

# Medical Staff PROGRESS NOTES



## New CME Requirements for Pennsylvania Physicians

### Inside This Issue:

From the President	2 & 3
Medical Staff Survey Action Plan Update	3
News from the HIM Department	4 & 5
News from CAPOE Central	5
Palliative Care Initiative	6 & 7
Update—LVH-Muhlenberg	7
Safety Pearl of the Month	7
Congratulations!	8
Papers, Publications and Presentations	8 & 9
Upcoming Seminars, Conferences and Meetings	10 & 11
Attention: Allopathic Physicians	11
Revisions to the Medical Staff Bylaws	12
News from the Libraries	13
Who's New	13-15

New CME requirements have been approved in Pennsylvania for all physicians. As a result of Act 13, passed by the Pennsylvania General Assembly in 2002, CME requirements for physician licensure renewal include credit hours in the area of patient safety or risk management. For physicians licensed through the State Board of Medicine (MD), the full requirements do not take effect until the next licensure cycle, January 1, 2005-December 31, 2006. However, a time-adjusted version of these regulations is in effect in the current two-year licensure cycle, January 1, 2003-December 31, 2004. For physicians licensed through the State Board of Osteopathic Medicine (DO), requirements for CME in patient safety or risk management will not be implemented until the next licensure cycle, November 1, 2004-October 31, 2006.

To renew a medical license with the State Board of Medicine at the end of 2004, MDs must have completed:

- “ 25 total credit hours in either AMA Category 1 or Category 2; and
- “ 3 credit hours must be in the areas of patient safety or risk management (either AMA Category 1 or Category 2).

For physicians unable to attend conferences for patient safety and risk management CME credit, online courses offer a convenient alternative. Options include the following:

[www.pamedsoc.org](http://www.pamedsoc.org)

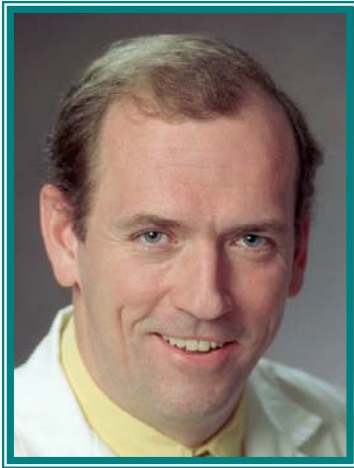
- “ For members only (Enrollment is available online)
- “ No charge for activities

[www.ahrq.gov](http://www.ahrq.gov)

- “ Under Quality Assessment, WebM&M
- “ Can be accessed through LVHHN Intranet—click “Departments,” “Non-Clinical,” “Education.” The Education and Training page should appear. Click “CME Information.”
- “ No charge for activities

Over 250 health care providers attended and favorably reviewed the patient safety and risk management seminars held January and September, 2004 at LVHHN. LVHHN, in conjunction with LVPG, will continue to offer yearly patient safety and risk management seminars – watch for information on the upcoming spring, 2005 session!

If you have any questions or concerns regarding this issue, please contact Sara S. Viessman, MD, Director, Center for Education, at 610-402-2501.



## From the President

The clock is winding down. The sands in the hourglass, like the days of our lives...no more long playing records or large tubes of toothpaste are needed. It's time to begin to pack up the large boxes of files from the President's office to put in storage, and tidy up the hard drive so the next occupant will have plenty of disc space. Time to put together a Presidential library of notes, Bylaws passed, events attended, photos with celebrities, knick-knacks, odds and ends. No more time to write the definitive word on hospital life, or start a new activity, or even complain that there hasn't been enough time.

Let's face it. It's over, kaput, finished, at an end, well past its prime even. The fat lady has stood up, opened her mouth, and begun warbling. Her tonsils are definitely visible. The three fates are presently figuring out where to snip my thread. There's one foot in the grave,

one toe over the line, and one more for the Gipper.

So like the rest of us world-weary sad-sack ex-presidents, consigned to the scrap heap of temporal inevitability, my time is almost at an end. And, I might add, not a moment too soon. Can't keep these eager young people, these young bucks and buckettes, champing at the bit too long. Out with the old, in with the new, I say. Vive le Quebec libre. Or something like that.

As I pass into oblivion, gratefully, and with a slight skip in my step, let me as a last gasp of expiring wisdom list for you the top 10 "Rules of the Presidency." These are rules I have stumbled across in my two years serving you as President of the Medical Staff. It's unlikely that any are original (See Rule 8). I'm grateful for those who taught me some of these rules, one way or the other (See Rule 9). Thanks to all of those who taught me these rules, whether the lessons were hard or easy (See Rule 5). Perhaps one or two of these might be useful for you. At least they serve to save you from reading yet another parable or hortatory lecture from me (There, put that in your Funk and Wagnall!). While these rules are aimed primarily at my successors (Don, Linda, are you out there?), perhaps they may be of use to others.

## Top 10 Presidential Rules

- # 10. You can never over-communicate anything. If you want anything remembered, better say it six times in six different ways. And then, don't count on it.
- # 9. Gratitude, when received, should be acknowledged and cherished. Gratitude should never be expected, but received with delighted surprise when it comes.
- # 8. You can get just about anything done as long as you don't try to take credit for it. It is very gratifying to hear an idea you thought was yours coming out of someone else's mouth. Smile and be proud. Anyway, maybe it wasn't your idea in the first place. Be grateful it got somewhere. See Rule 9.
- # 7. There is no Rule 7.
- # 6. People will try to make themselves look good, and others look bad. Get used to it. You probably do it yourself. You will just see it in starker contrast during your presidency than you are used to.
- # 5. There is no such thing as thanking people too much. There is, however, lots of thanking people too little. Try to err on the side of extravagance.

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- # 4. The institution and medical staff are way too large and juggernaughtish for you to have a major impact on their forward progress. Try to steer them a bit with the application of sustained, delicate pressure over time. Then don't feel bad if you get washed up in the wake on occasion.
- # 3. Amazingly, surprisingly, astoundingly, and shockingly, people will actually listen to what you say, watch how you act, and read what you write. Take this seriously and try to speak, act, and write the way you think you should.
- # 2. Don't take yourself seriously. The office, yes. The tasks, yes. Other people's issues, yes. Yourself, no.

And the number one rule of the presidency is...

- # 1. Listen to what people say and let them say it. This is a very hard one, but the most important one. It took me a long time to learn it, and no one is perfect. But the better you do this, the better you will be at your job.

There, thanks for listening. Next month, a long list of thank yous.

P.S. For those of you who noticed that I didn't cover the theme of "service" in this month's issue of **Medical Staff Progress Notes**, you are right. I thought I'd give you a break. If you're worried about it, go do some more time in clinic or work at a soup kitchen. You know what you should do.



Alexander D. Rae Grant, MD  
Medical Staff President



## Medical Staff Survey Action Plan Update

Over a year has passed since the hospital and the Medical Staff commissioned the Jackson Organization to conduct a satisfaction survey of the hospital's Medical Staff. The objective of this research project was to identify physicians' satisfaction with the departments and services available at Lehigh Valley Hospital and Health Network hospitals. Quality ratings were obtained to evaluate contracted services, the hospitalist program, the Emergency Department, physician services, Information Services, the operating rooms, nursing units, integration and education services, the management team, elected Medical Staff leadership, and departmental chairs.

Since the initial survey was conducted, a number of steps have been taken to focus on the areas that were targeted as needing work or improvement. In an effort to measure satisfaction with these targeted areas since the initial survey, on October 8, a follow-up "Check In" survey was faxed to the 195 physicians who responded to the initial survey. If you received this follow-up survey and have not yet responded, please do so by Friday, November 5. Your input does matter. Completed follow-up surveys should be returned to John W. Hart, Vice President, Medical Staff Services, Lehigh Valley Hospital, Cedar Crest & I-78, P.O. Box 689, Allentown, PA 18105-1556, or faxed to 610-402-8938.

## News from the Health Information Management Department

### HIM Physician Advisor

Linda L. Lapos, MD, Division of Colon and Rectal Surgery, has accepted the position of Physician Advisor to the Health Information Management Department. The Physician Advisor serves as a Medical Staff representative to and for the HIM Coding team to ensure that documentation appropriately reflects the quality care given to the patient. She will also assist in monitoring the clinical coding for accuracy and thoroughness, proper DRG assignment, and providing ongoing physician and coder education. Welcome, Dr. Lapos, to the HIM team.

### Coding Pathological Findings

In order to code pathological findings, the findings must be validated or documented by the attending physician in the medical record. If this information is not validated by the attending physician and only listed as a finding on the pathology report, coding guidelines require the coder to query the attending physician to confirm the pathological findings.

If a query is generated, the physician should dictate an addendum note reporting the pathological findings so proper code assignment can be assigned.

If you have any questions regarding this issue, please contact Carolyn Murphy, Manager, Coding/Registries, at 610-402-2871.

### Ongoing Medical Record Review

Ongoing medical record review reveals incomplete histories and physicals and discharge summaries according to Medical Staff By-laws, Joint Commission on Accreditation of Hospitals (JCAHO) and Center for Medicare and Medicaid Services (CMS) guidelines. The following information will assist in obtaining appropriate medical record documentation:

#### *What specific data must be included in the history and physical?*

The inpatient history and physical should include:

- ... Patient complaint
- ... History of present illness
- ... Previous medical history
- ... Family and social history
- ... Review of systems
- ... Physical examination
- ... Impression
- ... Plan of care

Non-inpatient services requiring a history and physical include ambulatory surgery, procedures requiring anesthesia/sedation and any other procedure which poses significant risk to the patient.

#### *Can a history and physical which is older than 30 days be utilized, provided it is updated to reflect the patient's status at the time of admission/service?*

Histories and physicals performed greater than 30 days from admission/service may not be utilized. According to JCAHO and CMS

guidelines, for elective and outpatient admissions, a history and physical may be performed up to 30 days prior to the admission. Histories and physicals performed greater than 7 days prior to admission require an update to include any components of the patient's current medical status that may have changed prior to the initial history and physical.

It is recognized that the prenatal patient is a special situation in that, in and of itself, the prenatal course of care is a planned, systematic updating of the history and physical performed at the first visit and throughout the pregnancy. As such, the entire prenatal record can be utilized as the history and physical, provided it is updated to reflect the patient's condition upon admission.

#### *What specific data must be included in the discharge summary?*

The clinical resume (Discharge Summary) should recapitulate, concisely, the

- ... Diagnoses
- ... Reason for hospitalization
- ... Significant findings
- ... Procedures performed
- ... Treatment rendered
- ... Condition of the patient on discharge (stated in terms that permit a specific measurable comparison with the condition on admission, avoiding the use of vague or relative terminology, such as "stable" or "improved")

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- ... specific instructions given to the patient and/or family
- physical activity
  - medication
  - diet
  - follow-up care

*What specific data must be included in the discharge note (admissions under 48 hours)?*

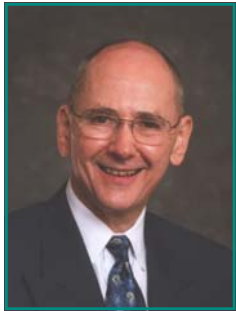
- ... Final diagnosis
- ... Condition on discharge (stated in terms that permit a specific measurable comparison with the condition on admission, avoiding the use of vague or relative terminology, such as "stable" or "improved" )
- ... Specific instructions given to the patient and/or family
- physical activity

- medication
- diet
- follow-up care

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

## News from CAPOE Central

### CAPOE Compliance Winner – “You Gotta Have Heart”



Although only a few cardiologists are high compliance CAPOE users, one of the few had his name drawn out of the hat on October 1, 2004 at the CAPOE Compliance Trip Drawing. Dr. Bruce Silverberg from the Heart Care Group was the first cardiologist to win the drawing. Dr. Silverberg, like many physicians,

has consistently increased his CAPOE compliance over the past months, becoming more comfortable with the system. He has provided valuable feedback to the CAPOE team regarding enhancements and other issues. Dr. Silverberg was delighted to hear the news, helping to brighten a very busy office day. He offered his “heartfelt” thanks for the recognition of his efforts.

### Getting charged up on the newer CAPOE units

There are spare LifeBook batteries and chargers placed throughout the hospital. On the main hospital floors, the batteries are located in the central reception areas across from the elevators. However, some units are not in the typical daily flow of medical staff. Based on requests from physicians, spare batteries and a charger have been placed in the ICU-West and in the SCU. We will continue to evaluate the optimal locations for the batteries and chargers. Please let us know if there is an area that could benefit from an extra 'charge.'

### CAPOE Rollout – “And the beat goes on”

During the month of October, several units went live with electronic med charting: ACU, PCU, ICS, IPCU. Vital signs will remain on the paper flow sheets, as we have done with the other critical care units. These units were expected to go live with CAPOE on November 3. As with other critical care units, it is expected that all orders be placed electronically.

### Order Sets — Reorganized for Easier Navigation

Based on extensive physician feedback and discussions at the CAPOE Design Team, the CAPOE ORDER SETS button is being reorganized. The order sets are grouped into logical categories, such as “Admitting Order Sets,” “Procedure Order Sets,” and “Daily Orders.” There are also categories that are department specific, such as “CT Surgery Orders,” “Neuroscience Orders,” and “Surgical Pre/Post Op Orders.” The complete alphabetical list will remain available. The “New Order Sets” view will appear as the first choice on the order set list. Order sets can be placed in more than one category to facilitate finding a specific order set. You may notice this change sometime during the month of November.

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

Don Levick, MD, MBA

Physician Liaison, Information Services

Phone: 610-402-1426 Pager: 610-402-5100 7481

# Palliative Care Initiative

## Fast Fact of the Month

**Title:** Fast Fact and Concept #122: Palliative Care and ICU Care - Pre-Admission Assessment

**Author(s):** Mularski RA, Osborne ML

What are the indications for Intensive Care Unit (ICU) admission in the chronically and/or terminally ill and how can one integrate palliative care into the daily interdisciplinary agenda? A good approach is to determine the patient-centered goals of care and then decide if ICU care will help promote or detract from these goals. The use of a pre-admission checklist can be helpful to determine the appropriateness of ICU therapy and to initiate communication about goals and preferences **before** a trial of ICU care. With use of a complementary strategy after admission, the patient can benefit from a care plan that integrates palliation into the daily agenda and anticipates needs.

### Pre-Admission ICU Checklist

#### A. Clarify the underlying medical condition and possibilities with ICU treatment.

- ... What is/are the underlying chronic fatal illness disease(s)?
- ... What has been the clinical course of the chronic illness over the past few months/year?
- ... What was the patient's functional status and quality of life in the weeks preceding admission?
- ... What are the acute illnesses and conditions that the ICU might improve?
- ... What interventions do you expect will be required in the first 48 hours?
- ... What do you foresee as the best possible outcome from treatment in ICU:
  - Cure the acute process with return to baseline function (e.g. pneumonia)
  - Cure or improve the acute process but the patient will likely have a reduced functional capacity permanently (e.g. large stroke).
- ... Is there prognostic information to guide you/patient/family in decision making?

#### B. Address and document decision-making with patient/family/surrogate

- ... Does the patient have decision-making capacity? (see Fast Fact #55)
- ... Does the patient have an advance care planning document or a legally designated agent?
- ... Who are the important people that assist the patient in decision making?
- ... With or without an advance care planning document, has the patient or surrogate expressed clear goals of care with their physician in the recent past or during the current illness?

#### C. Discuss and document ICU-based and patient-focused goals and preferences

- ... Review what therapeutic trials and palliative care issues can be addressed by an interdisciplinary ICU team; consider whether needs can be met in alternative care settings.
- ... Document advance care planning and do not resuscitate orders (see Fast Facts #23 and #24).
- ... Agree upon specific, time-limited, ICU goals (e.g. three days trial of mechanical ventilation).
- ... Identify physical symptoms and develop a treatment plan for palliation.

#### D. Coordinate interdisciplinary communication & time reappraisal of therapy and goals

- ... Meet with ICU team members to review goals of care, symptoms, family needs, etc.
- ... Document goals of care and details of decision making in medical record.
- ... Schedule a time to assess clinical response and whether goals need to be changed.

#### References:

- Back AL, Arnold RM, Quill T. Hope for the best, and prepare for the worst. *Ann Intern Med* 2003;138(5):439-43.
- Mularski RA, Osborne ML. End-of-life care in the critically ill geriatric population. *Crit Care Clin* 2003; 19:793-810.

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Mularski RA, Bascom P, Osborne ML. Educational agendas for interdisciplinary end-of-life curricula. *Crit Care Med* 2001; 29(2 Suppl.):N16-23. (copyright permission to reproduce modified checklist obtained from Lippincott June 2004)

**Copyright/Referencing Information:** Users are free to download and distribute Fast Facts for educational purposes only. Citation for referencing: Mularski RA, Osborne ML. Fast Facts and Concepts #122: Palliative Care and ICU Care: Pre-admission assessment. September 2004. End-of-Life Physician Education Resource Center [www.eperc.mcw.edu](http://www.eperc.mcw.edu).

**Disclaimer:** Fast Facts provide educational information; this information is not medical advice. Health care providers should exercise their own independent clinical judgment. Some Fast Fact information cites the use of a product in dosage, for an indication, or in a manner other than that recommended in the product labeling. Accordingly, the official prescribing information should be consulted before any such product is use.

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 pager 610-776-5554.

## Update—LVH-Muhlenberg

**Ready to ROC and Roll** – Construction at LVH-Muhlenberg continues on schedule for a planned March 2005 opening, with 90 percent of the exterior work and almost all of the interior drywall already in place. A sparkling centerpiece: the 46-foot-tall signature letter “H” at the front entrance, currently wrapped in white but soon to be finished in blue porcelain. And now it’s time for staff to get ready.

**Don Hougendobler**, Safety Director; **Anne Panik**, Clinical Services Administrator, and **Stuart Paxton**, Senior Vice President of Operations, are leaders of the Readiness Operations Council (ROC), a group that will prepare colleagues for the transition to the new building. In addition, a subgroup of ROC – the Physician Steering Team – has been formed to address the clinical needs of the new building. Members of the Physician Steering Team (PST) include **Robert X. Murphy, Jr., MD**, Medical Director and Chair of PST; **Gavin C. Barr, MD**, Division of General Internal Medicine; **Robert H. Biggs, DO**, Associate Chief (LVH-M), Division of Cardiology; **Gregory Brusko, DO**, Vice Chair (LVH-M), Department of Surgery; **Michael Ehrig, MD**,

Vice Chair (LVH-M), Department of Medicine; **Jeffrey R. Faidley, MD**, Division of General Internal Medicine; **Laurence P. Karper, MD**, Vice Chair (LVH-M), Department of Psychiatry; **Brian A. Nester, DO**, Senior Vice President, Physician Practice Network Development; and **David M. Richardson, MD**, Associate Vice Chair (LVH-M), Department of Emergency Medicine.

If you have any questions about the ROC team or the transition, please call the brand-new ROC hot line at 484-884-8844.



### Safety Pearl of the Month

To prevent the possibility of a mislabeled or unlabeled specimen, physicians who obtain cultures at the bedside should ensure that the container is properly labeled to identify the specimen.

## Congratulations!



*Christopher Hawkins, MD*

**Christopher A. Hawkins, MD**, and **Paul F. Pollice, MD**, members of the Division of Orthopedic Surgery, Section of Ortho Trauma, and **Patrick J. McDaid, MD**, Division of Orthopedic Surgery/Hand Surgery, Section of Ortho Trauma, have been approved as Fellows in the American Academy of Orthopaedic Surgeons.



*Paul Pollice, MD*

The American Academy of Orthopaedic Surgeons provided education and practice management services for orthopedic surgeons and allied health professionals. The Academy also serves as an advocate for improved patient care and informs the public about the science of orthopedics. Founded at Northwestern University as a not-for-profit organization in 1933, the Academy has grown from a small organization serving less than 500 members to the world's largest medical association of musculoskeletal specialists. The Academy now serves about 24,000 members internationally.



*Patrick McDaid, MD*

The induction ceremony will be held on February 24, 2005 in San Francisco, Calif.



*Raymond Singer, MD*

**Raymond L. Singer, MD**, Chief, Section of Thoracic Surgery, was elected Vice President of the Pennsylvania Association for Thoracic Surgery at the 42nd Annual Meeting held October 8-10, 2004 in Philadelphia.

The Vice President is elected for a one-year term and serves as President-elect. Dr. Singer will succeed the current President, Dr. Joseph Bavaria from the Hospital of the University of Pennsylvania, in October 2005, and hopes to conclude his term by bringing the Annual Meeting to Lehigh Valley Hospital in October 2006. After he concludes his term as President, Dr. Singer will serve as Councilor for a one-year term.



## Papers, Publications and Presentations

◊ **Kimberlee Goode, MD**, Chief OB-GYN Resident, received the Philip F. Williams Prize Award at the District III American College of Obstetrics and Gynecology meeting held in September in Atlantic City, NJ, for her paper titled "A Comparison of Episiotomy Rates of Private Deliveries to Episiotomy Rates of Resident Service Deliveries at Lehigh Valley Hospital." Co-investigators were **Patrice M. Weiss, MD**, Residency Program Director and Vice Chair of Education and Re-

search, Department of Obstetrics and Gynecology; **L. Wayne Hess, MD**, Chair, Department of Obstetrics and Gynecology; **Craig Koller**, CEDS Liaison for the Department of Obstetrics and Gynecology; **Sharon Kimmel, PhD.**, Senior Research Scientist for Health Studies; and **Amy F. Keller, MD**, Division of Obstetric Anesthesiology.

*Continued on next page*

Continued from Page 8

ö **Indru T. Khubchandani, MD**, Division of Colon and Rectal Surgery, was a visiting Professor at Clinica Candeca, University of Palermo, Sicily, from September 27 to October 1. He performed surgery and lectured at the institute regarding newer innovations in anorectal surgery.

ö **Jeffrey R. McConnell, MD**, Division of Orthopedic Surgery, Section of Ortho Trauma, was an invited lecturer for a course titled "Anterior Lumbar Spine: Exposure Strategies and Techniques for Degenerative Disc Disease" held September 19 and 20 in Philadelphia, Pa. The program was for orthopedic surgeons, neurosurgeons, and access surgeons who wished to improve their knowledge of anterior lumbar surgery from the perspective of surgical approach and surgical treatment. The course consisted of evaluating the benefits of anterior spinal surgery, understanding the techniques and complications of accessing and exposing the anterior lumbar spine, identifying current and future treatment and implant options for treatment of degenerative disc disease, and demonstrating technical skills with anterior lumbar interbody fusion techniques and approach to the anterior spine.

ö **Gary G. Nicholas, MD**, Associate Chief, Division of Vascular Surgery, co-authored the article, "Early Failure of Polyurethane Vascular Access Grafts for Hemodialysis," with **Sunil Patel, MD**, general surgery resident, and **Judith Olenwine, MS**, Education Coordinator, which was presented at the Delaware Valley Vascular Society annual meeting held September 23 in Philadelphia, Pa.

ö **Michael D. Pasquale, MD**, Chief, Division of Trauma-Surgical Critical Care, and **Mark D. Cipolle, MD**, Chief, Section of Trauma Research, co-authored the study, "Impact of Age on Trauma Recidivism," with Jayme Lieberman, MD, general surgery resident, which was presented as a poster at the 2004 American Association for the Surgery of Trauma (AAST) annual meeting held September 29 in Maui, Hawaii.

ö **Daniel E. Ray, MD**, Division of Pulmonary/Critical Care Medicine, gave three presentations during the month of September. On September 20, he presented "Palliative Care in the Acute Care Setting" at the conference, Issues in Practice for the Clinical Dietitian, sponsored by Sodexo and held at Lehigh Valley Hospital. On September 22, he presented "Palliative Care and Respiratory Therapy" at the Third Annual Innovation in Ventilation Sympo-

sium held at the Holiday Inn Conference Center in Fogelsville. On September 30, Dr. Ray along with Ruth Fillebrown, RN, CRNH, Director of Clinical Services, Hospice, presented "Building Bridges between ICU and Hospice: It Can Be Done" at the National Hospice and Palliative Care Organization in Washington, D.C.

ö **Lester Rosen, MD**, Division of Colon and Rectal Surgery, recently attended the 90<sup>th</sup> Annual Clinical Congress of the American College of Surgeons on October 11, in New Orleans, La. Dr. Rosen presented "Past, Current, and Future Roles for Actual and Virtual Colonoscopy" at the Specialty Session, "New Diagnostic Techniques in Colon and Rectal Surgery," and participated in a panel discussion on diagnostic imaging in colon and rectal surgery.

ö **Peter F. Rovito, MD**, Division of General Surgery, co-authored the article, "An Approach to Venous Thromboembolism Prophylaxis in Laparoscopic Roux-en-Y Gastric Bypass Surgery," with **M. Todd Miller, MD**, former general surgery resident, which appeared in the June/July 2004 issue of **Obesity Surgery** (2004;14:731-737).

ö **Prodromos A. Ververeli, MD**, Chief, Division of Orthopedic Surgery, was the course director and lecturer at a regional symposium on Advances in Knee Replacements held on October 2 in Bethlehem, Pa. During the symposium, which was attended by surgeons from New York to Maryland, Dr. Ververeli lectured on "Non-Arthroplasty Operative Techniques," "Hi-Flex Total Knee Replacement," and "Surgical Navigation Computer Assisted Systems." Additional members of the Division of Orthopedic Surgery also presented lectures. **Eric B. Leiby, MD**, presented lectures on "Non-Operative Management of Knee Arthritis" and "Deep Vein Thrombosis Prophylaxis." **Paul F. Pollice, MD**, presented a lecture on "Mobile vs. Fixed Bearings for Total Knee Replacement," and **Carl B. Weiss, Jr., MD**, presented a lecture on "Tantalum Metal in Knee Replacement." The symposium will become a yearly event for continuing medical education in the fields of hip and knee replacement surgery.

ö **Patrice M. Weiss, MD**, Residency Program Director and Vice Chair of Education and Research, Department of Obstetrics and Gynecology, and **L. Wayne Hess, MD**, Chair, Department of Obstetrics and Gynecology, recently had an article published in **The Female Patient, Primary Care Edition**, titled "Special Concerns when Caring for the Female Athlete."

## Upcoming Seminars, Conferences and Meetings

### Geriatric Trauma Education Conference

The Geriatric Trauma Education Conference for November will be held at noon on November 3 in the Educational Conference Room #2, located on the first floor of the Anderson Wing, at Lehigh Valley Hospital, Cedar Crest & I-78. "Geriatric Trauma Resuscitation" will be presented by Michael D. Pasquale, MD, Chief, Division of Trauma-Surgical Critical Care. Lunch will be provided. All interested providers and staff are welcome to attend.

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

### Emergency Medicine Grand Rounds

Emergency Medicine Grand Rounds are held on Thursdays, beginning at 8 a.m., at various locations. Topics to be discussed in November will include:

#### November 4 – Cedar Crest & I-78 Auditorium

- ... Visiting Speaker
- ... Migraines, Cluster and Tension Headaches
- ... St. Luke's Case Review

#### November 11 – LVH-Muhlenberg 4<sup>th</sup> Floor Classroom

- ... Resident Lecture
- ... Cold Exposure Related Illness & Injury
- ... The Crying Child
- ... Rosen's Club

#### November 18 – EMI, 2166 S. 12<sup>th</sup> Street

- ... Pediatric Topic Conference
- ... Resident Lecture
- ... Medical Command Tapes
- ... Rosen's Club

#### November 25 – Happy Thanksgiving

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, Lehigh Valley Hospital, Cedar Crest & I-78, unless otherwise noted. Upcoming topics include:

- ... November 2 – "Pain Medicine in Primary Care"
- ... December 7 – "Metabolic Syndrome – Meeting the Challenge"

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

### Medical Grand Rounds

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

- ... November 2 – "Targeted Therapy: Medical Oncology enters the 21<sup>st</sup> Century"
- ... November 9 – "Update in Internal Medicine"
- ... November 16 – "Biologics and New Treatments in Rheumatology"
- ... November 23 – "Chronic Renal Failure from Lithium and Solid Organ Transplant"
- ... November 30 – "Update in Gastroenterology"

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

### OB/GYN Grand Rounds

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

- ... November 5 – GYN Tumor Board

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Continued from Page 10

- ... November 12 – “Faculty Development: Evaluation, Feedback, and Communication Skills”
- ... November 19 – TBA
- ... November 26 – No Grand Rounds – Happy Thanksgiving

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

### Department of Pediatrics

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

- ... November 2 – “Management of the Febrile Infant Without a Source”
- ... November 9 – “Hypertension in Children”
- ... November 16 – “Pediatric Hospitalists”
- ... November 23 – Case Conference
- ... November 30 – TBA

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

### Department of Psychiatry

The next Department of Psychiatry Grand Rounds will be held on Thursday, November 18, beginning at noon in Conference Rooms 1 & 2 of the Banko Family Center on the LVH-Muhlenberg campus. The topic of discussion will be “Mindfulness Based Stress Reduction.”

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

### Surgical Grand Rounds

Surgical Grand Rounds are held every Tuesday 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 November will include:

- ... November 2 – “The Implications for Anesthesia & Surgery for the Patient Undergoing Chemotherapy”
- ... November 9 – “The Complex Wound”
- ... November 16 – TBA
- ... November 23 – “Ulcerative Colitis”
- ... November 30 – NO CONFERENCE

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

### Attention: Allopathic Physicians

If you are an allopathic physician, your Pennsylvania license will expire on December 31, 2004.

Renewal applications are usually mailed 60 to 90 days in advance of the expiration date to the last address of record provided by the licensee. If your address has changed since your last license renewal and you have not yet received your renewal application, you may want to notify the Pennsylvania Department of State of your new address. You can also renew your license on-line at <https://www.mylicense.state.pa.us/Login.aspx>

Don't take the chance of having your license expire!

In addition, since Medical Staff Services now verifies licenses on-line, there is no need to send a copy of your license to Medical Staff Services when it is renewed.

## Revisions to the Medical Staff Bylaws

The following revisions to the Medical Staff Bylaws were approved at the General Medical Staff meeting on June 14, 2004 and by the Boards of Trustees of Lehigh Valley Hospital and Lehigh Valley Hospital-Muhlenberg on September 1, 2004.

### Housekeeping Issue

During review of the Cancer Committee section of the Bylaws, the following clarification to the Bylaws was approved under *ARTICLE XI – OFFICERS AND COMMITTEES – Section B – Committees, #3. c. Cancer Committee:*

(iii) Membership:

- A. Commission on Cancer required membership shall include a representative from: Surgery, Medical Oncology, Radiation Oncology, Diagnostic Radiology, Pathology, Cancer (ACOS) Liaison, Quality Improvement, Administration, Oncology Nursing, Psychosocial Services, ~~and~~ Tumor Registry and ~~A~~additional members ~~are~~ as recommended by the Chair with final approval by the President of the Medical Staff.

### Corrective Action

The following change was approved to *Article VIII – CORRECTIVE ACTION – Section A. Corrective Action Procedure; #4.*

- #4. The corrective action procedures outlined in this Section ~~are deemed to be option~~ shall not preclude any other action as outlined in these Bylaws and are not required prerequisite to action under Sections B., C., or D. of this Article.

### Changes Regarding Continuing Medical Education (CME)

At our last JCAHO survey, December, 2003, it was recommended by the surveyor that where CME is requested in the Bylaws, that it include “portion of CME relates to the physician’s primary specialty.” The following revision have been made:

1. ARTICLE VI – PROCEDURE FOR APPOINTMENT, REAPPOINTMENT AND CLINICAL PRIVILEGES – Section B – Application for Appointment – Bullet #5.
  - continuing medical education – (A majority portion of which shall relate to the physician’s primary specialty if applicable).
2. ARTICLE VI – PROCEDURE FOR APPOINTMENT, REAPPOINTMENT AND CLINICAL PRIVILEGES – Section C – Reappointments – #1. Application for Reappointment –
  - (d) Content of Application. The reappointment of a Medical Staff Member shall be based upon the reappointment application, together with supporting documentation concerning the applicant’s professional qualifications and competency, continuing medical education a majority portion of which shall relate to the physician’s primary specialty) ~~credits~~, Pennsylvania licensure, physical and mental health, ethics and professional conduct, and compliance with the regulations of the Hospitals and Medical Staff Bylaws, Rules and Regulations. In addition, each recommendation concerning the reappointment of a Medical Staff Member shall be based upon that member’s use of the Hospitals’ facilities for his or her patients; relationship with other practitioners in the Hospitals; general attitude toward patients, personnel of the Hospitals and the public; participation in quality assessment activities required of the Medical Staff; attendance at Medical Staff and Committee meetings; and participation in Medical Staff affairs.

If you have any questions regarding these changes, please contact Kathy Schaeffer in Medical Staff Services at 610-402-7846.

## News from the Libraries

### Recently Acquired Publications

#### Library at Cedar Crest & I-78:

- ... Chaitow. Palpation and Assessment Skills. 2003
- ... Kufe. Holland-Frei Cancer Medicine. 2003

#### Library at 17th & Chew:

- ... Petit. Handbook of Emergency Psychiatry. 2004

#### Library at LVH-Muhlenberg:

- ... Harken. Abernathy's Surgical Secrets. 2004
- ... APA. Evidence-Based Practices in Mental Health Care. 2003

### OVID Training

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

### OVID

#### Helpful Hint When Using Your Journals@OVID for Fulltext

Always select PDF format if it is an option. This format creates an exact replica of the article as it appears in the original journal and the printout looks like a traditional article. Other options may create a manuscript format and they look like and are paginated as if they are a web document.



OVID online provides some fulltext textbooks as well as MEDLINE. **Harrison's Textbook of Internal Medicine** is now available. When you click on OVID online from the Clinical Services page, you receive a list of options. Second from the top is Books @ OVID. When the front covers of the textbooks appear, click on the front cover of Harrison's to view its Table of Contents.

## 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



**Richard D. Battista, MD**  
 Orthopaedic Associates of Allentown  
 1243 S. Cedar Crest Blvd.  
 Second Floor  
 Allentown, PA 18103-6268  
 (610) 433-6045 Fax: (610) 433-3605  
 Department of Surgery  
 Division of Orthopedic Surgery/Hand Surgery ° Section of Ortho Trauma  
 Provisional Active



**Jon D. Hernandez, MD, PhD**  
 Coordinated Health Systems  
 2775 Schoenersville Road  
 Bethlehem, PA 18017-7326  
 (610) 861-8080 Fax: (610) 861-2989  
 Department of Surgery  
 Division of Orthopedic Surgery/Hand Surgery  
 Provisional Active



**Kenneth J. Brislin, MD**  
 Orthopaedic Associates of Allentown  
 1243 S. Cedar Crest Blvd.  
 Second Floor  
 Allentown, PA 18103-6268  
 (610) 433-6045 Fax: (610) 433-3605  
 Department of Surgery  
 Division of Orthopedic Surgery  
 Section of Ortho Trauma  
 Provisional Active



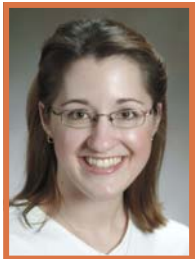
**Jason E. Kooch, DO**  
 Coordinated Health Systems  
 2775 Schoenersville Road  
 Bethlehem, PA 18017-7326  
 (610) 861-8080 Fax: (610) 861-2989  
 Department of Medicine  
 Division of Physical Medicine-Rehabilitation  
 Provisional Active

*Continued on next page*

Continued from Page 13



**Daniel D. Lozano, MD**  
Surgical Specialists of the Lehigh Valley  
1240 S. Cedar Crest Blvd., Suite 308  
Allentown, PA 18103-6218  
(610) 402-1350 Fax: (610) 402-1356  
Department of Surgery  
Division of Trauma-Surgical Critical  
Care/General Surgery  
Section of Burn  
Provisional Active



**Jennifer L. Mariotti, DO**  
LVH Department of Medicine  
Lehigh Valley Hospital  
Cedar Crest & I-78, P.O. Box 689  
Allentown, PA 18105-1556  
(610) 402-5200 Fax: (610) 402-1675  
Department of Medicine  
Division of General Internal Medicine  
Provisional Limited Duty



**Steven B. Mazza, MD**  
Coordinated Health Systems  
2775 Schoenersville Road  
Bethlehem, PA 18017-7326  
(610) 861-8080 Fax: (610) 861-2989  
Department of Medicine  
Division of Physical Medicine-  
Rehabilitation  
Provisional Active



**John F. Mielo, DMD**  
Round Valley Dentistry LLC  
3 Werner Way, Suite 202  
Lebanon, NJ 08833-2223  
(908) 437-6000 Fax: (908) 437-6004  
Department of Dental Medicine  
Division of General Dentistry  
Provisional Active



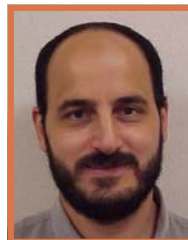
**Adnan Qayyum, DDS**  
Green Street Dental Associates  
150 S. Green Street  
Nazareth, PA 18064-2011  
(610) 746-0488 Fax: (610) 746-9088  
Department of Dental Medicine  
Division of General Dentistry  
Provisional Active



**Rosalie R. Snyder, MD**  
Tilghman Medical Center  
4825 W. Tilghman Street  
Allentown, PA 18104-9374  
(610) 366-9242 Fax: (610) 366-9229  
Department of Family Medicine  
Provisional Affiliate



**Susan G. Trevisan, MD**  
Medical Imaging of LV, PC  
Breast Health Services  
1240 S. Cedar Crest Blvd., Suite 203  
Allentown, PA 18103-6218  
(610) 402-0690 Fax: (610) 402-0695  
Department of Radiology-Diagnostic  
Medical Imaging  
Division of Diagnostic Radiology  
Section of Mammography  
Provisional Active



**Mohamed A. Turki, MD**  
Bethlehem Pulmonary Associates, Inc.  
5325 Northgate Drive, Suite 209  
Bethlehem, PA 18017-9416  
(610) 866-2048 Fax: (610) 866-5058  
Department of Medicine  
Division of Pulmonary/Critical Care  
Medicine  
Provisional Active

### Practice Changes

#### Deanna S. Dudenbostel, DMD

Colmar Dentistry for Kids, LLC  
2621 N. Broad Street  
Colmar, PA 18915-9401  
(215) 822-6777 Fax: (215) 822-5490

The following cardiac surgeons, formerly members of  
The Heart Care Group, will now be known as:

#### Lehigh Valley Heart & Lung Surgeons

**Theodore G. Phillips, MD**

**Raymond L. Singer, MD**

**Gary W. Szydlowski, MD**

**James K. Wu, MD**

As construction of their new office will not be complete  
until early December, their temporary office will be:  
1202 S. Cedar Crest Blvd., Suite 500  
Allentown, PA 18106-0880  
(610) 437-9071 Fax: (610) 437-1484

Continued on next page

*Continued from Page 14*

**Fernando M. Garzia, MD**

formerly practicing as Opcor, P.C., has joined:

Lehigh Valley Heart & Lung Surgeons  
2545 Schoenersville Road  
Fourth Floor  
Bethlehem, PA 18017-7384  
(484) 884-1011 ◦ Fax: (484) 884-1012

**Address Change**

**Thomas P. Harakal, MD**

ClearSkin Acne & Laser Centers, PC  
5649 Wynnewood Drive, Suite 202  
Laurys Station, PA 18059-1124  
(610) 261-1650 ◦ Fax: (610) 261-9601

**Farhad Sholevar, MD**

451 W. Chew Street, Suite 403  
Allentown, PA 18102-3424  
(610) 435-8986 ◦ Fax: (610) 435-8307

**Phone/Fax Number Change**

**LVPG-Hospitalist**

**John M. Davidyock, MD**

**William T. Ford, Jr., MD**

**Arvind K. Gupta, MD**

(610) 402-5369 ◦ Fax: (610) 402-5959

**Pager Changes**

**Iftikhar Ahmad, MD**

**Iqbal Sorathia, MD**

The above physicians will now be available by calling:

1-877-845-3197 # 2

**Status Changes**

**Ardeth L. Copeland, MD**

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

**Arthur D. Hoffman, MD**

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

**Daniel N. Mascarenhas, MD**

Department of Medicine  
Division of Cardiology  
From: Provisional Active  
To: Affiliate

**Arthur H. Popkave, MD**

Department of Medicine  
Division of Cardiology  
From: Provisional Active  
To: Affiliate

**Joseph Schiavone, MD**

Department of Medicine  
Division of Cardiology  
From: Provisional Active  
To: Affiliate

**Joseph T. Termini, MD**

Department of Family Medicine  
From: Affiliate  
To: Honorary

**Additional Six-Month Leave of Absence**

**Michael P. Horowski, DMD**

Department of Dental Medicine  
Division of General Dentistry/Special Care

**Resignations**

**Jane Dorval, MD**

Department of Medicine  
Division of Physical Medicine-Rehabilitation

**Sean K. George, DO**

Department of Medicine  
Division of General Internal Medicine

**Kevin P. Meitz, DO**

Department of Medicine  
Division of General Internal Medicine

**Maria M. Mountis, DO**

Department of Medicine  
Division of General Internal Medicine

**Patrick F. Walsh, DO**

Department of Medicine  
Division of General Internal Medicine

**Allied Health Staff Appointments**

**Michael S. Fessler**

Pacemaker/ICD Technician  
(Medtronic, Inc. – Norman H. Marcus, MD)

**Changes of Supervising Physician**

**Catherine C. Samoylo, PA-C**

Physician Assistant-Certified  
From: Endocrinology Associates of Lehigh Valley – Benjamin J. Quintana, MD  
To: Neurosurgical Associates of LVPG – Christopher A. Lycette, MD

**Jimmy La Torres, CST**

Certified Surgical Technician  
(Lehigh Valley Orthopedic Group, PC)  
From: Barry A. Ruht, MD  
To: Wei-Shen W. Lin, MD

**Patricia A. Vaccaro, CRNP**

Certified Registered Nurse Practitioner  
(Wound Healing Center)  
From: William R. Dougherty, MD  
To: Sigrid A. Blome-Eberwein, MD

**Resignation**

**Guy T. Hornig, CRNA**

Certified Registered Nurse Anesthetist  
(Lehigh Valley Anesthesia Services, PC)

| {

**LEHIGH VALLEY**  
**HOSPITAL**  
AND HEALTH NETWORK

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

Phone: 610-402-8590  
Fax: 610-402-8938  
Email: [janet.seifert@lvh.com](mailto:janet.seifert@lvh.com)

***Medical Staff Progress Notes***

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

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

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

John W. Hart  
Vice President, Medical Staff Services

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

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Michael J. Consuelos, MD  
Elizabeth A. Dellers, MD  
Michael Ehrig, MD  
John P. Fitzgibbons, MD  
Larry R. Glazerman, MD  
L. Wayne Hess, MD  
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Ronald W. Swinford, MD  
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Patrice M. Weiss, MD  
Matthew J. Winas, DO

***We're on the Web!***

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

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

Articles should be submitted by e-mail to [janet.seifert@lvh.com](mailto: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.