

Medical Staff PROGRESS NOTES



PACS Celebrates First Anniversary

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Over the last four years, Lehigh Valley Hospital and Health Network has invested more than \$30 million to provide systems that increase efficiency, improve accuracy and reduce medical errors. Among these systems is PACS (Picture Archiving Communication System), which celebrated its one year anniversary in October, 2005. PACS is an all digital radiology storage and retrieval system which provides network physicians computer access to their patients' x-ray, CT, MRI, ultrasound, and nuclear medicine images at the click of a mouse.

There are currently over 70 pieces of imaging equipment electronically sending exams to PACS. This includes Lehigh Valley Diagnostic Imaging and Lehigh Magnetic Imaging Center. At the time of the installation, the Radiology Department moved to a paperless environment. The technologists and radiologists now work from on-line work lists. In the Operating Room at Cedar Crest & I-78, LCD viewing monitors have been installed in seven of the suites. In the near future, four suites at LVH-Muhlenberg will also be equipped with viewing monitors. Plans have been made to complete the installation of monitors in the remaining suites at all sites during the next fiscal year.

Since the implementation of PACS, the hospital's Radiology Department has gained many efficiencies which include:

... Supply cost reduction of almost \$625,000



- ... File room staff reduction of 9.9 FTEs
- ... Staff savings and/or reallocation of an additional 7.58 FTEs
- ... Test turnaround times reduced between 14.7 and 20.3 hours, a 79-87% reduction, with a current average of four hours

These efficiencies translate into staff being able to spend more time with patients, the ability to respond to emergent requests more quickly, and improvements in Medical Staff and patient satisfaction.

If you have any questions regarding PACS, please contact Cathy Story, Chief PACS Administrator, at 610-402-8297.



From the President

The Abilene Paradox

In 1986, the Challenger disaster occurred. The analysis showed that the O-rings could not tolerate the cold temperatures present on launch day. Later, it was revealed that the Flight Center engineers responsible for the O-rings were aware of the potential danger. As one engineer recounted this story, he stated that there was incredible pressure for Challenger to be launched. There had already been several delays due to weather. Budgets were in jeopardy and there was increased public attention to the overall value of the space shuttle program. In preparation for the standard pre-flight launch “go/no go” meeting, the O-ring engineer had written out his no-go vote and the explanation. He recounts that as they went around the room, and all the directors voted for launch, he felt an increasing pressure to concur. When it got to him, he was unable to bring himself to say what he felt, and he voted for launch. Everyone is aware of the tragic results.

Jerry Harvey, an organizational consultant and author, tells the

story (with a wonderful southern drawl) of a trip to Abilene. He and his wife were visiting his in-laws on a hot, dry Texas Sunday. During the afternoon, his father-in-law suggested they take a 30 minute drive (in an unairconditioned car) to the diner in Abilene for supper. His mother-in-law agreed, his wife looked at her mother and then agreed, and then everyone looked at him. Feeling the pressure to go along, he also agreed. Needless to say, everyone had a terrible time – it was hot, long, and the food tasted like dust. During the drive home, the father-in-law asked, “Whose fool idea was it to go to Abilene anyway?”

How do these situations occur? People fail to communicate their beliefs and/or desires to one another, and, most importantly, sometimes even communicate the very opposite of their wishes based on what they assume are the desires and opinions of others. People make incorrect assumptions about consensus. In the Abilene story, one suggestion (offered on the assumption that the people wanted to do something besides sit on the porch) began with a domino-like sequence of individual agreement with the concept, in spite of each person’s private misgivings about the desirability and wisdom of making the trip to Abilene. The challenge is not always related to managing conflict; but can also be about “managing agreement.”

Do people in healthcare ever take a trip to Abilene? How about with your interactions with colleagues? Have you ever been in a meeting or on rounds and you find that you disagree with the direction being taken; but you felt uncomfortable

speaking up? Even though you thought that there were other people who would probably agree with you, you were hesitant to verbalize an unpopular position. This situation also occurs with interactions with consultants. On occasion, I have been hesitant to voice my disagreement with the opinion of consultants due to the apparent prevailing opinion.

A study conducted by VitalSmarts, in partnership with the American Association of Critical Care Nurses, collected data from over 1,200 healthcare providers during 2004. The study identified several areas of communication in which the quality of the communication had potential impact on potential medical errors, patient safety, employee satisfaction and quality of care. In the sample, one in five physicians stated they had seen harm come to patients as a result of concerns regarding these areas of communication. Do people speak up when they observe these issues? Not often. Reasons for not speaking up include: “it’s not my job,” fear of going against the flow, a belief that it won’t do any good, lack of time to provide appropriate documentation, and fear of retribution by a senior colleague or important referral source.

Although it is difficult and may appear “risky” to speak up and stop the trip to Abilene before it starts, the results of doing so are usually positive. In the VitalSmarts study, physicians and nurses who attempted to confront problems observed a statistically significant improvement in patient outcomes and were more satisfied with their workplace.

Continued on next page

Continued from Page 2

How does an organization avoid taking a trip to Abilene? People need to feel that their opinions are valued and that the atmosphere is open to voicing unpopular opinions. At Lehigh Valley Hospital, there are several examples of how we avoid taking that dusty, uncomfortable trip. Departmental QA Committees meet regularly and openly discuss cases – not to identify bad apples, but as a source of open learning and communication. These meetings provide a great example of our colleagues building a culture of honest communication with the goal of improving patient care. Event reporting at LVH has been structured as a learning tool, promoting identification of potential patient safety issues. Collaborative rounds promote the opportunity for everyone on the healthcare team to voice their opinion in a safe environment, even if the opinion is contrary to the current plan. The Department of Obstetrics and Gynecology has instituted Crew Resource Management, a system in which any two members of the healthcare team can initiate a consult if there is concern about the plan of care or treatment.

So, how do you tell someone that you think you are on the road to Abilene? Using the ABC's (Push and Pull behaviors) provide a foundation for effective communi-

cation. "It is my perception that we are heading in the wrong direction. I feel uncomfortable continuing on this course. Here are my reasons." There are many tools and techniques which facilitate open dialogue and the optimal use of push and pull behaviors. Several of these will be discussed in upcoming months.

The relationship among the physicians and staff at LVH continues to mature as we work to build a culture of honesty and openness to feedback. Please let me know if you have had experiences taking a trip to Abilene. With open and honest communication, and using our ABC's, hopefully those trips will be rare.

Don

Donald L. Levick, MD, MBA
Medical Staff President

REFERENCES:

<http://www.arl.org/diversity/leading/issue8/abilene.html>

The Abilene Paradox and Other Meditations on Management by Jerry B. Harvey; Lexington Books, 1988

VitalSmarts, L.C., 2005

<http://www.silencekills.com/Sponsors.aspx>

LVH Delivers Best Heart Bypass Surgery Results in PA for Third Straight Year

For the third year in a row, Lehigh Valley Hospital (LVH) has the best coronary artery bypass graft (CABG) surgery results in Pennsylvania. According to the Pennsylvania Health Care Cost Containment Council (PHC4), which reported on the 60 hospitals that do heart surgery, LVH is the only Pennsylvania hospital with better than expected results in three of four categories:

- Lower-than-expected mortality while in the hospital
- Lower-than-expected mortality 30 days after surgery
- Lower-than-expected readmissions 30 days after the surgery

The number of patients readmitted within seven days of the surgery was rated as expected for this type of procedure, according to PHC4. LVH also performed the second-highest number of coronary artery bypass and open heart surgeries in the state. The information is documented in the PHC4 report – "Pennsylvania's Guide to Coronary Artery Bypass Graft Surgery 2004." To learn more, visit www.phc4.org.

JCAHO National Patient Safety Goal

Labeling Medications, Medication Containers and Solutions

The 2006 JCAHO National Patient Safety Goals include a safety goal requiring labeling of all medications, medication containers and solutions on and off the sterile field in perioperative and procedural settings.

The goal applies to perioperative and procedural settings where medications are used in patient care, and to all medications and solutions including those sometimes considered medicinal such as (but not limited to) diagnostic and contrast materials, normal saline, cleansing solutions, sterile water, blood products, and body fluids.

The label should contain the following information:

1. Name
2. Strength
3. Amount (if the amount is not apparent)
4. Expiration date (when not used within 24 hours)
5. Expiration time (when expiration occurs in less than 24 hours)
6. Diluent for all compounds, IV ad mixtures and parenteral nutrition solutions.

The goal further requires that all vials/ampules used during a procedure are to be kept until the procedure is finished.

What Does this Goal Mean to You as a Physician?

- ... As a physician, you should not accept a syringe that is not labeled with the required information. Upon receiving a syringe, you should review the information for accuracy.
- ... You do not need to label a syringe when you are the person drawing up the solution and administering its contents without putting the syringe down.
- ... You should notice labels on basins that are being used during your procedures.
- ... Vials/ampules used during your procedures will not be discarded until the end of the case.

When the JCAHO surveyors are on site, you should be able to discuss with them LVHVN's practice for labeling medications/solutions/containers.

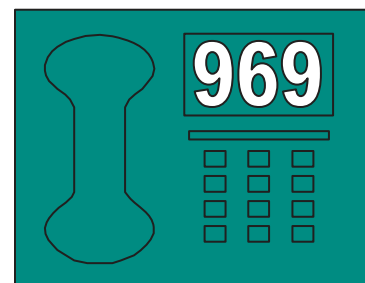
If you have any questions, please contact Edward M. Mullin, Jr., MD, Acting Chair, Department of Surgery, at pager 610-402-5100 5818, Tammy Straub, RN, Director, Perioperative Services, at 610-402-8641, or Kristie Lowery, Patient Safety Officer, at 610-402-3001.

Phone Numbers Change on April 1

LVH-17th & Chew and 2166 S. 12th Street Get New Exchange

At midnight on Saturday April 1, 2006, all phone numbers at Lehigh Valley Hospital – **17th & Chew** and **2166 S. 12th Street** changed. Although the "610" Area Code stayed the same, the three-digit exchange of all phone numbers changed from "402" to "969".

After April 1, 2006, anyone who calls an old number will hear a recording stating that the phone number is no longer in use. However, departmental numbers will have a recording that provides callers with the new phone number to call. The recording will be in place for 60 days.



In addition, a "969 Number Look-Up" feature has been added to the Hospital's intranet homepage under the "What's New" banner. This feature will take the guesswork out of finding new phone numbers.

Listed on the next page are dialing instructions for making a call within the Hospital Network after April 1.

Continued on next page

Dialing Instructions					
To Dial	CC, 2024, Trex	17 St.	2166 S 12 St.	2268 S 12 St.	MHC, 1650 VCP
From CC, 2024, Trex	Dial the 4 digits	98+969+4 digits	98+969+4 digits	98+798+4 digits	98+884+4 digits
From 17 St.	98+402+4 digits	Dial the 4 digits	Dial the 4 digits	98+798+4 digits	98+884+4 digits
From 2166 S 12 St.	98+402+4 digits	Dial the 4 digits	Dial the 4 digits	98+798+4 digits	98+884+4 digits
From 2268 S 12 St.	98+402+4 digits	98+969+4 digits	98+969+4 digits	Dial the 4 digits	98+884+4 digits
From MHC, 1650 VCP	98+402+4 digits	98+969+4 digits	98+969+4 digits	98+798+4 digits	Dial the 4 digits
To Dial	Local Calls	Long Distance Calls	800 Calls	Hospital Operator	
From CC, 2024, Trex	99+10 digits	99+1+10 digits	99+1+10 digits	Dial 8000	
From 17 St.	99+10 digits	99+1+10 digits	99+1+10 digits	Dial 8000	
From 2166 S 12 St.	99+10 digits	99+1+10 digits	99+1+10 digits	Dial 8000	
From 2268 S 12 St.	99+10 digits	99+1+10 digits	99+1+10 digits	Dial 8000	
From MHC, 1650 VCP	99+10 digits	99+1+10 digits	99+1+10 digits	Dial 8000	
Location	Internal Voice Mail	External Voice Mail	Internal Express Message	External Express Message	
CC, 2024, Trex	5800	610-402-5800	5801	610-402-5801	
17 St.	2360	610-969-2360	2361	610-969-2361	
2166 S 12 St.	0550	610-969-0550	0551	610-969-0551	
2268 S 12 St.	4690	610-798-4690	4691	610-798-4691	
MHC, 1650 VCP	4250	484-884-4250	4251	484-884-4251	

If you have any questions regarding telephone number changes or dialing instructions, please contact either Paul Dombrosky, Telecommunications, at 610-402-1466, or Pat Kutz, Manager, Telecommunications, at 610-402-1999.

Research Corner

Procrit for CKD in the Pre-Hemodialysis Population

Anemia (low blood count) is a common side effect of Chronic Kidney Disease(CKD), 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.

Henry L. Schairer, Jr., MD, Division of Nephrology, 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.

Rheumatoid Arthritis Study



Rheumatoid Arthritis (RA) is a common, severe inflammatory disorder whose distinctive features include a persistent and symmetrical peripheral inflammatory arthritis.

This study is designed to provide treatment to patients with moderate to severe RA who are experiencing an inadequate response to current available therapies. The study drug is a Myeloma Receptor Antibody (MRA). Subjects will receive either MRA or placebo in addition to their current stable therapies for the first 24 weeks and then have the opportunity to receive open label drug for 36 weeks or until the drug becomes commercially available.

James M. Ross, MD, Division of Rheumatology, is the Principal Investigator for this study. For more information, please call Deborah Herr, RN, MSN, Department of Medicine, at 610-402-1635.

News from CAPOE Central

Say Hello to Nursing Order Entry – The Next Step in Universal CAPOE



As we move further into Universal CAPOE, the need to hand-write orders has been almost completely eliminated. Compliance with CAPOE is now >89% and continues to increase. My thanks and congratulations to the Medical Staff for achieving this remarkable accomplishment.

Sometime during the latter half of April, our Nursing colleagues will begin to enter verbal and telephone orders directly into LastWord -- they will no longer be writing orders on paper for the AP's and Pharmacy to enter.

Paper orders will continue to be used where absolutely necessary – pre-printed orders completed in advance for pre-op procedures, etc.

Existing hospital policy requires that the nurse read back the orders as they are entered to ensure accuracy of communication and entry. For telephone orders, the ordering physician will be required to stay on the phone to confirm the orders as they are entered and to discuss any conflicts or interactions that arise. The nursing staff will be entering the orders using many of the same screens that the physicians have been using. Verbal and telephone orders should only be used for single or small numbers of orders. Entire admission orders will not be accepted as verbal/telephone orders, except under extreme circumstances. Bridging admission orders (i.e., admission, vital sign, diet and activity orders) will be accepted, allowing patient care to begin, until the physician has the opportunity to enter the full admission orders into the system. Please be patient with the nursing staff as they take these steps to improve the quality and safety of the care we provide.

CAPOE Compliance Trip Winners

The bar continues to be raised and the CAPOE users continue to jump over it. With the threshold for the CAPOE Compliance Trip drawing now at 70%, there were still several hundred users that qualified. The

drawings will continue through the end of the calendar year; however, the threshold for entry will increase to 80% for March and April. The most recent winners include:

- ... December 2005 – **Gerardo M. Garcia, MD**, Division of General Surgery
- ... January 2006 – **Marijo A. Zelinka, MD**, Division of Neonatology
- ... February 2006 – **Amy J. Loutrel, PA-C**, Physician Assistant with Neurosurgical Associates of LVPG

Congratulations to the winners!

Help with CT Scans

Our colleagues in Radiology have noticed some confusion in the ordering of CT scans. Questions regarding specific studies and the use of contrast have prompted extra phone calls for clarification. To help this process, we have posted guidelines for ordering CT scans. This help document, "CAPOE Guide for CAT Scan Orders," can be accessed from the Physician Base screen in LastWord. Click on the "Help" menu, located at the very top of the screen, above the buttons. Select "CAPOE HELP" and a web page will open containing links to various help documents. Choose the "CAPOE Guide for CAT Scan Orders," and the document will open. The document is organized by diagnosis or symptom, and guides the user through the appropriate orders and use of contrast.

Respiratory Assessments Now in Viewer

New patient care information is now available for pediatric patients. Respiratory therapy documentation (clinical assessments by the Respiratory Therapists) can now be seen under the VIEWER tab in LastWord. The pediatric view can now be accessed by choosing the VIEW PEDIATRIC RESPIRATORY EVAL option. On April 4, 2006, VIEW ADULT RESPIRATORY EVAL will be available for viewing respiratory information on adult patients.

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

The Improving Documentation Quality Project

On March 29, 2006, a new effort was undertaken to improve the quality of inpatient documentation at LVHHN. Different than other documentation initiatives in the past, this effort is physician-led and designed around physician-to-physician communication. Specifically, this program uses a concurrent chart review process by physician colleagues who then make documentation suggestions to the primary physician while the patient is still in the hospital. Although incorporating the documentation suggestions is clearly optional, this program has numerous benefits to physicians. First, better documentation improves compliance with inpatient and outpatient coding guidelines. Second, because the documentation review is concurrent, queries from medical records made after discharge will be reduced. Third, appropriate documentation allows for more accurate DRG assignment. While accurate DRG coding is crucial for LVHHN, improved documentation for more accurate DRG assignment is also important for physicians. Given the growing importance of publicly released performance data, accurate documentation and DRG assignment better reflects the severity and complexity of patients under our care. As a result, publicly reported data better reflects the clinical outcomes in our patient population. Finally, with upcoming pay-for-performance programs, appropriate documentation will be directly linked to physician reimbursement.

The program will work as follows. Approximately 10 physicians from numerous specialties, including both private practice physicians and hospital employed physicians, have agreed to serve as documentation coaches. These physician coaches have undergone training and

mentoring in documentation techniques. Charts for review by these physician coaches will be selected each day from the active inpatient census at both LVH-Muhlenberg and LVH-Cedar Crest & I-78. These physicians will then review active patient charts, focusing on the quality of documentation and compliance with CMS documentation requirements. Suggestions for improving the quality of documentation will be left on the chart in a sealed note for review by the primary physician. These blue notes are not a part of the medical record and incorporating the suggestions made by the physician documentation coaches is optional. It is hoped that this peer-to-peer process will be more effective in achieving the benefits outlined above.

In addition to the chart reviews, LVH has retained a group of physician-led documentation consultants who will be available to physicians and their office staffs free of charge. These consultants can assist practices with a wide range of documentation and compliance issues for both inpatients and outpatients. As the program unfolds, numerous educational events will be held for physicians, residents, mid-level providers and office managers, free of charge, to assist in improving the quality of documentation. A schedule with upcoming educational events will be published in the May issue of *Medical Staff Progress Notes*. Stay tuned!

If you have any questions regarding this program, please contact the office of Ronald W. Swinfard, MD, Chief Medical Officer, at 610-402-7502.

Documentation Improvement Tip of the Month

Abnormal findings (laboratory, x-ray, pathologic, and other diagnostic results) on inpatient records are not coded and reported unless the provider indicates their clinical significance. If the findings are outside the normal range and the attending physician has ordered other tests to evaluate the condition or prescribed treatment, it is appropriate to ask the attending physician by a query whether the abnormal finding(s) should be added to the record.

Construction Update

With the ongoing construction at Lehigh Valley Hospital, the following information may be helpful for you and your patients when visiting the Cedar Crest & I-78 campus:

Construction Maps

... Construction maps have been mailed to physician offices and outpatient treatment areas. Please consider using the maps when directing patients to the Cedar Crest & I-78 campus. Use them to highlight the parking lots and building entrances that patients should use for easiest access to your practice or service. To obtain additional copies of the map, call 610-402-CARE or visit the LVHHN web site at (www.lvh.org). Click on "Locations Near You," then "Cedar Crest & I-78," and select the Campus Map. (A copy of the map is printed on Page 9.)

Lot C (In front of the main entrance)

In preparation for the construction of the new parking deck:

- ... Survey work has begun
- ... Tree removal and a construction fence will be installed before excavation begins

Pedestrian Bridge

- ... In preparation for the construction of a pedestrian bridge connecting the Center for Ambulatory Medicine with the 1240 building, look for modifications to the 1240 building entrance. A new door and construction canopy will be installed adjacent to the existing door. Signs will direct pedestrians to the proper entrance.
- ... At the end of March, a construction fence was installed in front of the entrances to the 1230 and 1240 buildings and will remain in place until September.
- ... The entrance into the 1230 building will not change. A pathway through the construction will be clearly marked.

Kasych Family Pavilion

- ... Through April, crews will connect the new pavilion with the Anderson wing by tying in the pavilion's structural steel. The areas in the Anderson wing that will be affected include the Library, the Transitional Open Heart Unit and the sleep rooms for interns and residents. Plans are in place to close small portions of these areas while construction continues.

South Tower

- ... Foundation work continues on the two-story South Tower that will expand the kitchen and add more operating rooms. This work is visible from windows in the second floor corridor connecting the General Services Building and the hospital.

Parking Lot 9 (Near the Day Care Center)

- ... The north side of the lot along the ambulance access road has closed to allow crews to install utility lines.
- ... Walkways will direct pedestrians around the construction site.
- ... Staff members parking on the south side of the lot can gain access to the hospital by walking through the General Services Building.

General Services Building

- ... On March 22, utility work began inside the General Services Building in the supplier distribution services storage area.

To get the latest construction updates or to ask questions, visit the internet at www.lvh.com or call 610-402-CARE.

Continued on next page

We are Growing TODAY so we can be here for you and your family TOMORROW.

LEHIGH VALLEY HOSPITAL—CEDAR CREST
Campus Construction Map —
Phase 1 March – May 2006

We want to make your visit as easy and comfortable as possible. That is why we created this map to help you find your way around the hospital campus during our construction. The good news is that all main hospital entrances remain the same; however, there are some parking changes.

- For your convenience, please use our FREE valet parking service:**
- FREE valet parking is available at the main hospital, Morgan Cancer Center and the 1210 building entrances.
 - Just pull up and the valet will give you a parking stub and park your car.
 - To retrieve your car, call extension 8220 at any hospital phone before leaving your appointment. Your car will be promptly returned to the entrance.

- Self parking is easy—the signs are color-coded for your convenience:**
- Follow the blue signs for the hospital main entrance parking.
 - A customer service attendant is available at the main entrance parking lot by the Anderson Pavilion to assist with patient and visitor parking.
 - Follow the yellow signs for the Cancer Center and the 1210 building.
 - Follow the orange signs for the 1230 and 1240 buildings.

- Follow the green sign for the parking deck.
- Handicap spaces are clearly marked in all parking lots.
- **Park in the new deck and take a shuttle right to the door:**
 - You are invited to ride a FREE shuttle from the new parking deck to the 1210 building and the Morgan Cancer Center entrances. From these entrances, it's just a quick walk to any hospital service.
- **Health Spectrum Pharmacy parking:**
 - Use the one-hour parking spaces in lot D to visit the pharmacy.

Future site of the **Kasych Family Pavilion**
Opening 2008



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 13368 • 1,000 beds • 3/06

What to Expect During an Ethics Consult

by Stephen E. Lammers, PhD, Ethics Consultant

Last April, an article appeared in *Medical Staff Progress Notes* which explained when to request an ethics consult. The article targeted a number of occasions when a consult should be called which include: when you experience conflicting duties, wondered why you were doing what you were doing to a patient, when the goals of care were confused because of disagreement, or because there was a question about a hospital policy that might provide guidance in morally problematic cases. The basis of this article is to explain what you can expect during an ethics consult once it has been requested.

When a consult is requested, the Ethics Committee secretary will obtain basic information about the case. The Chair of the Ethics Committee will be informed. If, in his judgment, the case looks like an appropriate ethics consult, he will ask someone from the Ethics Committee to learn more details about the case by going to the unit. Sometimes the matter is resolved at this level and a note is written on the chart. However, if a full consult is required, the Ethics Committee secretary assembles a multi-disciplinary team composed of clinicians and other caregivers from outside the unit and arranges a time for that team to come to the unit to meet with the patient's caregivers, the patient, if possible, members of the patient's family, and the patient's surrogate.

The meeting usually begins with the medical and nursing caregivers summarizing the information that is known about the condition of the patient, and, insofar as possible, giving a prognosis for the patient. This information session is crucial for the success of the consult and it is one place where matters often do not go as well as they might. When the attending who was involved in the original consult request cannot be present, it is crucial that someone who is able to present the medical information be there. The patient's family and surrogate often sense when the medical information is disorganized or when persons are not prepared for the consult.

Once the medical information is given and the ethics consult team attempts to make sure that everyone understands it, there is an attempt to learn the patient's and the family's values and to see if there are any remaining value conflicts. Often there are not because, for the first time, the family has been able to hear the medical information presented in a systematic way. Sometimes, value conflicts remain and the ethics consult team attempts to address these conflicts. After the meeting with the family and caregivers, the ethics team meets separately to formulate its recommendations. A brief note containing recommendations and observations will be written for the record and often, a longer note will be prepared and added to the chart later. This longer note is reviewed by the Ethics Committee, usually at the next meeting.

If you have questions about this process, please contact Joseph E. Vincent, MD, Chair of the Ethics Committee, at Joseph.Vincent@lvh.com.

LEHIGH VALLEY HOSPITAL AND HEALTH NETWORK'S

14th Annual Golf and Tennis

Join us *Classic*

Monday, May 22, 2006
at Saucon Valley Country Club

PROCEEDS BENEFIT LVH-MUHLENBERG

SPONSORSHIPS/RESERVATIONS

Premier Sponsorship	\$15,000	Registration Table Sponsor	\$2,500
Platinum Sponsorship	\$7,500	Tennis Court Sponsorship	\$1,500
Gold Sponsorship	\$5,000	Tee/Green Sponsorship	\$1,000
Closest-to-the-Pin Sponsorship	\$2,500	Tee/Green Sponsorship	\$500
Longest Drive Sponsorship	\$2,500	Individual Player Golf	\$500
On-course Refreshment Sponsor	\$2,500	Individual Player Tennis	\$200

2006 PREMIER SPONSORS

B. Braun Medical Inc./Aesculap, Inc.
Dr. Edward and Mrs. Jean Weiner/Cedar Crest Professional Park, Inc.

Tennis
Tennis package includes tennis fees, tournament gift, light refreshments & cocktail reception. In the case of inclement weather, tennis will be relocated to Lehigh Valley Racquet & 24-7 Fitness Club (Westend).

Golf
Golf package includes all greens fees, cart, tournament gift, luncheon, on-course refreshments and cocktail reception. In the case of inclement weather, Saucon Valley Country Club has the discretion to cancel play.



LEHIGH VALLEY HOSPITAL AND HEALTH NETWORK

For sponsorship benefits and reservations, call Nancy Lloyd, 610-402-9126
For event information, call Sheryl Hawk, 610-402-0816

Papers, Publications and Presentations



Roberto CM Bergamaschi, MD, PhD, Division of General Surgery, was the senior author of the article, "Rectal Cancer: From Outcomes of Care to Process of Care," which was published in the February 2006 issue of the *Scandinavian Journal of Gastroenterology*.



Martin A. Martino, MD, Division of Gynecologic Oncology, was a co-author of an article, "Pulmonary Embolism After Major Abdominal Surgery in Gynecologic Oncology," which was published in Vol. 107, No. 3, March 2006 of the *Journal of the American College of Obstetricians and Gynecologists*.



Joseph E. Patruno, MD, Chief, Division of Gynecology, gave an oral presentation titled "Factors that Influence Student Satisfaction During a Core Clerkship in OB/GYN" at the 2006 CREOG/APGO Annual meeting held March 2-5, in Orlando, Fla. Other contributors were **Patrice M. Weiss, MD**, Residency Program Director, Department of Obstetrics and Gynecology; Craig Koller, MEd, Educational Analyst, Department of Obstetrics and Gynecology; and Sharon Kimmel, PhD, Department of Health Studies.



Michael J. Pistoria, DO, Associate Program Director, Internal Medicine Residency Program, was the lead editor for "The Core Competencies in Hospital Medicine - A Framework For Curriculum Development" published by the Society of Hospital Medicine. The publication consists of 51 chapters divided into three sections: Clinical Conditions, Healthcare Systems, and Procedures. The chapters are a set of expected learning outcomes that should result from training programs in Hospital Medicine and professional development activities. The chapters contain specific competencies organized into the traditional learning domains of knowledge, skills and attitudes. An additional section, Systems Organization and Improvement, reflects a hospitalists' attention to systems issues in the inpatient care setting. "The Core Competencies" was published as a supplement to January/February 2006 issue of *The Journal of Hospital Medicine*.

Dr. Pistoria also co-authored two articles published in the January/February 2006 issue of *The Journal of Hospital Medicine*: "Core Competencies in Hospital Medicine: Development and Methodology" and "How to Use The Core Competencies in Hospital Medicine: A Framework for Curriculum Development."



Several members of the staff had an abstract published and accepted for oral presentation at the American College of Cardiology national meeting held on March 14, in Atlanta, GA. Co-authors include: **Michael A. Rossi, MD**, Chief, Division of Cardiology; **Joel R. Garcia, MD**, Division of General Internal Medicine; **J. Patrick Kleaveland, MD**, Division of Cardiology; **Bruce A. Feldman, DO**, Division of Cardiology; **Michael J. Durkin, MD**, Division of General Internal Medicine; **Richard S. MacKenzie, MD**, Vice Chair, Department of Emergency Medicine; and Thomas Wasser, PhD, Director, Health Studies. The article, "Comparison of Reperfusion Times in Patients Transferred for Primary Angioplasty for ST Elevation Myocardial Infarction Prior to and after Instituting a Regional MI Alert Protocol", was published in the February 21, 2006, Volume 47, No. 4 (Supplement A) of the *Journal of the American College of Cardiology*.



Patrice M. Weiss, MD, Residency Program Director and Vice Chair of Education and Research, Department of Obstetrics and Gynecology, gave a poster presentation on "Using Pre-Tests and Post-Tests to Measure Medical Student Teaching Skills" at the 2006 CREOG/APGO Annual meeting held March 2-5, in Orlando, Fla. Co-authors of the poster were Craig Koller, MEd, Educational Analyst, Department of Obstetrics and Gynecology; **Joseph E. Patruno, MD**, Chief, Division of Gynecology; **L. Wayne Hess, MD**, Chair, Department of Obstetrics and Gynecology; and Sharon Kimmel, PhD, Department of Health Studies.



Upcoming Seminars, Conferences and Meetings

Upcoming Conferences

... A Risk Management symposium—"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 indepth look at chronic pain and the co-morbidities of anxiety, depression, and insomnia as it relates to the use of controlled substances. Also of interest will be a presentation from a DEA representative and a pharmacist.

For more information about this symposium, please contact Patrice Weiss, MD, LVPG Risk Management, at 610-402-9514. To register for the symposium, please contact Donna Stout in the Division of Education, at 610-969-2482.

... ***New Approaches to Diagnosis and Treatment of Stroke 2006*** will be held on Friday, May 12, from 8 a.m. to 3 p.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78. Some of the topics to be discussed will include: "Subarachnoid Hemorrhage and Intracranial Hemorrhage," "Overview of Carotid Endarterectomy: Where Is It Going?," "Diagnosis and Treatment of Patent Foramen Ovale," and "Advances in Neuroimaging in Acute Stroke."

The registration fee for the conference is \$10.00 for LVHVN staff. For more information or to register, please contact Donna Stout in the Center for Education at 610-969-2482.

... "Hypertensive Emergencies in Intracerebral Hemorrhage: Pathophysiology and Management" will be presented by Dr. Marek Mirski, Vice Chair, Department of Anesthesiology and Critical Care Medicine, and Director of the Johns Hopkins Neuroscience Critical Care Unit, on Friday, May 26, beginning at noon in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78. Lunch will be provided.

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

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 April will include:

April 6

... No Grand Rounds – Annual Inservice

April 13 – LVH-M 4th Floor Classroom

... "Hematology/Oncological Emergencies"
... Resident lecture series
... Rosen's Club

April 20 – EMI – 2166 S. 12th Street

... M & M
... "Lower Extremity Injuries"
... Resident lecture series

April 27

... No Grand Rounds – PaACEP

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, located in the Anderson Wing across from the Library, and teleconferenced to the Educational Conference Center, Room B, at LVH-Muhlenberg, unless otherwise noted.

The program for April is as follows:

April 4

... "Empirical and Clinical Findings on Caring for Family Caregivers"

For more information, please contact Staci Morrissey in the Department of Family Medicine at 610-969-4285.

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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, and videoconferenced to the First Floor Conference Room at LVH-Muhlenberg. Topics for April will include:

- ... April 7 – “Behavior and Alzheimer’s”
- ... April 14 – Easter Weekend – No Conference
- ... April 21 – Division meeting – regular conference canceled
- ... April 28 – Update from International Stroke Conference

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

OB/GYN Grand Rounds

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

- ... April 7 – Gynecologic Tumor Board
- ... April 14 – Gynecologic M & M
- ... April 21 – No Grand Rounds – Pain Management Symposium
- ... April 28 – “Pertussis Update”

For more information, please contact Teresa Benner in the Department of Obstetrics and Gynecology at 610-969-4515.

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 April will include:

- ... April 4 – “Current Topics in Child Abuse”
- ... April 11 – “Single Ventricle 101”
- ... April 18 – “Sedation and Blowing Bubbles”
- ... April 25 – “Update in Pediatric Radiology”

For more information, please contact Kelli Ripperger in the Department of Pediatrics at 610-969-2540.

Psychiatry Grand Rounds

The next Department of Psychiatry Grand Rounds presentation will be held on Thursday, April 20, beginning at noon, in the Banko Family Center, Conference Rooms 1 and 2, at LVH-Muhlenberg.

The topic of discussion will be “Vagus Nerve Stimulation.”

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 April will include:

- ... April 4 – “Options in the Management of the Open Abdomen in Trauma”
- ... April 11 – “Healing the Children”
- ... April 18 – “Intra-Operative Awareness”
- ... April 25 - TBA

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

News from the Libraries

The Library is currently accepting suggestions for new books.

If you have any requests, please call (610) 402-8410 or email

Barbara.Iobst@lvh.com.



If you would like a demonstration or need assistance with obtaining full text journal articles or determining if full text is available, please contact the Library at Cedar Crest & I-78 (610-402-8410) or 17th & Chew (610-969-2263).

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



Catherine M. Glew, MD
LVPG-Internal/Geriatric Medicine
The Center for Healthy Aging
17th & Chew, PO Box 7017
Ground Floor
Allentown, PA 18105-7017
(610) 969-3390 Fax: (610) 969-3393
Department of Medicine
Division of Geriatrics/General Internal
Medicine
Provisional Active



John R. Hratko, MD
John R. Hratko, MD, PC
934 Delaware Avenue
Bethlehem, PA 18015-2567
(610) 317-6223
Fax: (610) 317-6225
Department of Obstetrics and Gynecology
Division of Gynecology
Provisional Active



Stephen J. Miller, DO, MPH
Lehigh Valley Family Health Center
1730 Chew Street
Allentown, PA 18104-5595
(610) 969-3500
Fax: (610) 969-3509
Department of Family Medicine
Provisional Active



Sandra C. Thomas, DO
John R. Hratko, MD, PC
934 Delaware Avenue
Bethlehem, PA 18015-2567
(610) 317-6223
Fax: (610) 317-6225
Department of Obstetrics and Gynecology
Division of Gynecology
Provisional Active

Address Changes

Barbara L. Katz, MD
ABC Family Pediatricians
5649 Wynnewood Drive
Suite 104
Laurys Station, PA 18059-1124
(610) 262-6641
Fax: (610) 262-0428

Celeste M. Saunders, MD
HealthWorks
1243 S. Cedar Crest Blvd.
Allentown, PA 18103-6225
(610) 402-9230
Fax: (610) 402-9293

Practice Changes

Michael S. Hortner, MD
(No longer with Northampton Medical
Associates)
The Institute for Laser and Aesthetic Medicine
1655 Valley Center Parkway
Suite 100
Bethlehem, PA 18017-2293
(610) 866-8242
Fax: (610) 866-8245

Mary E. Loftus, DPM
(No longer in solo practice)
Coordinated Health
1401 N. Cedar Crest Blvd.
Second Floor
Allentown, PA 18104-2307
(610) 433-8080
Fax: (610) 433-4376

Pager Correction

Susan G. Gerhardt, MD
Department of Medicine
Division of Pulmonary
Pager: (610) 402-5100 5085

Continued on next page

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Status Changes

Jonathan W. Bortz, DO

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

Ardeth L. Copeland, MD

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

Richard C. Pearce, MD

Department of Family Medicine
From: Affiliate To: Honorary

Addition to Departmental Assignment

Tim M. Zheng, MD, PhD

Department of Pathology
Division of Anatomic Pathology
Section of Gynecologic Pathology

Change to Departmental Assignment

Larry R. Glazerman, MD

Department of Obstetrics and Gynecology
From: Division of Primary Obstetrics and Gynecology
To: Division of Gynecology

Removal from Departmental Assignment

Sam Bub, MD

Department of Family Medicine
Division of Geriatrics
Removal of: Section of Geriatrics

Joseph A. Candio, MD

Department of Medicine
Division of General Internal Medicine/Geriatrics
Removal of: Division of Geriatrics

Charles A. Gordon, MD

Department of Medicine
Division of General Internal Medicine/Geriatrics
Removal of: Division of Geriatrics

Jay E. Kloin, MD

Department of Medicine
Division of General Internal Medicine/Geriatrics
Removal of: Division of Geriatrics

Robert J. Kovacs, MD

Department of Medicine
Division of General Internal Medicine/Geriatrics
Removal of: Division of Geriatrics

Glenn S. Kratzer, MD

Department of Medicine
Division of General Internal Medicine/Geriatrics
Removal of: Division of Geriatrics

Yehia Y. Mishriki, MD

Department of Medicine
Division of General Internal Medicine/Geriatrics
Removal of: Division of Geriatrics

Jonathan H. Munves, MD

Department of Medicine
Division of General Internal Medicine/Geriatrics
Removal of: Division of Geriatrics

John D. Nuschke, Jr., MD

Department of Medicine
Division of General Internal Medicine/Geriatrics
Removal of: Division of Geriatrics

Daniel M. Rappaport, MD

Department of Medicine
Division of General Internal Medicine/Geriatrics
Removal of: Division of Geriatrics

Francis Schwiep, MD

Department of Medicine
Division of Pulmonary/Critical Care Medicine
Removal of: Division of Critical Care Medicine

Carol A. Slompak-Patton, MD

Department of Medicine
Division of General Internal Medicine/Geriatrics
Removal of: Division of Geriatrics

Nancy A. Urankar, MD

Department of Medicine
Division of General Internal Medicine/Geriatrics
Removal of: Division of Geriatrics

Thomas E. Young, MD

Department of Medicine
Division of General Internal Medicine/Geriatrics
Removal of: Division of Geriatrics

In Memoriam

Alexander Nedwich, MD

Department of Pathology
Division of Anatomic Pathology
Honorary
1/25/1930 – 1/27/2006

Allied Health Staff

New Appointments

Kathleen A. Gray, CRNP

Certified Registered Nurse Practitioner
(West Broad Street Family Medicine – John M. Gray, DO)

Kaitlin G. Maloney, PA-C

Physician Assistant-Certified
(Valley Sports & Arthritis Surgeons – Dale J. Federico, MD)

Resignations

Judith M. Doell, CRNP

Certified Registered Nurse Practitioner
(Pediatric Specialists of the Lehigh Valley)

Greta Flederbach, PA-C

Physician Assistant-Certified
(HealthWorks)

Jeffrey S. Jackson

Pacemaker/ICD Technician
(Guidant Corporation)

Susan A. Nabhan, RN

Registered Nurse
(The Heart Care Group, PC)



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

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Fax: 610-402-8938
Email: 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 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.