

# Medical Staff PROGRESS NOTES



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## LVHHN Receives Highest Accreditation Available from Commission on Cancer

Lehigh Valley Hospital and Health Network's (LVHHN) Cancer Center has achieved Network Cancer Program accreditation, the highest available from the American College of Surgeons' Commission on Cancer (CoC).

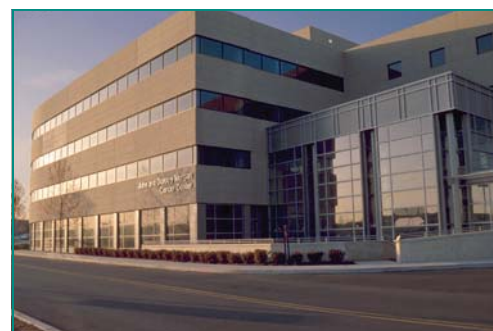
The LVHHN Cancer Center is the first and only program in Pennsylvania, New York and New Jersey, and one of the first hospitals in the country, to achieve this three-year approval.

This accreditation distinguishes cancer centers for quality care as measured by improved patient outcomes, integrated care and comprehensive services including cancer prevention and early detection, diagnosis, treatment and support services.

Previously, LVH was accredited as a Teaching Hospital Cancer Program for many years.

"With this new designation, we're proud to be recognized for providing comprehensive cancer care for patients at both our LVH-Cedar Crest and LVH-Muhlenberg campuses," said Victor R. Risch, MD, PhD, Chair, Department of Radiation Oncology, and Chair, LVHHN Cancer Committee. "Meeting the rigorous standards required for this new high-

est level of accreditation means that patients can feel confident they are receiving the highest quality cancer care close to home."



Along with the accreditation, the Cancer Center received commendation in six areas:

- ... data quality
- ... physician staging - the assignment of the extent of disease in detail by the patient's doctor in the medical record
- ... variety of prevention and early detection programs offered for cancer patients
- ... patient outcomes and survival analyses for use in monitoring quality care
- ... number and scope of patient care improvements implemented each year
- ... establishment of patient care guidelines and level of compliance with guidelines

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## From the President

Last year was a busy year for Troika. Following are highlights of our activities from 2005 and goals for 2006.

On the quality front, there have been several developments. On-call issues remain important – providing appropriate and adequate coverage to our patients who present to the Emergency Department and through the Trauma program. A task force, comprised of physicians, Medical Staff Leadership and Dr. Ron Swinfard (Chief Medical Officer), has begun meeting to address the potential challenges. The goal of the task force is to better define expectations regarding on-call coverage of the Emergency Department and to develop a fair and consistent model to acknowledge the efforts of the Medical Staff who serve the Emergency Department.

Troika has also participated in several of the JCAHO Patient Safety Goal Committees, including those addressing Communication Hand-Offs, Critical Results Reporting, and Medication Reconciliation. You will see further communication about these goals and the impact on the Medical Staff in the coming months.

A goal for the coming year is to improve awareness and understanding of the goals of the hospital QA process. We will work to emphasize the learning aspects of the process and to reduce the common defensive responses of the Medical Staff when involved.

Dr. Alex Rae-Grant will continue his work to increase the knowledge and use of Evidence at the Point of Care. The goal is to integrate the use of evidence-based medicine into the physicians' daily work flow and rounds. He has already met with several residency groups and attending physicians to begin the educational process. If your division is interested in hearing more about this important effort, please contact Dr. Rae-Grant.

An additional requirement for Medical Staff and Allied Health Staff was approved by the Medical Executive Committee in September – annual TB testing is now required for appointment and reappointment. This change in policy is consistent with requirements for the rest of the hospital staff, and is consistent with CDC recommendations. Troika would like to extend its thanks to Dr. Luther Rhodes and the Infection Control Committee for their guidance and assistance.

Several accomplishments regarding the Medical Staff also occurred. As has been discussed at General Medical Staff meetings, the Medical Staff Bylaws and Rules and Regulations have been completely rewritten. The rewrite, accomplished by Dr. Alan Berger and the Bylaws Committee, provides the documents with clearer language and brings the documents in-line with regulatory bodies.

Troika continues to meet with the

Chairs of the Medical Staff Committees to discuss committee membership and the efficient operation of the committee. We have also provided a food allowance to the major committees to recognize the efforts of the members of the committee. The response has been positive. If you are interested in serving on any of the Medical Staff Committees, please contact me or stop by the Medical Staff Services Office.

Although medical malpractice is not grabbing the headlines, it is still an issue for our Medical Staff. To help educate our staff, Troika worked with hospital leadership and an outside consulting firm to develop a tool to aid physicians with making choices regarding malpractice insurance. The result is a document called, "Medical Malpractice Insurance Coverage – How to determine the best choice for your practice type." It is available in print format or in electronic version by calling Medical Staff Services at 610-402-8590.

A major focus for Troika and myself has been concentrating on communication. I have tried to educate the Medical Staff through my column in **Medical Staff Progress Notes** (i.e., Communication as a Developmental Process, the story about Captain Asoh, and the information regarding Push-Pull Communications). Irv Rubin, a nationally recognized consultant, spoke at the September General Medical Staff meeting and at Medical Grand Rounds the following day. The attendance was impressive, underscoring the interest in topics such as this.

A system is a perceived whole whose elements "hang together" because they continually affect each

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other over time and operate toward a common purpose. Several of my columns have addressed systems and systems theory, including the topic of the "tragedy of the commons," which generated a significant amount of feedback.

There have been two columns related to humor in health-care, based on my readings of two books specifically written about this topic. Along with the videos shown at the GMS meetings, I hope that I have reinforced the message that humor is important in all aspects of our daily lives.

Troika remains active in the development of physician leaders. The Institute for Physician Leadership, a multi-disciplinary effort by Dr. Ron Swinfard and Organizational Development, is beginning its next session. Dr. Linda Lapos, Medical Staff President-elect, will participate in this session. Troika contacts all new physicians appointed to the staff approximately six months after obtaining privileges to answer any questions and to follow up regarding their transition to life at LVH. This provides Troika with excellent feedback regarding any issues that may arise.

I hope everyone is enjoying "Fresh Fruit Friday." The addition of fruit in the Medical Staff Lounges appears to be quite popular. With thanks to Lou Liebhaber, the physician parking lot at LVH-Cedar Crest & I-78 was recently expanded, adding an additional 82 parking spaces.

Lastly, Troika continues to provide support and commitment to Universal CAPOE. Although I wear both my hats in this effort, Drs. Rae-Grant and Lapos also support CAPOE as both users of the system and as leaders of the Medical Staff. This accomplishment places our Medical Staff in rare company, as less than 10% of hospitals have fully implemented a computer physician order entry system. The Medical Staff should be quite proud of their cooperation and efforts in achieving this important patient safety goal.

I look forward to the second year of my term and wish everyone a safe and prosperous year.

Don

Donald L. Levick, MD, MBA  
Medical Staff President

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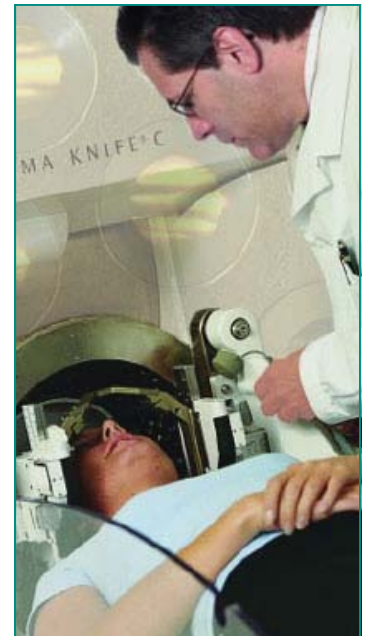
The Network Cancer Program is a relatively new category of approval from the multi-disciplinary CoC, having been established in 2000 to distinguish programs that provide integrated care, offer comprehensive services in a single organization, and are accredited by the Joint Commission on Accreditation of Health Care Organizations (JCAHO).

The CoC is composed of surgeons representing the American College of Surgeons and members from organizations involved in cancer care.

LVHHN's Cancer Center treated more than 2,800 new cancer patients last year providing comprehensive, integrated services at its two locations in Allentown and Bethlehem. LVHHN conducts the most research of any hospital in the region and currently is participating in 140 national studies to find new and more effective treatments for cancer, including the use of raloxifene to prevent breast cancer in postmenopausal women.

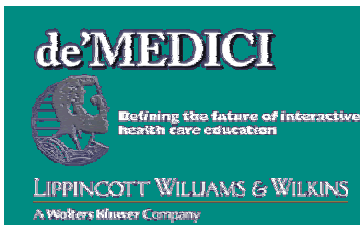
The LVHHN Cancer Center, a founding member of the Penn State Cancer Institute, created the region's first

second opinion services for lung cancer, breast cancer and urologic cancers (prostate, kidney, bladder and testicular); was the first in our region to offer patients with brain cancer the option of stereotactic radiosurgery, which uses intense beams of radiation instead of a scalpel, and is the only hospital-based program to offer the newest form of this technology, the Gamma Knife®. LVHHN is the only Cancer Center in the region that treats children's cancer with radiation therapy, and cares for children as young as three months. For over a decade, since it first opened in 1993, LVHHN's Cancer Center has scored in the top one percent in patient satisfaction every year when measured against other outpatient cancer centers in the nation.



## Moderate Sedation On-Line Exam

As mentioned in last month's issue of *Medical Staff Progress Notes*, all members of the Medical Staff with Moderate Sedation privileges will be required to successfully complete the on-line Medical Staff approved sedation information program and on-line examination. The program and exam can be found under the **de'Medici Online Training** which is accessible through the LVHN intranet at [http://](http://www.lvhn.com)



[www.lvhn.com](http://www.lvhn.com). To access from the home-page, go to the "Hot Sites" list on the right side of the page and click on de'Medici Online Training. Enter your user number

and proceed with completing the program. Medical Staff Services will be notified of your successful completion of the exam.

This requirement was initially established with the inception of moderate sedation criteria in 2003 and is **mandatory for continuation and maintenance of moderate sedation privileges**. The completion of this program is a requirement for the 2006 Reappointment to the Medical Staff. This year's reappointment process will begin on March 3, when over 1,000 packets will be mailed to the majority of the Medical Staff. It is hoped that all members of the Medical Staff with Moderate Sedation privileges will have successfully completed the exam by that time. A big "Thank You" goes out to the 40+ physicians who have successfully completed the exam thus far!

If you have any questions regarding this issue, please contact Kathy Schaeffer (610-402-7846) or Ruth Davis (610-402-8975) in Medical Staff Services.

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## 2006 National Patient Safety Goals

NPSG or National Patient Safety Goals is terminology that is frequently heard throughout the hospital. What does NPSG mean for you? Why do you need to know about it?

The Joint Commission on Accreditation of Health Care Organizations (JCAHO) implemented the NPSG in 2003. Initially, JCAHO provided a list of six "goals" that hospitals were required to implement and develop a plan for adherence to the goals. Each year since 2003, more have been added while some have been retired to general JCAHO standards. The NPSGs are all based on identified issues or events that have been trended as the basis for a significant number of serious events throughout general healthcare in the United States. Each goal is focused on how to prevent harm or injury and to keep patients safe. The goals include rationale and implementation expectations, with a focus on decreasing the number of occurrences related to that goal.

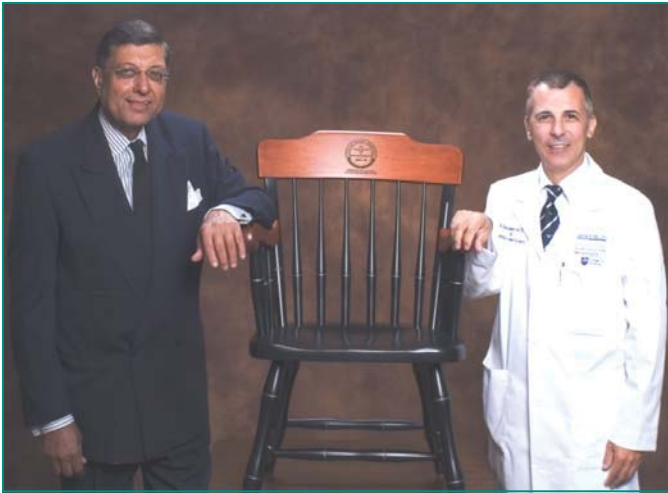
It is important to not only understand the goals but also walk the talk. All healthcare providers and staff within the hospital need to have an understanding of the goals, as well as comply with the expectations that have been defined. Newly implemented NPSGs for 2006 include medication reconciliation, labeling of medications and

solutions, and hand-off communications. Quality Improvement Teams have been diligently working on these goals to effectively meet the implementation expectations throughout the network. The physician's role in complying with the goals is a key point. Throughout this year, physicians will be engaged in the goals and will be asked by staff to assist with compliance.

The entire Lehigh Valley Hospital and Health Network has a goal of getting the information out to its healthcare providers and staff so that each person has the tools and knowledge base necessary to meet the goals, while caring for the patients and interacting with each other. Information will be provided through several different venues throughout the year. For example, each month *Medical Staff Progress Notes* will include information about one of the goals along with tips and guidelines for complying with the goal.

Together, we can provide safe care for our patients and demonstrate to all those that need to know that we adhere to the National Patient Safety Goals. If you have any questions concerning the goals or patient safety, please contact Kristie Lowery, Patient Safety Officer, at 610-402-3001.

## Longtime LVHHN Surgeon Endows Organization's Ninth Chair to Support Physician Recruitment, Medical Education and Research



More than 200 guests joined Indru T. Khubchandani, MD, (left) and Roberto CM Bergamaschi, MD, PhD, at a celebration marking the official unveiling and naming of the Endowed Chair in Colon and Rectal Surgery.

Born in Italy, Roberto CM Bergamaschi, MD, PhD, studied, practiced and taught colorectal surgery in France, England, Norway, Pittsburgh and Philadelphia. But since joining Lehigh Valley Hospital and Health Network (LVHHN) in August, 2005, he says he has seen something he's never seen at any other hospital in the world.

"I've been in hospitals where the care was excellent," he says. "But here, patients get something more—quality care with a genuine bedside manner."

It is one of the things that attracted Dr. Bergamaschi to LVHHN. The other: world-renowned colorectal surgeon Indru T. Khubchandani, MD. After conceiving the idea to establish the hospital's ninth endowed chair, Dr. Khubchandani searched for the right person to hold it. He chose Dr. Bergamaschi.

"We're one of only 32 hospitals nationwide to offer education for colorectal board certification," Dr. Khubchandani says. "Having an excellent surgeon and teacher here like Dr. Bergamaschi will help us attract the best candidates."

The chair, which bears Dr. Khubchandani's name — The Indru Khubchandani, MD, Endowed Chair in Colon and Rectal Surgery — is a \$1.5 million endowment that traditionally supports education and research projects. Dr. Khubchandani's initial fundraising efforts and future sound investments will ensure the fund's existence for years to come. John Morgan, one of Dr. Khubchandani's former patients and the namesake of LVHHN's Cancer Center, laid the foundation with a \$250,000 contribution. Many other patients gave generously, too.

"One man sent in \$5 because it was all he could afford," Dr. Khubchandani says. "He felt he had to give something, because the idea of funding research and education in colorectal surgery was extremely important to him."

Both physicians already have visions for how the chair will benefit the community. Dr. Bergamaschi would like to conduct a study showing whether minimally invasive surgery can improve cure rates for colorectal cancer. Dr. Khubchandani envisions a learning lab (as opposed to the operating room) where medical students learn surgical procedures.

"This chair will help us recruit the best physicians and fund important research," Dr. Khubchandani says. "It's our way of continuing Leonard Pool's mission of creating the best health care close to home."

### Documentation Improvement Tip of the Month

Coders cannot assume a cause-and-effect relationship between diabetes and peripheral vascular disease if one is not stated by the physician. Diabetes with peripheral circulatory disorders would be coded separately unless the physician states that the peripheral vascular disease was diabetic or due to diabetes. If the documentation is not clear in the medical record, the coder will need to send a query to the physician for clarification.

## News from CAPOE Central



### CAPOE Tips from the Pharmacy

Our colleagues in the Pharmacy have identified several types of CAPOE orders that frequently require their intervention to “clean-

up.” Please take note of these issues and suggestions on how to enter these orders more appropriately.

#### ○ **Timing of meds remains the most common issue.**

- “ If a dose is required right away, remember to check the “Start ASAP” button. This will generate a dose to be given within 30 minutes. Do not put “Start today,” in the comment field. Note the timing of the order, since the “Start ASAP” button creates an extra dose. Example: a med given at 10-2-6-10 ordered at 9AM with the “Start ASAP” button checked, will order a dose for 9:30 and the regularly scheduled dose to be given at 10AM. Example: Coumadin (normally given at noon), ordered at 1PM will not start until the next day at noon, UNLESS the “Start ASAP” button is checked.
- “ If you are trying to time a med to start the next day, enter “1d” as the start date, and remember to change the start time to the appropriate time (i.e., 0900); otherwise the current time will default into the field and create an off-schedule dose.
- “ The “Max doses” field should be filled in to limit the number of doses. This field works well for post-op antibiotics and other meds where a specified number of doses is known.
- “ When ordering meds in succession, such as potassium boluses, the best way is to use the “Max Doses” field for the number of boluses, and set the frequency to Rxq1h. Do not use the comment line for instructions, such as, “give three boluses one hour apart,” or “start this IV after 2 bags at 250 ml/hr.”
- “ If starting an IV med today, and the PO equivalent tomorrow, remember to set the start date/time for the PO med for tomorrow.
- “ PRN and maintenance IV bags (i.e., entered with an infusion rate) do not require the “Start ASAP” option since both are started immediately.

#### ○ **Please do not use the comment lines to provide dosing instructions for medications orders.**

- “ Remember to use the “Max Doses” field to limit the number of doses of a med, and do not put “x3 doses” in the comment line. This is very common for post-op antibiotics.
- “ If an IV rate is to change after a specified number of hours, the best way is to adjust the stop time or max doses, and create a second order with a start time after the first IV runs out. The other option is to use the “Communication to Nurse” order to adjust the rate.
- “ Comments such as, “Give today if OK with Surgery,” are not valid orders. It is the responsibility of the ordering physicians or providers to communicate to determine if meds are to be ordered.

#### ○ **Discontinuation of existing orders to prevent duplicate orders**

- “ In general, if multiple physicians are placing orders, there is a risk that they may enter duplicate orders, and not D/C the other physician’s original orders. Please remember to review the Med Profile and Orders Profile screen prior to adding new orders.
- “ Remember to D/C original orders when entering new orders. This happens most commonly with IV orders and pain meds (including PCA orders).

#### ○ **Scheduled meds vs. PRN meds**

- “ When choosing meds off the A-L and M-Z lists, remember to choose the PRN listing if you want a PRN med. You can modify the dose and frequency on the detail screen. The same holds true for scheduled meds. If you choose a PRN med off the list, and then uncheck the PRN box to make it a scheduled med, this can create issues for how the med appears on the nursing screens.

#### ○ **Choosing the correct product**

- “ Do not choose a PO preparation and change the route to IV. The Pharmacy Robot, which facilitates dispensing of meds in a timely manner, will be instructed to send a PO med and the nurse will be prompted to give the med IV.

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- “ Do not change doses on PO meds that would result in fractions of capsules or tablets. Example: choosing Clindamycin 300 mg capsule and making dose 150 mg. Remember to choose the closest dosing option, or one that will allow for multiples of tablets.

### ○ Orders with ranges

- “ Heparin scales: There are three orders to the ACS and Raschke Heparin scale orders. The first order is for the initial loading dose (you need to calculate the initial dose); the second order is for the scale that the nurse uses to adjust the infusion (no additional info is required on this screen); the third order is for the re-boluses that are included in the scale (you need to calculate this dose). A separate handout will be available in the Medical Staff Lounges to help explain this process.
- “ Insulin sliding scales: Remember that the units entered in the “Dose and Range” fields must match those in the “Blood Glucose” parameters fields.
- “ Insulin based on carbohydrates: A range of units should be entered into the first and second lines of the Dose Range fields to allow the Nurse to chart

appropriately. Example: For example 1-4 units, with 1 on the top dose line and 4 on the second dose line. If the patient's meal contained 45 grams carbohydrates, the nurse would need to chart 3 units of insulin. However, the nurse will not be able to chart this since the physician entered 1 unit as the dose instead of entering a range.

- **Please remember to update the allergy information prior to entering orders on patients.** This is especially important to do prior to entering admission orders.
- **When ordering a medication that overrides an allergy, remember to complete the “Document reason for conflict override” box on the right side of the Med Detail screen.** This will reduce the number of call backs from Pharmacy for clarification of the order.

If you have any questions regarding these issues, please contact Don Levick, MD, MBA, Physician Liaison, Information Services, at 610-402-1426, or pager 610-402-5100 7481.

## Reminder from the Blood Bank (Transfusion Medicine)

With the implementation of Universal CAPOE, many telephone calls between physician/nursing and the Blood Bank will be eliminated.

When ordering, PLEASE read the drop down order reference screen.

### Red Cell Transfusion:

- “ Type and Screen, when the probability of a transfusion is low. A negative screening for unexpected antibodies provides assurance that if red cells are needed in an extreme emergency (i.e. no time to Crossmatch) that TYPE SPECIFIC or TYPE COMPATIBLE (e.g. O group to A or B group) transfusion will not cause clinical hemolysis in 99.96%
- “ Type & Screen SHOULD NOT be ordered when the need for transfusion is definite or probability of a transfusion is high.
- “ Type & Screen SHOULD NOT be ordered with number of units. Instead order Type & Crossmatch.

- “ If red cells units are to be placed on HOLD, order Type & CROSS-MATCH.

- “ Please pay particular attention to priority box i.e. ROUTINE vs. STAT.

- “ If the transfusion is a definite please do not forget to indicate “TRANSFUSE” or “GIVE”.



**Platelets:** Since March 4, 2004, all platelets at LVHHN are manufactured from single donors. These units are pre-storage leukoreduced and tested for bacterial contamination. This avoids the need for pooling, therefore, platelets can be issued very rapidly.

If you have any questions regarding this issue, please contact Bala B. Carver, MD, Chief, Section of Transfusion Medicine & HLA, at 610-402-8181.

## Cedar Crest & I-78 Construction Update

### Parking Changes

During the next few weeks, construction will begin to affect the parking lots in front of the hospital. To help the process run smoothly, you are encouraged to do the following:

- ... Notify patients and visitors to use free valet parking.
- ... Instruct patients to call the valet (Ext. 8220) to retrieve their vehicle before leaving the unit to lessen wait time.
- ... Notify Security Director Gerald Kresge (610-402-8220) when planning a meeting on campus that will require extra parking.
- ... Continue to monitor construction update e-mails for information on patient and visitor parking changes.

### Kasych Family Pavilion

- ... As foundation work continues, equipment will be used very close to the Anderson Wing over the next few weeks. Noise and vibration will be minimal and hospital services will not be disrupted.
- ... To remove rock, one or two additional blasts will be scheduled in early February. Check future construction update e-mails for specifics.

### Traffic Patterns

- ... Watch for changes in traffic patterns near the John and Dorothy Morgan Cancer Center as the parking deck driveway is connected to the ring road.



### Center for Ambulatory Medicine

- ... Construction of the building shell continues for the newest medical office building on the Cedar Crest & I-78 campus.
- ... The building is currently draped in plastic which retains heat during the pouring and curing of the concrete floor.
- ... Traffic control will be in place during the delivery and installation of pre-cast panels for the exterior of the new medical office building. Installation will take approximately five weeks, weather permitting.

To get the latest construction updates or to ask questions, visit the intranet at [www.lvh.com](http://www.lvh.com) or call 610-402-CARE.

## Research Corner

### TOPVENT: Trial of Odiparcil in the Prevention of VENous Thromboembolism

The primary objective of this trial is to assess the safety and efficacy of odiparcil in the prevention of venous thromboembolism following total knee replacement. Odiparcil is a novel, orally active antithrombotic agent. The specific antithrombotic activity of odiparcil should result in a reduced bleeding risk compared with vitamin K antagonists, unfractionated, low molecular weight heparins and direct thrombin inhibitors. Eligible candidates will consist of males or females over 35 years of age that are scheduled for primary elective unilateral total knee arthroplasty.

Arvind K. Gupta, MD, Division of General Internal Medicine, is the Principal Investigator for this study.

For more information, please call Matthew Kunkle, RN, BSN, Department of Medicine, Research, at 610-402-7195.

### Procrit for CKD in the Pre-Hemodialysis Population

Anemia (low blood count) is a common side effect of Chronic Kidney Disease, causing patients to feel tired.



Currently, Procrit is approved for dosing three times per week for anemia in the CKD patient pre-hemodialysis. This study is designed to look at four different dosing regimens for this medication. The subjects will be randomized to receive Procrit 10,000 units every week, 20,000 units every two weeks, 20,000 units every four weeks, or 40,000 units every four weeks. The study will last approximately five months.

Arvind K. Gupta, MD, Division of General Internal Medicine, is the Principal Investigator for this study.

For more information, please call Sharon Kromer, RN, BSN, Department of Medicine, Research, at 610-402-1635 or pager 610-402-5100 0999.

## Congratulations!



**Michael D. Pasquale, MD**, Chief, Division of Trauma-Surgical Critical Care, was recently named President of the Eastern Association for the Surgery of Trauma (EAST) at its annual conference held January 10 to 14 in Orlando, Fla.

With almost 900 members, EAST provides a forum for the exchange of knowledge pertaining to the care and rehabilitation of the injured patient. Additionally, the organization stimulates investigation and teaching in methods of treating and preventing injury from all causes. The organization is dedicated to the study of the practice of surgery of trauma patients by establishing lecture-ships, scholarships, and foundations to promote, reward, and recognize individuals working in the field of injury and injury control.

Dr. Pasquale, who will serve a one-year term as President of EAST, has been a member of the Medical Staff since August, 1993. He is in practice with Surgical Specialists of the Lehigh Valley.

## Help for Patients at the End of Life

No one should be alone at the end of life. That's the premise behind **No One Dies Alone** (NODA). NODA is a staff supported volunteer program that has evolved out of the "Integrating Palliative Care in the ICU" project directed by Cathy Fuhrman, RN, and Dr. Daniel Ray. It provides a systematic pool of people who are willing to volunteer their time to simply be with a dying patient who does not have a loved one by his or her side. NODA is for hospitalized patients who are on comfort measures only, are on DNR status, and are felt to be in their last hours of life.

No One Dies Alone went live in late December. The first to use the service was a critical care patient who had been removed from life support. His nurse and the volunteer who sat with him playing music and providing reassurance, said they could see him relax. He died peacefully, with someone by his side.

Do you have patients who don't have family or friends available to be involved and present, who are at the end of their life's journey? To refer a patient, contact Pastoral Care weekdays at 610-402-8465, then press 1; evenings, weekends, nights and holidays, page the on-call chaplain at 610-402-0531.

For more information about the program, please send an email to [Betsy.Powers@lvh.com](mailto:Betsy.Powers@lvh.com).



The Dr. Dean Ornish Program is currently seeking participants for a 12-week program scheduled to begin in February 2006. This program is for individuals with stable angina/heart disease and/or significant risk factors such as high blood pressure, high cholesterol, obesity or diabetes.

By combining stress management, moderate exercise, group support and a low-fat, whole foods nutrition plan, participants in the Ornish Program experience improvements in

weight, chest pain, cholesterol, blood pressure and vitality. The multidisciplinary Ornish Team includes co-medical directors, Dr. Robert Biggs and Dr. Gerald Pytlewski. The Ornish Team works with you and your patient to carry out your treatment plan. Patients remain under the care of their personal physicians during program participation.

Insurance coverage is available for qualified Highmark and Gateway members. People who are 65 and older, have Part B Medicare and have been diagnosed with heart disease, may be eligible to participate in the Medicare Demonstration Project. **Enrollment in the Medicare Demonstration Project must be completed on or before February 28, 2006.**

To refer a patient, obtain more information or request a supply of patient brochures for your office, please contact Mable Humphrey, RN, at 610-402-2563.

## Upcoming Seminars, Conferences and Meetings

### Bioethics Research Day Conference

Renowned ethicist Arthur Caplan, PhD, will be the featured speaker at the Bioethics Research Day conference, "Integrity and Accountability in Biomedical Research," to be held on **February 22** in the Auditorium of Lehigh Valley Hospital—Cedar Crest & I-78. The conference will be held from 8 a.m. to 4 p.m.

Dr. Caplan, who will speak from 2:15-3:45 p.m. on "Ethics of Clinical Research," is the Emmanuel and Robert Hart Professor of Bioethics and Director, Center for Ethics at the University of Pennsylvania.

Additional topics to be discussed at the conference will include:

- < "Making the Case for the Protection of Subjects Participating in Research"
- < "Importance and Challenges of IRBs: Managing Research Progress and Handling Misconduct"
- < "Research Subject Advocacy: A Primary Role for Research Nurses"
- < "So You Want to Get Better, Do You? Have I Got a Protocol for You"

The deadline for registration is February 10. The fee is \$25 (students free with valid ID). For more information regarding the conference, please call Donna Stout in the Division of Education at 610-402-2482, for more information.

### Risk Management Symposia

All practicing physicians, registered nurses, and allied health professionals interested in risk management are invited to attend two upcoming risk management symposia.

The first – **Anatomy of a Lawsuit** – will be held on **Friday, February 24**, from 7 a.m. to 12:30 p.m., in the Auditorium of Lehigh Valley Hospital – Cedar Crest & I-78. This symposium will include presentations by Ronald W. Swinfard, MD, Chief Medical Officer, a plaintiff's attorney, and a defendant's attorney, along with a complete explanation of interrogatories, depositions, and expert witnesses.

The second – **When the Pad Goes Bad – Guidelines to Prescribing Controlled Substances** – will be held on **Friday, April 21**, from 7 a.m. to 1 p.m., in the Auditorium of Lehigh Valley Hospital – Cedar Crest & I-78. This symposium will take an in-depth look at chronic pain and the co-morbidities of anxiety, depression, and insomnia as it relates to the use of controlled substances. Also included of interest will be a presentation from a DEA representative and a pharmacist.

Registrations for both symposia are being handled by Donna Stout in the Division of Education at 610-402-2482. For more information about the symposia, contact Patrice Weiss, MD, LVPG Risk Management, at 610-402-9514.

### Trauma 2006: A Continuum of Care

Spend two days exploring challenging topics in trauma care and networking with your colleagues at this year's conference – "Trauma 2006: A Continuum of Care" – to be held on **March 9 and 10** at the Holiday Inn Conference Center in Fogelsville, Pa.

The two-day conference will features topics such as:

- < "Creating 'Pastabilities': Why Trauma Nurses are Wonderful Like Linguine"
- < "Family Presence During Trauma Resuscitation"
- < "Home Sweet Home: How to Lose Your Patients, Not Your Patience, After Work"
- < "Pediatric Severe Closed Head Injury: The Latest Treatments"
- < "Protecting Children During Travel: How Child Safety Seats Protect in a Crash"
- < "ATV Accidents"
- < "Famous Presidential Trauma Cases"

To obtain a conference brochure, registration or general information, please contact Donna Stout in the Division of Education at 610-402-2482. Deadline for registration is February 24, 2006.

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## Emergency Medicine Grand Rounds

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

### February 2 – LVH-Cedar Crest & I-78 Auditorium

- < M & M
- < “Introduction to ACS”
- < “EPOC”
- < “Ethics in Research”

### February 9 – LVH-M 4<sup>th</sup> Floor Classroom

- < “Acute Coronary Syndromes”
- < “Pediatric Cardiology”
- < “Infectious and Rheumatological Issues in Cardiology”
- < Rosen’s Club

### February 16 – EMI – 2166 S. 12<sup>th</sup> Street

- < Cardiovascular Module Lab
  - Case Based Practicums
    - > Basic EKGs
    - > EKG Atrial
    - > EKG Ventricular
    - > Advanced EKGs
  - Simulator Cases

### February 23 – EMI – 2166 S. 12<sup>th</sup> Street

- < Pediatric topic
- < “EKGs and Dysrhythmias”
- < “Cardiovascular Endocrine, Renal and Toxicologic Issues”
- < Rosen’s Club

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

## Family Medicine Grand Rounds

Family Medicine Grand Rounds are held the first Tuesday of every month from 7 to 8 a.m., in the Educational Conference Room #1 at Lehigh Valley Hospital – Cedar Crest & I-78, unless otherwise noted. Each program will also be teleconferenced to LVH-Muhlenberg at the location listed.

Upcoming programs will include:

### February 7

- < “Measurably Improving Chronic Illness Care Using the Chronic Care Model”  
Teleconferenced to LVH-M – Educational Conference Center Room B

### March 7

- < “Patent Foramen Ovale”  
Teleconferenced to LVH-M – Educational Conference Center Room C

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

## Medical Grand Rounds

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

- < February 7 – “Update: Lehigh Valley Hospital Headache Center”
- < February 14 – “Meningococcal Diseases Update 2006: Advances in the Prevention of Meningococcal Meningitis”
- < February 21 – TBA
- < February 28 – “Aldosterone: From Bench to Bedside”

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

## Neurology Conferences

The Division of Neurology conferences are held on Fridays beginning at noon in Classroom 1 at Lehigh Valley Hospital – Cedar Crest & I-78. Topics for February will include:

- < February 3 – “Update on Huntington’s Disease”
- < February 10 – “Parkinson’s Disease Update”

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

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## OB/GYN Grand Rounds

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

- < February 3 – Gynecologic Tumor Board
- < February 10 – Gynecologic M & M
- < February 17 – No Grand Rounds – Residents Performing In-house Oral Boards
- < February 24 – Risk Management Symposium – “Anatomy of a Lawsuit” – 7 a.m. to 12:30 p.m., Auditorium of Lehigh Valley Hospital – Cedar Crest & I-78.

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

## Pediatric Grand Rounds

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

- < February 7 – “Sports Medicine”
- < February 14 – Case Presentation
- < February 21 – Pediatric Ophthalmology topic
- < February 28 – “Complementary and Alternative Medicine”

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

## Psychiatry Grand Rounds

The next Department of Psychiatry Grand Rounds presentation will be held on **Thursday, February 16**, beginning at noon, in the Banko Family Center, Conference Rooms 1 and 2, at LVH-Muhlenberg.

The topic of discussion will be “Advances in the Treatment of Attention Deficit Disorder.”

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

## Surgical Grand Rounds

Surgical Grand Rounds are held on Tuesdays, beginning at 7 a.m., in the Auditorium of Lehigh Valley Hospital – Cedar Crest & I-78, and via videoconference in the First Floor Conference Room at LVH-Muhlenberg. Topics for February will include:

- < February 7 – “Management of Inflammatory Bowel Disease”
- < February 14 – “Timing of Open Fracture Care”
- < February 21 – “Ambulatory Surgery”
- < February 28 – TBA

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

## News from the Libraries

The library staff has received positive feedback with respect to the increased number of electronic full text journals available through LVHHN. These electronic full text journals come from a variety of vendors and publishers. Please remember that in many cases the library staff is maintaining a link to the electronic version of a journal for your convenience, such as the link from OVID to MD Consult. These links are checked regularly as publisher's change their rules daily. If you notice a defective link, however, call the main library number and report it in order for the library staff to determine whether access by the publisher or vendor is still allowed.

Many people have rediscovered OVID as a way to obtain electronic full text of articles. OVID provides a separate

database called Your Journals @ OVID which conveniently provides access to journals for which LVHHN is guaranteed electronic full text since an electronic subscription has been purchased.



OVID also provides a database called Journals @ OVID which allows you to browse tables of contents of a larger number of journals. There is no guarantee that of access to the full text from all these journals.

If you would like a demonstration or need assistance in determining whether the full text of a particular journal is available, call the library at Cedar Crest & I-78 at 610-402-8410.

## Papers, Publications and Presentations

**Sumon K. Agarwala, MD**, Division of Endocrinology, co-authored an article – “Life-Threatening Thyrotoxicosis Induced by Combination Therapy with PEG-Interferon and Ribavirin in Chronic Hepatitis C” – which was published in Volume 11, Number 2/March-April 2005 issue of *Endocrine Practice*.

**Roberto CM Bergamaschi, MD, PhD**, Division of General Surgery, co-authored an article – “Laparoscopy for Abdominal Emergencies: Evidence-Based Guidelines of the European Association for Endoscopic Surgery” – which was published in the October 24, 2005 issue of *Surgical Endoscopy*.

**Wendy J. Kowalski, MD**, Division of Neonatology, co-authored an article – “Communicating with Parents of Premature Infants: Who is the Informant?” – which was published in Volume 26, Number 1, January 2006 issue of the *Journal of Perinatology*.

**Larry N. Merkle, MD**, Chief, Division of Endocrinology, presented a poster at the Annual Congress of the Society of Critical Care Medicine held January 8, in San Francisco, Calif. The poster was titled “Initial Validation of Optical Coherence Tomography Based Sensor for Monitoring of Blood Glucose Levels.”

**William L. Miller, MD**, Chair, Department of Family Medicine, co-authored an article – “Healing Landscapes: Patients, Relationships, and Creating Optimal Healing Places” – which was published in Volume 11, Supplement 1, 2005 of the *Journal of Alternative and Complementary Medicine*.

**Michael J. Pistoria, DO**, Associate Program Director, Internal Medicine Residency Program, was the second author of an article, published in the December 2005 issue of the *Journal of General Internal Medicine*, titled “Internal Medicine Training in the Inpatient Setting: A Review of Published Educational Interventions.” Dr. Pistoria was a member of the Inpatient Medicine Subcommittee of the Society of General Internal Medicine's Reforming Residency Task Force. This task force published its recommendations in the same issue of the *Journal of General Internal Medicine* in an article titled “Reforming Internal Medicine Residency Training: A Report from the Society of General Internal Medicine's Task Force for Residency Reform.”

A number of presentations were made by members of the Department of Surgery at the Society for Critical

Care Medicine (SCCM) 35<sup>th</sup> annual meeting held January 7 to 11, in San Francisco, Calif.

Mary Heyrosa, MD, General Surgery resident, presented her paper titled “Efficacy and Safety of Angiography and Embolization in Pediatric Blunt Abdominal Trauma.” Co-authors of the paper include: **Robert D. Barraco, MD, MPH**, Chief, Section of Pediatric Trauma; **Mark D. Cipolle, MD, PhD**, Chief, Section of Trauma Research; **Michael D. Pasquale, MD**, Chief, Division of Trauma-Surgical Critical Care; and **Michael M. Badellino, MD**, Vice Chair for Education, Department of Surgery.

Poster presentations at the meeting included:

- “Four-tier vs. Three-tier In-hospital Trauma Triage Response System: Accuracy of Stratification and Outcomes” presented by Dale Dangleben, MD, Surgical Critical Care resident. Co-authors include: **Drs. Barraco, Cipolle, Pasquale, Badellino**, and Thomas E. Wasser, PhD, Health Studies.
- “Are Multiple Imaging Modalities Necessary to Screen for Cervical Spine Injuries in Obtunded Trauma Patients?” presented by Omid Jazaeri, MD, General Surgery resident. Co-authors include: **Julie A. Gubernick, MD**, Chief, Section of Urologic Radiology; **Patricia Martin, MD**, Chief, Section of Neuroradiology; and **Dr. Pasquale**. *This poster was nominated for the Research Citation award.*
- “Emergency Percutaneous Tracheostomy (PDT) in Trauma Patients” presented by Timothy Misselbeck, MD, General Surgery resident. Co-authors include: Drs. Dangleben, **Barraco, Badellino, Cipolle, Pasquale**, Tamara Masiado, Health Studies, and Dr. Wasser.
- “Utilization of National Trauma Data Bank (NTDB) to Determine Impact of Age and Comorbidity on Mortality Rates in Isolated Head Injury” presented by **Dr. Pasquale**. Co-authors include: **Dr. Cipolle**, Ms. Masiado, and Dr. Wasser.
- “Routine Chest Radiographs Are Not Necessary in Stable Adult Blunt Trauma Patients” presented by Marnie Santaniello, MD, General Surgery resident. Co-authors include: **Drs. Barraco and Badellino**, Ms. Masiado, and Dr. Wasser.

## 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

#### Address Changes

**Jolly B. Canlas, MD**

3897 Adler Place  
Building C, Suite 160  
Bethlehem, PA 18017-9425  
(610) 868-6830  
Fax: (610) 868-4654

**Carol B. Copenhaver, MD**

Community Physician Practice Growth Initiative  
Allentown Medical Center  
401 N. 17<sup>th</sup> Street  
Suite 105  
Allentown, PA 18104-5088  
(610) 432-2013  
Fax: (610) 432-6559

**Stephen C. Matchett, MD**

Telehealth Services  
1247 S. Cedar Crest Blvd.  
Suite 106B  
Allentown, PA 18103-6298  
(610) 402-1271  
Fax: (610) 402-9384

**Suneel S. Valla, MD**

3590 Northwood Avenue  
Easton, PA 18045-8007  
(610) 252-9053  
Fax: (610) 252-9021

#### Practice Changes

**Raj P. Chowdary, MD**

Allentown Center for Plastic Surgery  
1230 S. Cedar Crest Blvd.  
Suite 202  
Allentown, PA 18103-6212  
(610) 434-1269  
Fax: (610) 432-4083

**Michele D. Jones, DO**

Northampton Medical Associates, Inc.  
602B E. 21<sup>st</sup> Street  
Suite 400  
Northampton, PA 18067-1269  
(610) 262-1519  
Fax: (610) 262-7125

**Walter J. Okunski, MD**

Plastic Surgery Associates of the Lehigh Valley  
1230 S. Cedar Crest Blvd.  
Suite 204  
Allentown, PA 18103-6212  
(610) 402-4375  
Fax: (610) 432-2359

#### Resignations

**Kweku A. Hayford, MD**

Department of Medicine  
Division of General Internal Medicine

**John G. Pearce, MD**

Department of Radiology-Diagnostic Medical  
Imaging  
Division of Diagnostic Radiology  
Section of Mammography

#### In Memoriam

**George S. Boyer, MD**

Department of Surgery  
Division of General Surgery  
Honorary

### Allied Health Staff

#### New Appointments

**Corinne T. Andria, PA-C**

Physician Assistant-Certified  
(Surgical Specialists of the Lehigh Valley –  
James F. Reilly, MD, MBA)

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**Carly D. Christein, PA-C**

Physician Assistant-Certified  
(Lehigh Neurology – Peter J. Barbour, MD)

**Benedict R. Dorsam, PA-C**

Physician Assistant-Certified  
(Lehigh Valley Cardiology Associates –  
John A. Mannisi, MD)

**Kevan P. Haas, PA-C**

Physician Assistant-Certified  
(Lehigh Valley Heart and Lung Surgeons –  
Michael F. Szwerc, MD)

**Diemhang K. Huynh-Younes, PA-C**

Physician Assistant-Certified  
(John J. Cassel, MD, PC – John J. Cassel, MD)

**Jennifer R. Ignosh, CRNA**

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

**Amy S. McLean, PA-C**

Physician Assistant-Certified  
(Surgical Specialists of the Lehigh Valley –  
James F. Reilly, MD, MBA)

**Michael J. Mellon, CRNA**

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

**Barbara L. Morici, PA-C**

Physician Assistant-Certified  
(Muhlenberg Primary Care, PC – Larry L. Levin, MD)

**David M. Paul, CST**

Certified Surgical Technician  
(Valley Sports & Arthritis Surgeons –  
Prodromos A. Ververeli, MD)  
Additional Supervising Physician:  
(Orthopaedic Associates of Allentown –  
Thomas D. Meade, MD)

**Daniel T. Richmond, CST**

Certified Surgical Technician  
(Barry A. Ruht, MD, FACS, PC – Barry A. Ruht, MD)

**Paulette L. Simko, CRNA**

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

***Change of Supervising Physician***

**Geannina E. Schiavone, PA-C**

Physician Assistant-Certified  
(LVH Department of Surgery)  
From: Herbert C. Hoover, Jr., MD  
To: Scott W. Beman, MD

***Resignations***

**John M. Blundetto, PA-C**

Physician Assistant-Certified  
(Lehigh Valley Heart & Lung Surgeons)

**Kara N. Felty, PA-C**

Physician Assistant-Certified  
(Surgical Specialists of the Lehigh Valley)

**Heather A. Hausman, PA-C**

Physician Assistant-Certified  
(The Heart Care Group, PC)

**Judith K. Much, CRNP**

Certified Registered Nurse Practitioner  
(Integrated Oncology Care)

**June M. Wilson, CRNA**

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

***On the Move...***





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***

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

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

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

John W. Hart  
Vice President, Medical Staff Services

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

### ***Medical Executive Committee***

Scott W. Beman, MD  
Gregory Brusko, DO  
Michael J. Consuelos, MD  
Elizabeth A. Dellers, MD  
Wayne E. Dubov, MD  
Michael Ehrig, MD  
Peter E. Fisher, MD, MBA  
John P. Fitzgibbons, MD  
Larry R. Glazerman, MD  
L. Wayne Hess, MD  
Laurence P. Karper, MD  
Michael W. Kaufmann, MD  
Sophia C. Kladias, DMD  
Richard A. Kolesky, MD  
Robert Kricun, MD  
Linda L. Lapos, MD  
Donald L. Levick, MD, MBA  
Matthew M. McCambridge, MD  
Thomas M. McLoughlin, Jr., MD  
William L. Miller, MD  
Edward M. Mullin, Jr., MD  
Michael D. Pasquale, MD  
Alexander D. Rae-Grant, MD  
Victor R. Risch, MD, PhD  
Deborah W. Sundlof, DO  
Elliot J. Sussman, MD  
Ronald W. Swinfard, MD  
Gary W. Szydowski, MD  
John D. Van Brakle, MD  
Michael S. Weinstock, MD  
Patrice M. Weiss, MD  
Robert E. Wertz II, MD  
Matthew J. Winas, DO

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

***If you have access to the Lehigh Valley Hospital intranet, you can find us on the LVH homepage under Clinical Resources on the left side of the page—"Med Staff Services"***

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

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