

Medical Staff PROGRESS NOTES

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Brian Nester, DO, Named to New Position

As network development efforts become essential to the growth and success of LVH-

Muhlenberg, as well as throughout the Network, Lehigh Valley Hospital and Health Network continues to refine, expand and consolidate its approach to

this important area. Toward

this end, **Brian A. Nester, DO**, has accepted the newly created position of Senior Vice President for Physician Practice and Network Development,



reporting to the Chief Medical Officer, effective May 1.

In his new position, Dr. Nester will focus on increasing awareness and utilization of clinical services at LVH-HN by local and regional physicians, and on developing productive relationships with primary and specialty physicians. His position will provide an 'umbrella' for efforts throughout the Network that are

focused on physician practice development. These areas include: Medical Staff Services, Physician Network Development, Physician Recruiting, and Practice Management Services which is comprised of Lehigh Valley Physician Business Services, Health Centers at Hellertown, Bath and Bethlehem Township, Lehigh Valley Anesthesia Associates and Hematology/Oncology Associates.

Since he joined the hospital's Medical Staff in August 1998, Brian has provided innovative leadership in the Emergency Department at LVH-M as Associate Vice Chair and will continue his clinical practice in Emergency Medicine.

Dr. Nester is a graduate of Albright College where he received a Bachelor of Science degree. He received his medical degree from Philadelphia College of Osteopathic Medicine. He is certified by the American Osteopathic Board of Emergency Medicine and is a Fellow of the American College of Osteopathic Emergency Physicians.

Dr. Nester and his wife, Dr. Tina Pippis Nester, have two children -- Michael and Nicole.

The annual meeting of the General Medical Staff will be held on **Monday, June 9**, beginning at **6 p.m.**, in the hospital **Auditorium, Cedar Crest & I-78**, and via videoconference in the **First Floor Conference Room at LVH-Muhlenberg**. Elections will be held for six at-large members of the Medical Executive Committee. In addition, another drawing will be held following the meeting for **FREE** Medical Staff dues for a year for three lucky members of the Medical Staff. All members of the Medical Staff are encouraged to attend.



From the President

Si momentum requiris, circumspice

-Inscription over the interior of the North Door in St. Paul's Cathedral, London, attributed to his son, re Sir Christopher Wren, 1632-1723

A building is built one brick at a time. It needs to be conceived, gathered in the fog of the future and captured in blueprints. Contracts need to be signed and agreements need to be made. A team of professionals needs to be pulled together, and a timeline for construction developed. A hole must be dug for a foundation, and piece by piece, in a reliable sequence, the components of the building need to be assembled. When it is complete, the builders shake hands and move on to the next edifice. And the building stands there, for some time, as a marker of the accomplishment of those individuals involved in its conception, planning and execution. If it is a good building, it will stand for many years, developing a history and consciousness of its own that transcends generations. If it is a great building, like St. Paul's Cathedral that Christopher Wren designed, it will stand for hundreds of years and be visited by millions who gape and gasp in awe at its soaring architecture. A great building is the essence of human aspiration. It is a crucible that molds and shapes those that work in it and on it.

A physician's work is not as tangible as an architect's, but no less a matter of preparation and a careful sequence of tasks. There is a long phase of preparation and training, the development of skills to be used in future tasks. There is an apprenticeship phase, when the physician hones her craft and develops the rhythms that will serve her throughout her career. There is a building phase, in which the physician develops a following based on his style of practice, his expertise in an area, or his ability to connect with the people around him. There is a phase of teaching, in which the physician imparts those inexpressible parts of their craft to others by example. There is a phase of leadership, in which the physician helps in the complex task of moving the profession to a higher level. And finally there is a phase of succession, in which the physician makes sure that his or her patients are cared for by equally capable hands.

Nothing of permanence is built in the practice of medicine. Surgeons enjoy the closest to the joy of constructing something lasting, but all of the works of medicine are transient and mortal. Nothing remains of the work we do after time has passed. Nothing carries on which is directly related to that which we do. For some of us this is a source of sadness. No matter how hard we work, there is never a building to point to, or a statue to admire, no work that continues after our deaths. It is ultimately a futile exercise with a temporary set of goals.

So what can we aspire to that in any way mimics St. Paul's in its grandeur and permanence? Are we destined to be toilers in perpetual obscurity? Is our footprint so light on this earth that a spring breeze will blow it forever into dusty oblivion? If we build a structure that is hastily conceived, this will be so. If our building is made

of weak materials, it will certainly crash down in our lifetime. If the architecture is trite, it will not last a generation before being leveled and remade. If we don't persistently attend to the care of our building, repairing what is damaged, replacing what is lost, this will be our fate.

The only permanence in medicine is the body of work that we leave behind and its effect on our fellow humans. The achievement of greatness in medicine is in how we affect others in what they carry down through the generations. We have a role similar to that of a great teacher, who builds character, consciousness, and a thirst for knowledge in students that reverberates through time. We are made real by the works we do, by the act of building, brick by brick, the structure of our careers. By who we meet and how we treat them, by the care we give, and the teaching we do, by the research and writing we do, and by the way we lead, we build the structure that will survive us.

So what does this have to do with your day at work? How does this affect you in your day to day activity? Perhaps not at all. But consider this. Every time you meet a patient, you have the opportunity to participate in building their life story, brick by brick. You can make the encounter something that transcends the business-like. You can find out who they are and understand how this encounter affects the person within. You can work with their family to reassure and educate so that they don't carry misconceptions or guilt needlessly. You can inspire with hope and remind them of the vital and transcendent nature of life. When you teach, you can seek to inspire. With every action, with every word, you set an example for life for those you teach. With greatness, you can be someone students will

Continued on next page

remember for life. Your example can be passed down through the generations, if only you will take the opportunity to make the moments matter. When you work with your team, the nurses, technicians, file clerks, understand that you are participating in building their life story. Help them with their task of building by being part of the team and respecting their important role. When you see an opportunity to understanding something, when you see the chance to

research a new area, you help extend the body of work that is the backbone of medical care. Each of the various acts of medicine that you participate in becomes part of the structure you are developing, brick by brick, as a memorial to the life you have led.

The art of medicine is not unlike the art of architecture. The translation of the Latin inscription on the wall of St. Paul's Cathedral is simple. "If you

would see his monument, look around." The monument you build, brick by brick, well-conceived or ill-conceived, is around you at all times. This daily toil and struggle is the structure that marks your life's work.

Only you can decide how good an architect you can become.

ALEX

Alexander D. Rae-Grant, MD
Medical Staff President

Bylaws Informational Session

In an effort to modernize, shorten, and eliminate redundant legal jargon from the current Medical Staff Bylaws, members of the Bylaws Committee have met on numerous occasions over the past year. Members of the Bylaws Committee have scrutinized the Bylaws and have made significant changes to them.

A complete set of the Medical Staff Bylaws with the proposed changes will be sent to each member of the

Medical Staff along with the notice of the General Medical Staff meeting to be held on June 9.

In an effort to negate prolonged discussion about these Bylaws changes at the General Medical Staff meeting, a **Bylaws Informational Session** will be held on **Thursday, June 5**, beginning at **5:30 p.m.**, in **Classroom 1** at Lehigh Valley Hospital, Cedar Crest & I-78.

Alan Berger, MD, Chair of the Bylaws Committee; **Joseph A. Bubba, Esq.**, Medical Staff Legal Counsel; and **John W. Hart**, Vice President, Medical Staff Services, will be available at the Informational Session to answer any questions you may have regarding the Bylaws changes.



(610) 402-DOCS

In April, in an effort to assist members of the Medical Staff with problems, issues, or concerns, Medical Staff Services established a dedicated phone number that doctors can call to get a quick response. Since the introduction of the (610) 402-DOCS line, several calls have been received concerning a variety of issues ranging from physician parking, not enough chairs in the Emergency Department, to receiving reports in a timely manner. Each call has received attention, and many of the

issues have already been resolved. In order to get more efficient usage of the (610) 402-DOCS line, members of Troika would also like to welcome **positive calls** from doctors regarding colleagues and/or hospital departments or services.

Remember, if you have a problem that is bothering you, parking issues, concerns about a dirty hallway, and now positive feedback concerning a colleague or hospital department or service, please call **(610) 402-DOCS**.

Safety Pearl of the Month

Non-Punitive Behavior - Prescribers who use intimidation to dissuade individuals who are questioning the safety of orders ADVERSELY affect the ability of others to detect potential mistakes and correct them before they reach the patient.

LVH-Muhlenberg Breaks Ground for New Building

On May 6, Lehigh Valley Hospital and Health Network (LVHNN) officials broke ground for a new state-of-the-art hospital on the campus of LVH-Muhlenberg in Bethlehem, Pa. LVHNN leaders, physicians and staff joined the project's architects and contractors, public officials and invited guests to begin a two-year project that will bring much needed additional beds and all private patient rooms to the community.

"This exciting project continues the growth and improvement of services at LVH-Muhlenberg, so that we can meet the ever-increasing demand for Lehigh Valley Hospital's high quality care by the residents of Northampton County and surrounding communities," said Elliot J. Sussman, MD, LVHNN's president and CEO.

Following Dr. Sussman's remarks, Lou Liebhaber, Chief Operating Officer, and Brian Nester, DO, Senior Vice President for Physician Practice and Network Development, climbed aboard a pair of backhoes to ceremoniously initiate the \$60 million expansion.

The New Hospital

The project, which was unveiled last September, features a seven-story, 260,000 square foot facility, which will increase the number of available medical/surgical beds at LVH-Muhlenberg by 80 to ultimately 188. When the work is completed, all medical/surgical beds at LVH-Muhlenberg will be relocated to the new building.

Other features include the expansion of LVHNN's Regional Heart Center, new intensive care unit, Diagnostic Care Center, new hospital entrance and lobby, café, conference center, phar-

macy, gift shop, and increased visitor and staff parking.

"This building will mean continued emphasis on Lehigh Valley Hospital and Health Network's themes of clinical innovation and service excellence," Dr. Sussman said. "The finest patient care will be accompanied by conveniences like a welcome desk with friendly greeters and pleasant surroundings that provide a sense of comfort to patients, their families and visitors."

Access During Construction

In addition to construction of the building, entrances and exits for services and access to roads on the LVH-Muhlenberg campus will change to accommodate the various stages of construction. However, **patient and hospital services will continue uninterrupted throughout the work.**

The most important change for the public during the construction phase is a new main entrance to LVH-Muhlenberg that is now open. It is on the east side of the hospital facing Schoenersville Road and clearly marked with a blue awning and orange oval with the words "MAIN ENTRANCE." Orange signs will direct the public from the hospital's entrances and along access roads to staffed information kiosks in the parking areas for those who need assistance.



Patients should use this entrance for ambulatory surgery; the Children's Hospital of Philadelphia Specialty Care Center; Cancer Center; most outpatient procedures including cancer, cardiology and wound care; pre-admission testing; radiology; pain management and blood work. Free valet parking is available at this entrance.

The emergency entrances for walk-in patients and ambulances will not change during construction. All emergency arrivals are asked to enter the LVH-Muhlenberg campus from Macada and Schoenersville Roads and follow the red signs to the Emergency Department.

Visitors will continue to enter the hospital from Westgate Drive and follow the signs to the visitor entrance.

Handouts with service information and a map will be available throughout the campus to make getting around easier.

For more information, call 610-402-CARE or access LVHNN's web site at www.lvh.org.

Infusion Services

The recent sale of Health Spectrum Medical Products has created some confusion about the continuation of Health Spectrum Pharmacy infusion services. Be assured that the Health Spectrum Pharmacy infusion service stands ready to serve your patients. An experienced Health Spectrum Phar-

macy team works with physicians and home care agencies to make sure patients receive the care they need. All of the following services are JCAHO certified:

- Chemotherapy
- Hemophilia
- Pain management
- Specialty therapies
- Total parenteral nutrition (TPN)

- Corticosteroids
- Anti-infection

The Health Spectrum Pharmacy team is on call 24/7 to serve patients in Eastern Pennsylvania and Hunterdon and Warren counties in New Jersey. For more information, contact Health Spectrum Pharmacy at (610) 402-1968 or 1-800-283-7479.

News from CAPOE Central

CAPOE Utilization Reaches New High

For the month of April, overall CAPOE utilization was an impressive 55%. This is a dramatic increase from the March utilization rate of 35%. Several divisions are now well above 50% CAPOE utilization and deserve recognition: General Internal Medicine, Infectious Diseases, Neurology, Physical Medicine-Rehabilitation, Pulmonary, Rheumatology and Urology. The residents have also contributed significantly with Family Practice, Internal Medicine and Surgery residents all over 60% CAPOE utilization.

It appears that several factors have contributed to this improvement: continued rollout of Med-Surg units (now all units at Cedar Crest & I-78 are live except 4A); continued development of order sets that facilitate order entry; and, of course, the Recognition of Effort Program (ROE). The ROE program attempts to acknowledge and compensate the educational effort by those physicians who are taking the time to learn and use the system.

Those physicians who have placed greater than 40% of their orders in

CAPOE (for admitted adult non-critical care patients) will qualify for the first month of the program. Over 20 physicians in the Division of General Internal Medicine have qualified in the first month! Congratulations and thank you to those and the other physicians who have qualified. The utilization calculations are quite complex, as they must include orders entered by physician extenders and residents associated with the attending physicians. Consequently, the letters explaining the results for April did not go out until later in May. Physicians will have to fill out a form for tax purposes, and the reimbursement will follow. The process will be more efficient in the coming months, and I apologize for any initial delay.

As noted previously, the ROE program only applies to those physicians who have been trained. Physicians who have yet to be trained, or new physicians coming on staff will enter into the program two months after they have received CAPOE training.

Need Help - Just Dial CAPO (2276)

In response to physicians' requests for easier access to help, we have instituted a new way to reach the CAPOE help team. If you are at Ce-

dar Crest & I-78, all you need to dial is CAPO (2276). From LVH-M, just dial 98-402-CAPO. This will allow you to directly page the CAPOE support person, who should call you right back and provide any needed assistance.

Medication Doses — Please Don't Rely on the Patient

On occasion, medication orders are received that state 'dose as per patient' or 'have family clarify dose.' This has been an issue for written orders, and continues in the CAPOE world, where physicians are entering this comment into medication orders. It is the responsibility of the ordering physician to enter the medication orders and doses. This facilitates the online decision support (allergy, interaction and maximum dose checking) that improves the quality of patient care. Please remember to provide all information regarding medications - it will save you phone calls for clarification later.

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

Wound Healing Team Now Available at LVH-M

The Wound Healing Center is pleased to announce that a **Wound Healing Team** is now available for inpatients at LVH-M. This **new** consultative service became available at LVH-M on May 20, 2003 to all physicians desiring assistance with inpatient wound treatment and management.

The **Wound Healing Team** is a multidisciplinary team which harnesses the collective wound care energy and expertise of the Wound Healing Center physicians and nurses, physical therapy, enterostomal therapy and oth-

ers to optimize wound care and healing potential of each patient.

To access this new service, simply order a consult to the **Wound Healing Team**.

For more information or if you have questions, please contact Ginger Holko, RN, BSN, Director, Wound Healing Center, at (484) 884-2989.

P.S. — Watch for the Wound Healing Team COMING SOON to Cedar Crest & I-78.

Palliative Care Initiative

Meet the Team

There are four unique individuals who are motivated in taking palliative care to a new level in helping patients and families in the Medical Intensive Care Unit. The four members of the team include

Daniel E. Ray, MD, Glenn Stern, MA, Cathy Fuhrman, RN, CCRN, CNRN, and Kim Metzger, RN.

These individuals are from very different backgrounds but have one common goal -- to help the patients and families of the Medical Intensive Care Unit.

Dr. Daniel Ray joined the hospital's Medical Staff in 1998. He is a member of the Divisions of Pulmonary and Critical Care Medicine and is in practice with Pulmonary Associates. Recently, Dr. Ray was certified in Hospice and Palliative Medicine and is one of only three individuals in the Lehigh Valley.

Glenn Stern has been a member of the Department of Health Studies since April 2000. He has developed research and program grants that augment the development and evaluation of new care processes or models of care. Glenn has been employed in healthcare since 1990.

Cathy Fuhrman has been a member of the hospital's team for the past 16 years. Her experiences consist of being a bedside nurse in critical care with a focus on neuroscience and trauma nursing. While furthering her education, she has taken several classes that have dealt with palliative care. She has also learned from personal experiences within her family.



Palliative Care Members of the team include (l-r): Cathy Fuhrman, Kim Metzger, and Glenn Stern. Missing from the photo is Daniel E. Ray, MD

Kim Metzger is a registered nurse with 27 years of experience in a variety of settings including critical care, obstetrics, home care, oncology, hospice and case management. She has been a member of the hospital's staff for 24 years. She has been certified in oncology and is currently seeking certification in Palliative Care Nursing. Kim has also taken the ELNEC train the trainer program and completed the EPEC training.

Feature of the Month

Following is this month's feature on palliative care:

Title: Fast Fact and Concept #24: DNR Orders in the Hospital Setting -- Part 2

Author(s): Weissman, D.; von Gunten, C.

*This **Fast Fact and Concept** continues the discussion of DNR orders in seriously ill patients in the hospital, begun in Fast Fact #23. This information was reviewed in the May publication. It reviews strategies for dealing with seemingly unreasonable requests for CPR. This can be used during ward rounds or as the starting point for an advance care-planning workshop.*

Educational Objective(s): Review common reasons why patients and families request CPR in the face of imminent death. Learn phrases to use in exploring patient/families values and goals around CPR requests. Understand physician options in managing unreasonable CPR requests.

The basic steps in the DNR discussion for seriously ill hospitalized patients were described in Fast Fact 23. If you have followed those steps, what do you do if the patient or family/surrogate continues to want CPR and you think it is not in the patient's best interest? The seemingly unreasonable request for CPR typically stems from one of several themes:

1. Inaccurate information about CPR
The general public has an inflated perception of CPR success¹. While most people believe that CPR works 60-85% of the time, in fact, the actual survival to hospital discharge is more like 10-15% for all patients, and less than 5% for the elderly and those with serious illnesses. This is a time to review/clarify the indications, contraindications, potential outcomes and morbidity of CPR. Start a discussion by asking, "What do you know about CPR?"

2. Hopes, fears and guilt
Be aware that guilt (I haven't lived nearby to care for my dying mother) and fear (I am afraid to make a decision that could lead to my wife's death) are common motivating emotions for a persistent CPR request. Some patients or families need to be given an explicit recommendation, or permission from the physician, to stop all efforts to prolong life, to be told that death is coming and that they no longer have to continue "fighting." Whenever possible, try to identify the underlying emotions

Continued on next page

and offer empathic comments that open the door to further conversation: "This decision seems very hard for you." "I want to give you the best medical care possible; I know you still want CPR, can you tell me more about your decision?"

Agreeing to a DNR order for many patients is equivalent to their "choosing" to die. Acceptance of impending death occurs over a vastly different time course for different patients/families; for some, it never occurs. Some patients see CPR as a "last chance" for continued life. Probe with open-ended questions: "What do you expect to happen--What do you think would be done differently, after the resuscitation, that wasn't being done before?" Most patients usually describe hope for a new treatment. Use the opportunity to respond by describing that you are doing everything in your power to prolong their life before a cardiopulmonary arrest--you wouldn't be "saving something" to do after they had died. If patients are not ready for a DNR order, don't let it distract you from other important end-of-life care needs; emphasize the goals that you are trying to

achieve; save a repeat discussion for a future time; good care, relationship building and time will help resolve most conflicts.

3. Distrust of the medical care system

Patients or families may give you a clue that there is a fundamental distrust of doctors or the medical system; this should be addressed openly. "What you said makes me wonder if you may not have full trust in the doctors and nurses to do what is best for you? Can you tell me about your concerns?"

Managing Persistent Requests for CPR

Decide if you believe that CPR represents a futile medical treatment, that is, CPR cannot be expected to either restore cardiopulmonary function or to achieve the expressed goals of the patient³. Physicians are not legally or ethically obligated to participate in a futile medical treatment. (Some facilities have a policy that a physician may enter a DNR order in the chart against patient wishes). Your options at this time include:
 - transfer care to another physician chosen by the patient/family; or
 - plan to perform CPR at the time of

death--but don't end the discussion. Engage the patient about their wishes if they survive the resuscitation attempt. Tell them that you need guidance because it is very likely that if they survive CPR, they will be on life support in the ICU, and they may not be able to make decisions for themselves; ask them (or the family) to help you determine guidelines for deciding whether to continue life-support measures. If not already done, clarify if there is a legal surrogate decision-maker.

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

References

¹Diem SJ. Lantos JD. Tulsy JA. Cardiopulmonary resuscitation on television. Miracles and misinformation. *New England Journal of Medicine*. 1996;334(24):1578-82.
²Junkerman, Charles and Schiedermayer, David. *Practical Ethics for Students, Interns and Residents*, 2nd Ed. University Publishing Group ISBN 1-55572-054-4.
³Council report: medical futility in end-of-life care. *JAMA* 1999; 281:937-941.

The "Forbidden Abbreviation List"

In compliance with the JCAHO Patient Safety Guidelines, both the Therapeutics Committee and Medical Executive Committee have approved a list of abbreviations which should no longer be used, effective June 1, 2003. These abbreviations have caused documented and reported errors as identified by the Institute for Safe Medication Practice and have lead to clarification of physician orders at Lehigh Valley Hospital.

The following three abbreviations are on the "Forbidden Abbreviation List" and should not be used in writing physician orders or documentation in Progress Notes:

- 1) MTX – used as an abbreviation for Methotrexate and has been confused for Mitoxantrone (another chemo agent)
Correct order: write out Methotrexate"
- 2) Trailing zero – Coumadin 5.0mg: the decimal has been missed in trailing zero orders, leading to ten fold increase in doses.
Correct order: Coumadin 5mg PO daily
- 3) The abbreviation "d" – d can mean days or doses e.g., Ancef 1Gm Q8H x 3 d (doses or day)
Correct order: Ancef 1gm Q8H x 3 doses

These abbreviations, which lead to potential errors, cannot occur in CAPOE. Also, correct order writing can eliminate extra phone calls necessary to clarify orders.

In addition, the use of a "leading zero" is

being promoted when writing doses less than one.
e.g., Xanax 0.25mg TID prn anxiety

There have been documented errors with doses being given to patients.

All problem orders are tracked and trended through Medication Error Taskforce and documented in Med Marx. Sentinel cases are reviewed at Patient Safety Committee.

A feedback mechanism to physicians is being developed to "educate" on potential errors.

If you have any questions, please contact Fred Pane, RPh, Administrator, Pharmacy Services, at (610) 402-8881.

News from the Libraries

Ovid Training

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

Recently Acquired Publications



Library at 17th & Chew

- Sonis. Oral Medicine Secrets. 2003
- Springhouse. Diagnostics. 2001

Library at Cedar Crest & I-78


- Gomella. Clinician's Pocket Reference. 2002
- Hanno. Clinical Manual of Urology. 2001

Library at LVH-Muhlenberg

- Kanner. Pain Management Secrets. 2003
- Lewis-Hall. Psychiatric Illness in Women. 2002

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

Setting the Pace Nite Lites

On Saturday, September 20, Lehigh Valley Hospital and Health Network's eighth annual black-tie fundraising gala — **Setting the Pace  Nite Lites** — will be held at the Nazareth Speedway with Mario and Michael Andretti serving as honorary chairs. Proceeds from this year's Nite Lites will benefit the Regional Heart Center and the services it provides to the greater Lehigh Valley community. *U.S. News & World Report* has ranked LVHNN's cardiology/cardiac surgery program among the top in the nation.



Mario and Michael Andretti, Honorary Chairs for this year's Nite Lites.

Please consider joining your colleagues in celebrating this superb clinical program in September. Invitations for the big event will be mailed in early June, and sponsorship opportunities are still available. To guarantee your reservations and advertising benefits, your sponsorship pledge is requested by June 30.

For sponsorship information, please contact Nancy Lloyd, Director of Annual Giving, at (610) 402-9126. For general event information, please contact Sheryl Hawk, Manager, Public Affairs, at (484) 884-4816.

Press Ganey Surveys

"Dr. Campion is excellent -- a true, caring professional. I was very impressed!"

"I cannot begin to name all the doctors who treated me so well, but Dr. Pasquale stands out -- what a guy!"

"Dr. Dimick was GREAT! He helped my son understand what was happening to him. He even was able to bring a smile and encouragement with each visit."

"Dr. Ehrig -- kind, compassionate and professional."

These comments are just a sampling of those received by patients on the Press Ganey surveys. These surveys, which have been used by Lehigh Valley Hospital for over 10 years, have proven to be a valuable tool to highlight the Service Excellence Behavior of the physician as well as everyone the patient and their family come in contact with during their hospital stay. Every inpatient will automatically be sent a survey upon discharge. Encourage all your patients to complete the survey. Hear the wonderful sentiments of grateful patients and families because "all hospitals are not alike!"

If you have any questions regarding Press Ganey, please contact Kim Badillo, Patient Representative, at (610) 402-8208.

Congratulations!

❖ **Robert X. Murphy, Jr., MD**, Medical Director of LVH-Muhlenberg and a member of the Division of Plastic Surgery/Hand Surgery, Section of Burn, recently received his Masters Degree in Health Evaluation Sciences from Penn State College of Medicine.

Dr. Murphy served as President of the Medical Staff from January, 1997 through December, 1998, and has been a member of the Medical Staff since July of 1989.

❖ On Monday, April 21, four members of the Department of Obstetrics and Gynecology were recognized by the Penn State College of Medicine's Department of

Obstetrics and Gynecology. The third year Penn State medical students identified **Patrice M. Weiss, MD, Ernest Y. Normington II, MD, Gregory J. Radio, MD,** and **Michael Sheinberg, MD**, for "dedication to medical education, demonstrating exceptional role model qualities, and excellence in teaching."

The award was presented by Dr. Robert Yarwood, Clerkship Director of OB/GYN at Penn State College of Medicine; Richard Simons, Acting Vice Dean for Educational Affairs; and Dr. John Repke, Professor and Chairman, Department of OB/GYN at Penn State College of Medicine.

Papers, Publications and Presentations

❖ **Dennis B. Cornfield, MD**, Chief, Section of Hematopathology & Clinical Laboratory Medicine, was lead author of an article, "The Potential Role of Flow Cytometry in the Diagnosis of Small Cell Carcinoma," which was published in the April 2003 issue of *Archives of Pathology & Laboratory Medicine*. In addition, Dr. Cornfield was also co-author of a paper, "Translocation as a Primary Chromosomal Finding in Two Patients with Myelocytic Disorders," which appeared in the March 2003 issue of *Cancer Genetics and Cytogenetics*.

❖ **Mark A. Gittleman, MD**, Division of General Surgery, lectured at a number of locations during the month of April. He served as a faculty member of The American College of Surgeons at its Annual Spring Meeting Post Graduate Course, held in New York, where he lectured on "Interventional Breast Ultrasound." On April 17, he lectured on "Breast Brachytherapy, The Surgeon's Role" at Rose Medical Center in Denver, Colo., and he served as a Visiting Professor at the Denver Academy of Surgery, where he lectured on "The Surgeon's Role in Breast Cancer -- Past, Present and Future." On April 18, he was a Visiting Professor at St. Joseph's Hospital in Denver, Colo., where he lectured on "Interventional Breast Ultrasound."

❖ **Geoffrey G. Hallock, MD**, Division of Plastic Surgery/Hand Surgery, Section of Burn, recently presented at the 49th Annual Meeting of the Robert H. Ivy Society of Plastic Surgeons in Harrisburg, Pa. His topic was "Muscle Perforator Flaps." This introduced the concept

of using musculocutaneous flaps without muscle to preserve function.

❖ **Thomas D. Meade, MD**, and **Robert C. Palumbo, MD**, members of the Division of Orthopedic Surgery, Section of Ortho Trauma, were invited presenters at the Orthopaedic Learning Center in Chicago where they instructed surgeons on the newest technique for anterior ligament reconstruction in high performance athletes. Drs. Meade and Palumbo helped design this technique and are part of a national ACL research team. The technique allows athletes to return to sports in three to four months as opposed to the traditional one-year time period.

❖ **Prodromos A. Ververeli, MD**, Chief, Division of Orthopedic Surgery, was course chairman for "Advances in Knee and Hip Replacement" symposium held May 9 and 10 in Philadelphia, Pa. The symposium was attended by 120 orthopedic surgeons as part of the Jefferson Orthopedic Society Annual Meeting. Dr. Ververeli also presented a lecture on Blood Management in Total Joint Arthroplasty and moderated two sessions.

With the HIPAA Privacy Rule now in effect, a paper shredder is now available in the Medical Staff Lounge at Cedar Crest & I-78 for physicians' use to shred patient information.

Upcoming Seminars, Conferences and Meetings

Computer-Based Training (CBT)

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

Topics covered by the CBT programs include:

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

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

2003 CBT Sessions for 1245SCC (Educational Room):

(All sessions will be held from 8 a.m. to noon)

June 24 July 22 August 26 September 23

2003 CBT Sessions for LVH-Muhlenberg, I/S

Training Room: (All sessions will be held from noon to 4 p.m.)

June 19 (Cancelled) July 17 August 21
September 18

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

If you have any questions, please contact Information Services by calling the Help Desk at (610) 402-8303 and press option "1." Tell the representative that you need assistance with I/S education.

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 June will include:

- June 3 - Clinical Pathological Conference
- June 10 - "SARS"

Have a great summer! Medical Grand Rounds will resume in September.

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

Department of Pediatrics

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

- June 3 - Case Presentation
- June 10 - "Playground Injuries"
- June 17 - Child Maltreatment Series: Part 3 - "The Role of Law Enforcement in Child Maltreatment" (**Location Change -- Auditorium, Cedar Crest & I-78**)
- June 24 - Senior Resident Presentation

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

Surgical Grand Rounds

Surgical Grand Rounds are held every Tuesday at 7 a.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78, and via videoconference in the First Floor Conference Room at LVH-Muhlenberg. Topics to be discussed in June will include:

- June 3 - Resident Paper Presentations
- June 10 - Resident Paper Presentations

Have a nice summer! Surgical Grand Rounds will resume on Tuesday, September 9.

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

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



Errin J. Hoffman, MD
Medical Imaging of LV, PC
Lehigh Valley Hospital
Cedar Crest & I-78, P.O. Box 689
Allentown, PA 18105-1556
(610) 402-8088
Fax: (610) 402-1023
Department of Radiology-
Diagnostic Medical Imaging,

Division of Diagnostic Radiology, Section of Cardiovascular-Interventional
Provisional Active



Martin E. Matsumura, MD
The Heart Care Group, PC
Jaindl Pavilion, Suite 500
1202 S. Cedar Crest Blvd.
P.O. Box 3880
Allentown, PA 18106-0880
(610) 770-2200
Fax: (610) 776-6645
Department of Medicine, Division of Cardiology
Provisional Active



Juhan Paiste, MD, MBA
Allentown Anesthesia Associates Inc.
1245 S. Cedar Crest Blvd., Suite 301
Allentown, PA 18103-6243
(610) 402-9082
Fax: (610) 402-9029
Department of Anesthesiology,
Section of Cardiac Anesthesia
Provisional Active



William E. Roberts, MD
LVPG-Maternal Fetal Medicine
Lehigh Valley Hospital
Cedar Crest & I-78, PO Box 689
Allentown, PA 18105-1556
(610) 402-8510
Fax: (610) 402-1283
Department of Obstetrics and
Gynecology, Division of Maternal-Fetal Medicine/Obstetrics
Provisional Active



Henry L. Schairer, Jr., MD
Eastern PA Nephrology Associates
1230 S. Cedar Crest Blvd., Suite 301
Allentown, PA 18103-6231
(610) 432-4529
Fax: (610) 432-2206
Department of Medicine,
Division of Nephrology
Provisional Active



David B. Shanley, MD
52 Highland Avenue
Suite A
Bethlehem, PA 18017-9077
(610) 954-9540
Fax: (610) 954-5535
Department of Family Practice
Provisional Active

Status Change

Dale T. Bowen, MD
Department of Family Practice
From: Affiliate To: Honorary

Gary S. Greenberg, DPM
Department of Surgery
Division of Podiatric Surgery
From: Active To: Affiliate

Address Change

Leyla Daneshdoost, MD
65 E. Elizabeth Avenue, Suite 208
Bethlehem, PA 18018-6506
(610) 868-9118 ❖ Fax: (610) 868-3446

Practice Change

Michael A. Rossi, MD
(No longer with The Heart Care Group, PC)
Lehigh Valley Heart Specialists
1240 S. Cedar Crest Blvd., Suite 415
Allentown, PA 18103-6218
(610) 402-7150 ❖ Fax: (610) 402-7523

Practice Name Change

The practice names of Lehigh Valley Ophthalmic Associates and Fairgrounds Eye Associates have been dissolved. The new practice name is:

Lehigh Valley Eye Center, P.C.
Frank G. Baloh, MD
Thomas O. Burkholder, MD
Robert Kiesel, MD
Howard J. Kushnick, MD
Alan B. Leahey, MD
Alan D. Listhaus, MD
Marnie P. O'Brien, DO
Mark A. Staffaroni, MD
Mark S. Trachtman, MD
Fairgrounds Medical Center
400 N. 17th Street, Suite 101
Allentown, PA 18104-5099
(610) 433-0450 ❖ Fax: (610) 433-4655

Resignations

Camilo E. Alcoseba, MD
Department of Radiation Oncology

Nicholas M. Cardiges, MD
Department of Radiation Oncology

Nimisha Deb, MD
Department of Radiation Oncology

Kevin E. Glancy, MD
Department of Surgery, Division of Trauma-Surgical Critical Care/General Surgery,
Section of Burn

Susan R. Hemley, MD
Department of Surgery, Division of
Neurological Surgery

Jay B. Lipschutz, DO
Department of Medicine, Division of
Pulmonary

Robert D. Strauss, MD
Department of Surgery, Division of
Otolaryngology-Head & Neck Surgery

Richard J. Torpie, MD
Department of Radiation Oncology

Allied Health Staff

New Appointments

Bonita L. Budura, CRNA
Certified Registered Nurse Anesthetist
(Lehigh Valley Anesthesia Services, PC - Thomas M. McLoughlin, Jr., MD)

Janet S. Clark, RN
Registered Nurse
(John J. Cassel, MD, PC - John J. Cassel, MD)

Jill M. Krystofinski, GRNA
Graduate Registered Nurse Anesthetist
(Lehigh Valley Anesthesia Services, PC - Thomas M. McLoughlin, Jr., MD)

Nancy K. McFadden, CRNP
Certified Registered Nurse Practitioner
(Orthopaedic Associates of Allentown - Albert D. Abrams, MD)

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

Change of Supervising Physician

Sergio Rudoi, Jr., PA-C
Physician Assistant-Certified
From: Coordinated Health Systems - Wayne T. Luchetti, MD To: Coordinated Health Systems - Scott R. Stoll, MD

Resignations

John M. Cary, CRNA
Certified Registered Nurse Anesthetist
(Lehigh Valley Anesthesia Services, PC)

Wendy A. Grose, CRNA
Certified Registered Nurse Anesthetist
(Lehigh Valley Anesthesia Services, PC)

Thomas W. Lane, PhD
Psychologist
(The Guidance Program)

Theresa M. Wasno, RN
Registered Nurse
(Oncology Specialists of Lehigh Valley)

Steven J. Widmer, CCP
Perfusionist
(Perfusion Care Associates, Inc)

Debra L. Zarro, CCP
Perfusionist
(Perfusion Care Associates, Inc)

Medical Staff Progress Notes

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

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

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

John W. Hart
Vice President, Medical Staff Services

Brenda E. Lehr
Director, Medical Staff Services

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

Medical Executive Committee

Linda K. Blose, MD
Karen A. Bretz, MD
Gregory Brusko, DO
William B. Dupree, MD
John P. Fitzgibbons, MD
Joseph A. Habig II, MD
L. Wayne Hess, MD
Herbert C. Hoover, Jr., MD
Thomas A. Hutchinson, MD
Ravindra R. Kandula, MD
Michael W. Kaufmann, MD
Sophia C. Kladias, DMD
Glenn S. Kratzer, MD
Robert Kricun, MD
Donald L. Levick, MD, MBA
Richard L. London, MD
Richard S. MacKenzie, MD
John A. Mannisi, MD
John W. Margraf, MD
Stephen C. Matchett, MD
Thomas M. McLoughlin, Jr., MD
William L. Miller, MD
Edward M. Mullin, Jr., MD
Alexander D. Rae-Grant, MD
Victor R. Risch, MD, PhD
Alexander M. Rosenau, DO
Michael A. Rossi, MD
Raymond L. Singer, MD
Elliot J. Sussman, MD
Hugo N. Twaddle, MD
John D. Van Brakle, MD
Michael S. Weinstock, MD
James C. Weis, MD

We're on the Web!

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

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

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