerque, New Mexico. Dr. Norris, who has been a member of the Medical Staff since September, 2003, is in practice with LVPG-Psychiatry.



David S. Warsaw, DO, Division of Plastic Surgery, was recently notified that he successfully completed the Oral Examination given by the American Board of Plastic Surgery and is now a Diplomate of the Board. Dr. Warsaw has been a member of the Medical Staff since August, 2002. He has a solo practice in Bethlehem.

Culture of Patient Safety

The Physician's Role in Hand-Off Communication

JCAHO's 2006 National Patient Safety Goals (NPSG's) for hospitals include a goal that focuses on patient Hand-Off Communication. JCAHO's implementation expectations require a "standard approach to Hand-Off communication, including an opportunity to ask and respond to questions. Hand-offs are one of the most vulnerable areas for communication errors to occur."¹

To help comply with this goal, LVHVN has begun educating staff on how to communicate patient information effectively. Among other things, education has been occurring on the use of a standardized communication tool called Situational Briefing Model or SBAR. This situational briefing model, adopted from the military, has been found to work well within the healthcare environment. The SBAR format provides a standard approach to communicate using the following format:

- ... **Situation:** involves what the concern is
- ... **Background:** patient's current clinical condition
- ... **Assessment:** what the main problem is
- ... **Recommendation:** what is suggested or requested to be done

How does Hand-Off Communication and SBAR impact physicians?

1. Remember, communication is the responsibility of both parties. The physician giving the information needs to make sure the physician and/or nurse receiving the information understands it and has an opportunity to ask questions. Hand-offs include physician to physician sign-outs, physician to nurse, etc.
2. Understand that hand-off communication can occur in various forms – one to one, hand written, faxed or computer generated reports. Whatever method is used, there must be an opportunity to confirm information and ask questions.
3. Listen for accurate communication. SBAR format assures a standard approach, and when used correctly, aides in effective communication.

Throughout the year, LVHVN will continue to work on improving hand-off communication and strengthening LVHVN's culture of patient safety. You, as the physician, will continue to play a key role in helping to improve the effectiveness of communication among caregivers and providers.

If you have any questions regarding this issue, please contact Kristie Lowery, Interim Patient Safety Officer, at 610-402-3001.

¹ HC Pro Briefings on Patient Safety, Vol. 6 , No. 10, Oct. 2005.

Upcoming Seminars, Conferences and Meetings

2006 General Medical Staff Meetings

The dates for the 2006 General Medical Staff meetings are as follows:

Mondays – March 13, June 12, September 11, and December 11

Meetings will begin at 6 p.m., and are held in the hospital's Auditorium at Cedar Crest & I-78 and videoconferenced to Rooms C & D of the Educational Conference Center located on the first floor of the LVH-Muhlenberg Tower.

Please note that the dates listed in the December issue of *Medical Staff Progress Notes* were incorrect.

Greater Lehigh Valley Independent Practice Association

Annual Membership Meeting

The GLVIPA Annual Membership meeting will be held on Monday, January 23, 2006, at 6 p.m., in the hospital's Auditorium at 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 a member of the Nominating Committee or call Eileen Hildenbrandt, Coordinator, GLVIPA, at 610-402-7423.

2006 General Membership Meetings

The dates for the 2006 GLVIPA General Membership meetings are as follows:

- ... Tuesday, March 21, 2006
- ... Monday, June 26, 2006
- ... Tuesday, September 26, 2006

All meetings will be held at 6 p.m., in the Auditorium at Cedar Crest & I-78.

Emergency Medicine Grand Rounds

Emergency Medicine Grand Rounds are held on Thursdays, beginning at 8 a.m. (unless otherwise noted), at various locations. Topics to be discussed in January will include:

January 5 – LVH-Cedar Crest & I-78 Auditorium

- ... "Atrial Fibrillation Update"
- ... "Ethics in Research: An IRB Requirement"

January 12 – LVH-M 4th Floor Classroom

- ... "Who Wants to be an ED Physician"
- ... "Just Breathe"
- ... Rosen's Club

January 19 – LVH-M Educational Conference Center

- ... CPC (Clinical Pathology Competition)

January 26 – LVH-M 4th Floor Classroom

- ... Pediatric Topic Conference
- ... "Occupational Medicine"
- ... "Endocarditis"
- ... Rosen's Club

For more information, please contact Dawn Yenser in the Department of Emergency Medicine at 484-884-2888.

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 at Lehigh Valley Hospital – Cedar Crest & I-78, unless otherwise noted.

There will be no Family Medicine Grand Rounds in January. The next scheduled Grand Rounds will be held on Tuesday, February 7.

The topic will be: "Measurably Improving Chronic Illness Care Using the Chronic Care Model"

For more information, please contact Staci Morrissey 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 videoconferenced to the First Floor Conference Room at LVH-Muhlenberg. Topics to be discussed in January will include:

- ... January 3 – "Review of Recent Literature in Allergy and Asthma"
- ... January 10 – "Update on Cardiovascular Risks from NSAIDs and Cox-2 Agents"
- ... January 17 – TBA
- ... January 24 – "Portal Hypertension: Complications and Their Treatment Strategies"
- ... January 31 – "Outpatient General Internal Medicine"
 - "Patient Supplements"
 - "Direct Thrombin Inhibitors used in Heparin Inducted Thrombocytopenia"

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

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Neurology Conferences

The Division of Neurology conferences are held every Friday beginning at noon. Topics for January will include:

- ... January 6 – “Migraine and Women” – Auditorium
- ... January 13 – Division Meeting (regular meeting canceled)
- ... January 20 – “Pain Management Update” – Classroom 1
- ... January 27 – “Botox Update” – Classroom 1

All conferences will be videoconferenced to the First Floor Conference Room at LVH-Muhlenberg.

For more information, please contact Sharon Bartz, Program Coordinator, Neurosciences and Pain Research, at 610-402-9008.

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 6 – “Vesicovaginal Fistula”
- ... January 13 – “Management of Diabetes Mellitus Complicating Pregnancy”
- ... January 20 – No Grand Rounds – Residents taking In-service Training Exam
- ... January 27 – Journal Club

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

Pediatric Grand Rounds

The Department of Pediatrics holds Grand Rounds 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 3 – No Grand Rounds
- ... January 10 – “Adolescent with Menorrhagia”
- ... January 17 – “Hirschsprung’s Disease”
- ... January 24 – “Systemic Lupus Erythematosus”
- ... January 31 – TBA

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

Surgical Grand Rounds

Surgical Grand Rounds are held on Tuesdays, 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 3 – No Grand Rounds
- ... January 10 – “Inherited Colon Cancer: FAP & HNPCC”
- ... January 17 – TBA
- ... January 24 – “Management of Upper Urinary Tract Trauma”
- ... January 31 – TBA

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

Tumor Board News

Beginning in January, 2006, a new tumor board will be added to the Tumor Board schedule. **Skin and Soft Tissue Tumor Board** will be held on the fourth Tuesday of every month from noon to 1 p.m., in Conference Rooms 1A/1B of the John and Dorothy Morgan Cancer Center. Paul J. Mosca, MD, PhD, will act as moderator. The first meeting of the Skin and Soft Tissue Tumor Board will be held on January 24, 2006.

The agenda for this new tumor Board will be posted one week prior to presentation on the Lehigh Valley Hospital TAO e-mail bulletin board titled, “Tumor_Board_Agenda”. Physicians interested in having cases reviewed at the Skin and Soft Tissue Tumor Board can contact the Tumor Registry at (610) 402-0519.

The Skin and Soft Tissue Tumor Board will occupy the time slot formerly occupied by Urology Tumor Board. Urology Tumor Board will continue to be held once per month, but will no longer be held on the fourth Tuesday of every month. It will take place instead on the second Tuesday of every month. Location (Conference Rooms 1A/1B, JDMCC) and time (noon to 1 p.m.) will remain the same. Joseph G. Trapasso, MD, will continue in his role as moderator. The January meeting of the Urology Tumor Board is scheduled for January 10, 2006.

The monthly tumor board calendars have been posted on the Tumor_Board_Calendar e-mail bulletin board and have been updated to reflect the new schedule. Tumor boards are open to both clinicians and non-clinicians alike. Nursing staff, social workers, technicians, and those with an interest and/or involvement in cancer care are invited to attend.

For more information about the schedule change or new tumor board, please contact the Tumor Registry at 610-402-0519 or 610-402-0521.

Papers, Publications and Presentations

Ann C. Anderson, DPM, Division of Podiatric Surgery, co-authored an article, "The Bone Morphogenic Protein," which was published in the October 2005 (Vol. 22, Issue 4, p. 607-618) *Clinics in Podiatric Medicine and Surgery*.

Roberto CM Bergamaschi, MD, PhD, Division of General Surgery, was the senior author of the article – "Development of a Total Colonoscopy Rat Model with Endoscopic Submucosal Injection of the Cecal Wall" – which was published in the December 2005 issue of *Surgical Endoscopy*.

John P. Fitzgibbons, MD, Chair, Department of Medicine, was one of the presenters of a paper, "The Core of Internal Medicine," at a meeting of the American Board of Internal Medicine and the Alliance of Academic Internal Medicine held December 2, in Dallas, Texas.

Houshang G. Hamadani, MD, Department of Psychiatry, recently presented two papers. The first paper, "Anti Depressant SSRI and Suicidal Ideation in Children & Adolescents," was presented during the XIII World Congress of Psychiatry on September 13, in Cairo, Egypt. The second paper, "Opium Addiction and Cultural, Political and Social Factors," was presented during the annual meeting of the Society for the Study of Psychiatry and Culture on October 9, in Estes Park, Colo.

Pamela A. Howard, MD, Division of Trauma-Surgical Critical Care/General Surgery, Section of Burn, presented an abstract at the Australian and New Zealand Burn Association Annual Scientific Meeting held September 13-16 in Sydney, Australia. The title of the abstract was "Decreasing the Number of Unnecessary Burn Patient Transfers and Increasing Awareness of Transfer Criteria by Using a Web-Based Patient Consultation Service."

Martin A. Martino, MD, Division of Gynecologic Oncology, co-authored two articles which were recently published in peer reviewed journals. The first article, "Delay in Treatment of Invasive Cervical Cancer Due to Intimate Partner Violence," was published in the November, 2005 issue of *Gynecologic Oncology*. The second article, "BRCA1 and BRCA2 Mutations Account for a Large Proportion of Ovarian Carcinoma Cases," was published in the December 15, 2005, issue of *Cancer*.

Edward R. Norris, MD, Section of Consultation-Liaison Psychiatry, presented a paper as an oral presentation at the annual meeting of the Academy of Psychosomatic Medicine held November 19, in Albuquerque, New Mexico. The paper, "Depressive Symptom Prevalence and Association with Subjective Functional Status Assessment in Patients with Peripheral Vascular Disease," was co-authored by **Dr. Norris**; Alicia Pratt, Psychiatry Clinical Research Specialist; Yufei Xiang, Research Scientist, Health Studies; Thomas Wasser, Director, Health Studies; **Michael W. Kaufmann, MD**, Chair, Department of Psychiatry; and **John E. Castaldo, MD**, Chief, Division of Neurology.

Lester Rosen, MD, Division of Colon and Rectal Surgery, was the invited speaker for the Inaugural William I. Wolff, MD Lecture at Beth Israel Medical Center, New York City, New York, on December 16. Dr. Wolff, along with Dr. Shinya, pioneered the use of colonoscopy in North America. From 1975-1980, Dr. Rosen was a Surgical Resident at that institution. The lecture was titled "Patient Safety in Colon and Rectal Surgery."

News from the Libraries

The library has recently purchased a site license to the *New England Journal of Medicine* which is based on IP address. Therefore, it should be easier to access full-text because a password is no longer needed. The *New England Journal of Medicine* can be linked to from both OVID and PubMed through LVHNN.

By 2007, it is anticipated that the Library's entire journal collection will be available electronically instead of in print.



If you have any questions regarding library services, please contact Barbara Iobst, Director of Library Services, at 610-402-8408.

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



Yasmeen Bhatti, MD
 Good Shepherd Physician Group
 Good Shepherd Rehab Hospital
 501 St. John Street
 Allentown, PA 18103-3296
 (610) 776-3278
 Fax: (610) 776-3168
 Department of Medicine
 Division of Physical Medicine-
 Rehabilitation
 Provisional Active



Peter E. Fisher, MD, MBA
 Health Network Laboratories
 Lehigh Valley Hospital
 Cedar Crest & I-78
 P.O. Box 689
 Allentown, PA 18105-1556
 (610) 402-8140
 Fax: (610) 402-1691
 Department of Pathology
 Division of Anatomic Pathology
 Provisional Active



Jeffrey S. Blinder, MD
 Medical Imaging of LV, PC
 Breast Health Services
 1240 S. Cedar Crest Blvd.
 Allentown, PA 18103-6218
 (610) 402-0690
 Fax: (610) 402-0695
 Department of Radiology-
 Diagnostic Medical Imaging
 Division of Diagnostic Radiology
 Provisional Limited Duty



Sean K. George, DO
 Afterhours Physician Coverage
 Group
 1240 S. Cedar Crest Blvd.
 Suite 410
 Allentown, PA 18103-6218
 (610) 402-5200
 Fax: (610) 402-1675
 Department of Medicine
 Division of General Internal
 Medicine
 Provisional Limited Duty



Johnny Chung, MD
 Aesthetic Surgery Associates
 1600 Lehigh Parkway East
 Allentown, PA 18103-3093
 (610) 437-2378
 Fax: (610) 820-9983
 Department of Surgery
 Division of Plastic Surgery
 Provisional Active



Jorge G. Lodeiro, MD, MBA
 LVPG-Maternal Fetal Medicine
 Lehigh Valley Hospital
 Cedar Crest & I-78
 P.O. Box 689
 Allentown, PA 18105-1556
 (610) 402-8510
 Fax: (610) 402-1283
 Department of Obstetrics and
 Gynecology
 Division of Maternal-Fetal
 Medicine
 Provisional Active

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Status Changes

Janet E. Erickson, MD

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

Gary G. Nicholas, MD

Department of Surgery
Division of Vascular Surgery/Trauma-Surgical
Critical Care
From: Active
To: Honorary

Daniel Q. Yeager, MD

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

Stanley A. Yevelson, DO

Department of Medicine
Division of General Internal Medicine
From: Provisional Active
To: Associate

Address Changes

Adrienne E. Apatoczky, DO

920 E. Second Street
Nescopeck, PA 18635-1415
(570) 752-0546

Center Valley Family Practice

Isabella U. Alkasov, MD

Lisa A. Rossell-Seed, DO

5848 Old Bethlehem Pike
Suite 101
Center Valley, PA 18034-9484
(610) 282-2155 Fax: (610) 282-2350

Frank L. Scholes III, DMD

3811 Freemansburg Avenue
Easton, PA 18045-5503
(610) 258-1578 Fax: (610) 258-4739

Practice Name Change

Lehigh Eye Specialists, PC

Masayuki Kazahaya, MD

recently changed the practice name to:
Lehigh Retina Specialists, PC
1251 S. Cedar Crest Blvd.
Suite 307
Allentown, PA 18103-6205
(610) 820-6320 Fax: (610) 820-8376

Resignations

Robert J. Coni, DO

Division of Neurology

Mark P. Elstein, DMD

Department of Surgery
Division of Oral and Maxillofacial Surgery

Thomas P. Englert, DMD

Department of Surgery
Division of Oral and Maxillofacial Surgery

Fernando P. Estrada, MD

Department of Surgery
Division of General Surgery

Glenn M. Forman, MD

Department of Medicine
Division of Physical Medicine-Rehabilitation

Jinesh M. Gandhi, MD

Department of Medicine
Division of General Internal Medicine

Pradeep S. Ghia, MD

Department of Medicine
Division of Cardiology

Barry E. Herman, MD

Department of Medicine
Division of Gastroenterology

Dieter W. Leipert, DDS

Department of Surgery
Division of Oral and Maxillofacial Surgery

John J. Lukaszczyk, MD

Department of Surgery
Division of General Surgery

Eva R. Michael, MD

Department of Family Medicine

Michael A. Moclock, MD

Department of Family Medicine

Mark Moran, DO

Department of Surgery
Division of Ophthalmology

Shanker Mukherjee, MD

Department of Medicine
Division of Gastroenterology

Mahmood A. Tahir, MD

Department of Surgery
Division of Vascular Surgery

Douglas A. Tozzoli, DPM

Department of Surgery
Division of Podiatric Surgery

Allied Health Staff***New Appointments*****Christopher J. Amoroso**

Anesthesia Technical Assistant
(Lehigh Valley Anesthesia Services, PC – Thomas M. McLoughlin, Jr., MD)

Robert J. Dabich, CCP

Perfusionist
(Perfusion Care Associates, Inc. – James K. Wu, MD)

Amanda R. Doklan, PA-C

Physician Assistant-Certified
(LVPG-General Surgery – Roberto CM Bergamaschi, MD, PhD)

Jason P. Makin, GRNA

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

Stefanie L. Mensch, CRNA

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

LaVonne N. Michalak

Pacemaker/ICD Technician
(Guidant Corporation – William M. Markson, MD)

Change of Supervising Physician**Nancy J. Crane-Roberts, CRNP**

Certified Registered Nurse Practitioner
(Cedar Crest College – William L. Miller, MD)
(Outpatient Pediatric Clinic – Michael J. Consuelos, MD)
From: ABC Family Pediatricians – Michael D. Schwartz, MD
To: ABC Family Pediatricians – Anthony L. Dimick, MD

Greta Flederbach, PA-C

Physician Assistant-Certified
From: Coordinated Health – Emil J. DiIorio, MD
To: HealthWorks – Basil Dolphin, MD

Cynthia S. Mang, PA-C

Physician Assistant-Certified
(LVH Department of Surgery)
From: Gary G. Nicholas, MD
To: Michael M. Badellino, MD

Ann J. Peiffer, PA-C

Physician Assistant-Certified
From: Fernando M. Garzia, MD
To: Colon-Rectal Surgery Associates, PC – Linda L. Lapos, MD

Jody L. Williams, CRNP

Certified Registered Nurse Practitioner
(Lehigh Valley Cardiology Associates)
From: Deborah W. Sundlof, DO
To: Robert F. Malacoff, MD

Resignation**Dana J. Robinson, RN**

Registered Nurse
(Plastic Surgeons Professional Group)



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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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

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William L. Miller, MD
Edward M. Mullin, Jr., MD
Michael D. Pasquale, MD
Alexander D. Rae-Grant, MD
Victor R. Risch, MD, PhD
Deborah W. Sundlof, DO
Elliot J. Sussman, MD
Ronald W. Swinfard, MD
Gary W. Szydowski, MD
John D. Van Brakle, MD
Michael S. Weinstock, MD
Patrice M. Weiss, MD
Robert E. Wertz II, 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 Clinical Resources on the left side of the page—"Med 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.