

Medical Staff PROGRESS NOTES



From the President

Inside This Issue:

From the President	1&2
At-Large Members Needed for Medical Executive Committee	2
Improving Documentation Quality Project	3
National Patient Safety Goals	3
News from CAPOE Central	4
Smoke-Free for a Healthy You!	5
May is Osteoporosis Month	5
News from Infection Control and Prevention	6
Documentation Improvement Tip of the Month	6
Congratulations!	7
Construction Update	8&9
Papers, Publications and Presentations	10&11
Upcoming Seminars, Conferences and Meetings	12&13
Who's New	14&15



In previous months, I have discussed the concept of systems. Systems often behave in typical manner that are replicated in various scenarios. The following example has probably occurred in your office multiple times.

It is a Monday morning during flu season, and you walk into the office expecting the worst. The receptionist greets you with, "I hope you're ready Doctor, the schedule is almost full." You're glad that you didn't stay up late watching the end of the hockey game, and are well rested for the long day ahead. At 10:30 in the

morning, the staff comes to you and asks, "Doctor, the schedule is completely full, and we are getting hammered on the phones. Can you stay late this evening and see some patients? We asked Dr. Levick, but, like always, he said he can't stay." You grudgingly agree to stay until 7 p.m. to help out. "Oh, thank you so much Doctor, you're the greatest. We love you." Throughout the day, the staff continually thanks you for helping out. It's nice to feel so appreciated; until you get home and your spouse tees off on you, "Once again, you're the only one who offers to stay late and help out. Why does this keep happening?"

As you sit at the dinner table eating alone (since your family ate at 6 p.m., when you were supposed to be home), you reflect on why DOES this keep happening. It is certainly a nice feeling to be the "white knight" that saves the day when things get crazy in the office. But you've noticed that the staff has come to rely on you to always be the white knight. This has essentially become the standard response to any scheduling problem in the office. As you start to ask "why," and dig deeper, the real question emerges: why is the schedule so out of control in the first place?



Continued on next page

Continued from Page 1

The next day, you sit with the office manager and pour over the schedules. The underlying problem quickly becomes apparent. Before the day started, the schedule was almost full with well exams and recheck appointments. There were minimal slots available for same-day appointments. No one thought to adjust the schedule, since the staff knew you would be there to “save the day.”

We experience a similar system in action every day with our patients. Patients come to the office with acute bronchitis or an exacerbation of their asthma and ask for antibiotics and medications to make them better. This reliance on the “quick fix” avoids dealing with the underlying, fundamental problem – the patient’s smoking history, obesity, or lack of compliance. Although it is often quicker and easier to write the prescriptions, this continues to reinforce the wrong behavior in the patient. Finding and correcting the fundamental problem is the only way to truly break the cycle.

What tools can you use to diagnose these systems and treat them? Asking “why” is an excellent method to determine the underlying problem. Often, asking why only identifies other issues that require further inquiry

(“The Five Whys” – *Medical Staff Progress Notes*, March 2006). Be certain to avoid making assumptions about the people involved – this will cloud your objectivity in identifying the system that is involved (“The Ladder of Inference” – *Medical Staff Progress Notes*, August 2005). Changing the underlying system will require effective communication (“Push/Pull Behaviors” – *Medical Staff Progress Notes*, March 2005). It will be important to be clear about how the current system is affecting you and what your expectations are regarding the changes to the system.

This is a simplified answer to very complex problems. However, it is useful to illustrate the concept that systems are all around us and operate in very predictable ways. Look for these recurring patterns of behavior (or systems) as you make your way through your day. Once you find them, look for where you can apply leverage to alter any negative patterns. Let me know if you have any success in your system sleuthing.

Don

Donald L. Levick, MD, MBA
Medical Staff President

At-Large Members Needed for Medical Executive Committee

The Lehigh Valley Hospital Medical Staff Nominating Committee is soliciting nominations for four at-large seats on the Medical Executive Committee, each for a three-year term beginning July 1, 2006.

Nominations should be submitted in writing to Linda L. Lapos, MD, Chair of the Nominating Committee, via the Medical Staff Services Office, Cedar Crest & I-78, or verbally to John W. Hart, Vice President, Medical Staff Services. All nominations must be submitted by **Thursday, May 18, 2006.**

If you have any questions regarding this issue, please contact Dr. Lapos or Mr. Hart at (610) 402-8980.

Improving Documentation Quality Project

The Improving Documentation Quality Project, under the leadership of Stephen C. Matchett, MD, began a pilot phase at LVHHN on March 29. A select group of physicians have agreed to allow the specially trained physician coaches to review their charts and recommend improvements to the quality of their documentation. Although still in a pilot phase, the program has identified numerous areas for documentation improvement that can benefit LVHHN and members of the Medical Staff.

As part of this project, Herb Weinman, MD, MBA, Certified Compliance Officer with BCE Technology, will be visiting LVHHN from June 5 to 7, to assist LVHHN with the documentation project as well as provide educational opportunities to members of the Medical Staff, mid-level providers, residents, office managers and members of the physicians office staff. Watch for flyers about the following educational events:

Inpatient CPT Coding

June 5, 2006
 6 p.m.
 Auditorium – Cedar Crest & I-78
 (Videoconferenced to LVH-M Education Conference Room B)

Sharpening Surgical Documentation Skills

June 6, 2006
 7 a.m. (Surgery Grand Rounds)
 Auditorium – Cedar Crest & I-78
 (Videoconferenced to LVH-M First Floor Conference Room)

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

National Patient Safety Goals

Critical Test Result Reporting

Communication of Critical Test Results is one of the 2006 National Patient Safety Goals. The purpose of this goal is to assure that life threatening test results will receive timely treatment. When lab, EKG, or radiology results are deemed critical, the nursing unit will be informed. After documenting on a Critical Values Reporting form and verifying the results, the physician will be notified unless he/she has written an order not to call or a protocol is utilized that addresses the critical results.

When receiving test results, the physician should write down the results and then repeat them back to the nurse. Each time information is received and communicated by the physician or nurse, the results should be written down by the receiver of information and read back to verify that the information is correct. Labs, EKG's and radiology results that are deemed critical at LVHHN and that comply with NPSG's are listed below and on the Critical Values Reporting form.

Lab Test	Result Low	Result High
Potassium	< 3 mEq/L	> 6 mEq/L
Glucose	< 40 mg/dL	> 400 mg/dL
Hemoglobin	< 8 g/dL	> 20 g/dL
CO2	< 15 mEq/L	> 40 mEq/L
INR		> = 5.0
PTT		> = 101.0 seconds
MI Profile		> 1.5 ng/mL

Radiological Results

- ... Acute carotid/vertebral dissection
- ... Life Threatening Intracranial Mass or Hemorrhage
- ... Acute Unexpected Pneumoperitoneum
- ... Acute Tension Pneumothorax
- ... Acute Pulmonary Embolism
- ... Acute Aneurysm Rupture

Electrocardiogram Results

- ... Acute Myocardial Infarction
- ... Severe Ischemia
- ... Complete Heart Block (without PPM)
- ... Sustained Ventricular Tachycardia
- ... Pacemaker Malfunction
- ... Rule out Hyperkalemia
- ... Significant prolonged QT

If you have any questions or concerns about this issue, please call Kristie Lowery, Patient Safety Officer, at 610-402-3000.

News from CAPOE Central

Non-Formulary Medications – A New Way to Order

There have been several requests for a better way to order and view non-formulary medication orders. Although we all try to minimize the use of non-forms, the clinical situation often requires their use. Working closely with our colleagues in Pharmacy, we are implementing a new ordering process that should address the issues. A “Non-formulary” order set will be listed in the “Meds M-Z” list. Choosing this order will bring up an order set with non-formulary entries listed as categories, such as “NF Anti-Coagulant” or “NF ACE Inhibitor.” Processing these orders will bring up a detail screen where the name of the actual med, dose, route and frequency will need to be filled in. Once ordered, the medication will appear in the Order Profile and Medication Lists showing the name, as illustrated above. Although you will still need to go to detail to see the actual medication, it should be easier to determine the patient’s types of medications with a quick glance.

Gang Chargers–Please Handle with Care

In response to the demand for more batteries, we have deployed “Gang Chargers” – charging stations that can charge up to 10 batteries at once. In early trials of these chargers, they were found to be a bit more delicate than the previous chargers. PLEASE REMEMBER TO PLACE THE BATTERY IN THE SLOT AND DO NOT SLIDE THE BATTERY ALONG THE TRACK. For convenience, the old charging plugs will remain on most of the units to allow for “hot swapping” of batteries.

DVT Prophylaxis – Taking the Next Step

The Medical Staff and our colleagues in Pharmacy and Nursing have done a great job at reducing the incidence of DVT in our hospital. There is always interest in improving our performance. Led by Drs. Mike Pistoria and Mark Cipolle, there has been a multi-disciplinary effort to increase awareness and compliance with DVT prophylaxis guidelines. Their efforts include education at the staff and patient levels, and promoting the use of the guidelines. One change that will be coming soon that will affect CAPOE users is an addition to the admitting orders. When processing the admission order, the user will be presented with a screen prompting the user to order one of the evidence-based DVT prophylaxis therapies. An alternate choice listed will be “No DVT Prophylaxis,” which will bring the user to a screen to supply a reason why DVT prophylaxis is not being ordered. This process and the screens were approved by Chairs/Troika and the Medical Executive Committee.

When Calling for Help – Help Us Know Where to Call

Now that there are three exchanges in use in the Network (402, 884, and 969), it is becoming increasingly confusing to determine where a call originated based on only four numbers. When calling the CAPOE Help Line, please remember to put in all seven digits of the unit or area from which you are calling. This will help to expedite the response.

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.





Signs, like the one above, have been placed in prominent locations at each hospital campus to alert staff and visitors of the smoke-free work environment which will begin in January, 2007.

Smoke-Free for a Healthy You!

On November 17, Lehigh Valley Hospital and Health Network (LVHVN) announced it will become a totally smoke-free work environment beginning January 1, 2007. The new policy will prohibit smoking by employees, physicians, patients and visitors outside all owned and leased LVHVN buildings, including business and physician offices and parking lots. Smoking currently is prohibited inside all LVHVN owned and leased properties. The smoke-free environment will be phased in over the course of 2006 during which smoking will be permitted only in designated smoking areas.

To help you become familiar with the new policy, a **Smoke-Free for a Healthy You Tool Kit** is now available through the hospital's intranet. In addition, members of the Medical Staff will receive a copy of the Tool Kit with this issue of the newsletter. Please take time to review the information included in the kit. If you have any questions regarding this issue, please call 610-402-CARE.

May is Osteoporosis Month



Since May is Osteoporosis Month, did you know that the LVH Outpatient Rehabilitation Services Department is able to provide your patients with physical and occupational therapies for

deficits related to osteoporosis and osteopenia?

Since bone loss is a major factor for low-trauma fractures, maintenance of bone mass or small gains in bone mass via exercise can be clinically important. Rehabilitation for pain, post fracture, postural dysfunction, gait training, etc., can help reduce your patients' risk for future fracture and improve their overall quality of life.

When completing your order for physical therapy for osteoporosis/osteopenia, please indicate a diagnosis of:

- ... pain
- ... weakness
- ... balance dysfunction
- ... status-post fracture
- ... decreased function

Appropriate treatments will be determined based on the individuals needs. Treatments may include:

- ... pain management
- ... strengthening/weight bearing exercises
- ... posture instruction
- ... patient education
- ... gait training assessment with appropriate devices

LVH rehab services can serve your patients' needs at a variety of locations throughout the Lehigh Valley, including Bethlehem, Trexlertown, Bethlehem Township, Whitehall, and Hellertown. To schedule an appointment or for additional information, please call 484-884-2251.

When combined with medication, rehab is effective in increasing bone mass and reducing fracture risks. Additional services are available through the **Metabolic Bone Program**, including inpatient and outpatient physician consults and no-cost heel screenings. For more information, please call Sallie Urffer, Program Coordinator, at 610-969-2584.

News from Infection Control and Prevention

Policy Change Related to Protective Attire During Lumbar Punctures and Insertion of Epidural Catheters

Surgical masks should routinely be worn for all lumbar punctures and insertion of epidural catheters. Evidence exists to warrant adherence to strict aseptic technique including wearing a face mask during these procedures to avoid potential iatrogenic meningitis. Both are now classified as a "Category B Procedure" as specified in IC Policy # 5000 Protective Attire and Barrier Precautions During Procedures, and IC Policy #5350 Epidural Catheter Insertion Guidelines.

Category B Procedures require the clinician to:

- ... Don face protection;
- ... Don hair cover (optional for lumbar puncture);
- ... Wash hands with antiseptic soap;
- ... Don sterile gown (optional for lumbar puncture);
- ... Don sterile gloves;
- ... Perform skin site antiseptics;
- ... Use a large sterile drape to maintain sterile field.

Please adhere to these requirements for all lumbar punctures and insertion of epidural catheters.

If you have any questions regarding this issue, please contact the Infection Control and Prevention Department at 610-402-0680.

New Antimicrobial Dressing Available

Biopatch, an antimicrobial dressing impregnated with chlorhexidine gluconate (CHG) will be available house-wide in May. The circular super absorbant Biopatch dressing is available in two sizes and releases CHG at the site of catheter insertion for up to seven days significantly reducing the patient's risk of acquiring a blood stream or site infection. Initially, Biopatch is to be used exclusively on central lines, however, it is anticipated that the use of the product will be expanded. The use of Biopatch will allow the frequency of changing transparent dressing to be reduced to once per week instead of three times per week. Biopatch will be considered for use on A-lines, ports, PICCs, pin sites and PEG tubes in the future. The product is **not** indicated for premature infants less than 27 weeks or 1000 grams.

If you have any questions regarding this new dressing, please contact the Infection Control and Prevention Department at 610-402-0680.

Documentation Improvement Tip of the Month

If a patient is admitted for an HIV-related condition, the principal diagnosis will be coded as AIDS, followed by additional diagnosis codes for all reported HIV-related conditions. If a patient with HIV disease is admitted for an unrelated condition (such as a traumatic injury), the code for the unrelated condition will be coded as the principal diagnosis followed by the AIDS code. If the coder cannot determine whether the diagnosis is a HIV-related condition, the coder will query the attending physician to make that determination.

Congratulations!



Jon E. Brndjar, DO, Division of General Internal Medicine, has been elected into Fellowship in the American College of Physicians (ACP). He received his award at the ACP's April 2006 Convocation in Philadelphia, Pa. Dr. Brndjar, who serves as the Director of Osteopathic Medical Education at LVH, is also a Fellow of the American College of Osteopathic

Internists. A member of the Medical Staff since July, 1995, Dr. Brndjar is in private practice in Emmaus, Pa.



Joseph L. Neri, DO, Melvin H. Schwartz, MD, and William J. Smolinski, DO, members of the Division of Cardiology, have become Fellows of the American Society of Nuclear Cardiology. The American Society of Nuclear Cardiology (ASNC) is a professional society, international in scope, which provides its members with a variety of continuing medical education programs related to nuclear cardiology and cardiovascular computed tomography, promoted accreditation and certification in nuclear cardiology, and is the principal advocacy voice for the profession.



ASNC was founded in 1993 by a group of nuclear cardiology specialists who sensed the need for a professional society dedicated solely to the needs of those who perform these procedures. Currently, there are more than 4,700 ASNC members in good standing. ASNC is an individual member society comprised of physicians, scientists, technologists, computer specialists and other personnel who work in the nuclear cardiology field.



For physician members of ASNC, the Fellow designation recognized those members who have fulfilled both the training and performance requirements for certification through the Certification Board of Nuclear Cardiology.

Dr. Neri has been a member of the Medical Staff since March, 1998; Dr. Schwartz since June, 1991; and Dr. Smolinski since June, 1998. All are in practice with The Heart Care Group, PC.



Alexander M. Rosenau, DO, Associate Vice Chair and Residency Program Director, Department of Emergency Medicine, was elected President of the Pennsylvania Chapter of the American College of Emer-

gency Physicians. He assumed the Presidency at the Pennsylvania Chapter's Annual Scientific Assembly in Pittsburgh, Pa., on April 26.

The Pennsylvania Chapter of the American College of Emergency Physicians represents nearly 1,400 practicing emergency physicians throughout the Commonwealth of Pennsylvania. It is one of the largest chapters in the country for the American College of Emergency Physicians which represents over 24,000 practicing emergency physicians who treat 114 million patients annually.

Dr. Rosenau joined the hospital's Medical Staff in June, 1987. He is a member of the LVPG-Emergency Medicine physician group.



Philip J. Tighe, DMD, MS, Division of Orthodontics, was honored by Temple University School of Dentistry with the "Alumnus of the Year" award at the annual meeting of the Alumni Society. The award is given

to an alumnus that has worked toward enhancing the student experience at Temple University School of Dentistry. At this meeting, Dr. Tighe gave an oral presentation concerning the role of volunteerism in the life of a health care professional.

Dr. Tighe has been a member of the Medical Staff since March, 1979, and is in private practice with his son, Philip L. Tighe, DMD.



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:

Parking Lot B (in front of the Jandl Pavilion and 1210 building)

At the end of April, handicap parking spaces were blocked to allow crews to prepare for the construction of a new parking deck. Handicap parking is available in:

- ... Parking lot D – in front of the Anderson Pavilion
- ... Parking lot A – in front of the Cancer Center
- ... The parking lot adjacent to the 1230 building



Pictured above is a view of the survey and excavation work currently being done in front of the main entrance to the hospital.

Parking Lot C (in front of the main entrance)

In preparation for the construction of a new roadway and parking deck, the lot is closed. Survey and excavation work has begun.

Bus Stop

LANTA will no longer pick-up or drop-off at the hospital's main entrance. Instead, LANTA will use the bus shelter outside the Morgan Cancer Center. Shuttles will run from the Cancer Center to the hospital's main entrance.

Ring Road

Crews have begun installing water and sewer lines along the ring road. Traffic control is in place. Work will continue for approximately 11 weeks.

Ambulance Drive

Utility lines are being installed across the roadway. Ambulance crews and Emergency Department staff have been notified of roadway changes.

- ... Traffic is being diverted through parking lot 9, near the Day Care Center.
- ... A walkway guides pedestrians around the construction area.
- ... Work will continue for approximately 4 weeks.

Kasych Family Pavilion

Crews are completing the connection of the new pavilion with the Anderson wing by tying in the pavilion's structural steel as seen below.



Continued on next page

Continued from Page 8

Crosswalks

To ensure everyone’s safety, pedestrians MUST use designated pedestrian crosswalks throughout the Cedar Crest & I-78 campus.

Pedestrian Bridge

In preparation for the construction of a pedestrian bridge connecting the Center for Ambulatory Medicine with the John and Dorothy Morgan Cancer Center, modifications to the Cancer Center entrance have been made.

- ... A new door and construction canopy have been installed adjacent to the former entrance.
- ... Signs direct pedestrians to the proper entrance.
- ... A construction fence has been installed in front of the entrances to the 1230 building and the Cancer Center 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.



Work continues on the Center for Ambulatory Medicine. The majority of the building’s windows are now in place.

Construction Maps

When directing patients to the Cedar Crest & I-78 campus, please use construction maps to highlight the parking lots and building entrances patients should use for easiest access to your practice or service. To obtain copies of the map:

- ... Call 402-CARE, or
- ... Visit the LVHVN web site (www.lvh.org <<http://www.lvh.org>). Click on “Location Near You,” “Cedar Crest & I-78,” and “Campus Map.”

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

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

LEHIGH VALLEY HOSPITAL—CEDAR CREST Campus Construction Map – Phase I 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 signs 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.

KEY

- ▶ Hospital Main Entrance Route
- ▶ Emergency Entrance Route
- ▶ Handicap Parking
- ▶ Free Shuttle
- ▶ Staff/Employee Parking
- ▶ Designated Smoking Area

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Maps, like the one pictured here, are available by visiting the LVHVN web site at www.lvh.org or by calling 610-402-CARE.

Papers, Publications and Presentations



Indru T. Khubchandani, MD, Division of Colon and Rectal Surgery, was Co-President of the 9th International Meeting of Coloproctology in Stressa, Milan, Italy, from March 27-29. The meeting was attended by 250 registrants representing 25 countries. Dr. Khubchandani performed live surgery (endorectal repair of rectocele) and gave a lecture on pruritus ani. He also moderated a quiz to “Consultants Corner.”



Nelson P. Kopyt, DO, Associate Chief, Division of Nephrology (LVH-M), authored four articles which have appeared in a number of publications:

- u “Renal Outcomes in High-Risk Hypertensive Patients Treated with an Angiotensin-Converting Enzyme Inhibitor or a Calcium Channel Blocker vs. a Diuretic” was published in the April 25, 2006 (Volume 165) issue of ***ARCH Internal Medicine***
- u “Clinical Outcomes in Non-Diabetic Participants with Cardiovascular Metabolic Syndrome in the Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial” was published in the July 2005 (Volume 105) issue of the ***Journal of the American Osteopathic Association***
- u “Should Patients with Metabolic Syndrome be Routinely Screened for GFR and Microalbuminuria?” was published in the August 2005 edition of ***The Primary Care Physicians’ Guide to Managing the Cardiovascular Puzzle in Patients with Metabolic Syndrome***
- u “Chronic Kidney Disease: The New Silent Killer” was published in the March 2006 (Volume 106) issue of the ***Journal of the American Osteopathic Association***



Daniel D. Lozano, MD, Chief, Section of Burn, gave an oral presentation of his abstract – “Are CDC Guidelines for the Prevention of Intravascular Catheter-Related Blood Stream Infections Effective in Burn Patients?” – at the 38th Annual Meeting of the American Burn Association which was held April 4-7 in Las Vegas, Nev.

In addition, Dr. Lozano was a co-author of the article, “Pediatric Burns With Snap-Cap Fireworks,” which was published in Volume 27, Number 2 (March/April 2006) of the ***Journal of Burn Care & Research***.



Martin A. Martino, MD, Division of Gynecologic Oncology, represented Lehigh Valley Hospital at the 2006 Annual Meeting on Women’s Cancer which was held March 22-26, in Palm Springs, Calif. At the meeting, Dr. Martino gave two presentations. The first – “Is the Addition of Pre-Operative Enoxaparin Safe to Use in Patients Undergoing Gynecologic Oncologic Surgery” – was a poster presentation. The second – “The Pulmonary Embolism Prophylaxis Group Survey: Defining Practice Patterns in Gynecologic Oncology” – was an oral plenary presentation.



Christopher J. Morabito, MD, Chief, Division of Neonatology, was a guest speaker at the Pediatric Pharmacy Advocacy Group, Neonatal and Pediatric Intensive Care Conference held from March 31-April 2, in Baltimore, Md. His topic of discussion was “Is There a Role for Surfactant in Preventing Bronchopulmonary Dysplasia?”

Continued on next page

Continued from Page 10



Robert X. Murphy, Jr., MD, Division of Plastic Surgery/Hand Surgery, Section of Burn, and Medical Director, LVH-M, co-authored an article, "The Reliability of Digital Imaging in the Remote Assessment of Wounds: Defining a Standard," which was published in the April 2006 issue of *Annals of Plastic Surgery*. Co-authors of the article include Thomas E. Wasser, PhD, Senior Biostatistician, Health Studies; **Eric P. Wilson, MD**, Chief, Division of Vascular Surgery; **Walter J. Okunski, MD**, Chief, Division of Plastic Surgery; and Michael Bain, MD, former plastic surgery resident. This paper was also presented at the American Association of Plastic Surgeons, Scottsdale, Ariz., last May, and at the Northeastern Society of Plastic Surgeons 2005 annual meeting.



Suresh G. Nair, MD, Division of Hematology-Medical Oncology and Fellowship Director, Hematology-Oncology, was the co-author of three articles that have been published in the *Journal of Clinical Oncology*. The articles include:

- u "Randomized Phase II Trial of Three Schedules of Pemetrexed and Gemcitabine as Front-Line Therapy for Advanced Non-Small-Cell Lung Cancer" – published in the September 1, 2005 issue
- u "Should Elderly Non-Small-Cell Lung Cancer Patients Be Offered Elderly-Specific Trials? Results of a Pooled Analysis from the North Central Cancer Treatment Group" – published in the December 20, 2005 issue
- u "Oxaliplatin, Fluorouracil, and Leucovorin for Patients with Unresectable Liver-Only Metastases from Colorectal Cancer: A North Central Cancer Treatment Group Phase II Study" – published in the December 20, 2005 issue



Michael J. Pistoria, DO, Division of General Internal Medicine and Associate Program Director, Internal Medicine Residency Program, presented a poster abstract at the Spring 2006 Associa-

tion of Program Directors in Internal Medicine meeting in Philadelphia in April. The poster abstract was titled "The Core Competencies in Hospital Medicine: Improving Inpatient Medicine Training." Dr. Pistoria also led a forum discussion on Hospital Medicine at the meeting.



Alexander M. Rosenau, DO, Associate Vice Chair and Residency Program Director, Department of Emergency Medicine, planned and moderated the annual Program Directors' Workshop in La Jolla, Calif., for the American College of Osteopathic Emergency Physicians in February. Dr. Rosenau also presented "Emotional Intelligence: Your Key to Management Success." Joining Dr. Rosenau at the Workshop was **Gary Bonfante, DO**, Associate Residency Director, who spoke on the "Standardized Direct Observation Tool – Our Experience After One Year;" **Bryan G. Kane, MD**, Emergency Medicine Residency Core Faculty, who presented "Small Group Learning to Enhance Emergency Medicine Residency Education;" and J.P. Orlando, Division of Education, who spoke on "Myers-Briggs Type Indicator" and "Residency Surveys, Enhancing Your Educational Program Through Feedback."



Patrice M. Weiss, MD, Residency Program Director and Vice Chair of Education and Research, Department of Obstetrics and Gynecology; Craig Koller, MEd, Education and Quality Analyst; **L. Wayne Hess, MD**, Chair, Department of Obstetrics and Gynecology; Sharon Kimmel, PhD, Health Studies Department, and Kimberlee T. Goode, MD, former OB/GYN Resident, had their article – "Episiotomy Rates in Private vs. Resident Service Deliveries - A Comparison" – published in the March 2006 edition of the *Journal of Reproductive Medicine for the Obstetrician and Gynecologist*.

Upcoming Seminars, Conferences and Meetings

2006 Stahler-Rex Lecture

The **Stahler-Rex Lecture** will be held on Tuesday, May 2, beginning at 7 a.m., in the hospital's Auditorium at Cedar Crest & I-78. Thomas R. Russell, MD, FACS, Executive Director, American College of Surgeons, will present "The Surgical Profession: What to Expect."

Balint Leadership Training Intensive

Bethlehem, Pa., has been selected as the Fall site for the Balint Leadership Training Intensive to be held Thursday, October 12 to Sunday, October 15. The program is sponsored by the American Balint Society and the Department of Family Medicine at Lehigh Valley Hospital.

Goals of the program are to develop and enhance leadership skills and an understanding of the Balint group process. Balint group leaders at all levels of experience are encouraged to attend. Brochures will be mailed in June. An application can soon be downloaded from the American Balint Society's website: <http://familymed.musc.edu/balint/index.html>

For more information, please contact Jeffrey L. Sternlieb, PhD, Course Director, at jeffrey.sternlieb@lvh.com or call him at 610-969-2560.

Emergency Medicine Grand Rounds

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

May 4 – LVH-Cedar Crest & I-78 Auditorium *Research Day*

- ... "A Systems-Based Approach to Patient Safety"
- ... Resident Research Presentations

May 11 – EMI – 2166 S. 12th Street

- ... "Closed Head Injuries"
- ... "How to Read a Head CT"
- ... "Adult Simulation"
- ... "Challenging Radiology"
- ... "Procedures: Thoracotomy & Heroics Can't Wait"
- ... "Blunt Facial Trauma and Imaging of the Face"
- ... "Axial Spine Injury"

... Rosen's Club

May 18 – LVH-M 4th Floor Classroom

- ... "Blunt Chest Injury"
- ... "Penetrating Injury to Chest, Abdomen and Perineum"
- ... "Pelvic and Retroperitoneal Injury"
- ... "Blunt Abdominal Injury"
- ... "Pediatric Trauma Two"
- ... "Burn Management"
- ... "Heat Emergencies"
- ... "Cold Emergencies"
- ... "Electrical Injuries"
- ... "Drowning and Submersion Injuries"

May 25 – EMI – 2166 S. 12th Street

... Small Group Educationals

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 May is as follows:

May 2

- ... "Case Studies in Multiple Sclerosis: Where Are We Now and What's the Evidence?"

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

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 May will include:

Continued on next page

Continued from Page 8

- ... May 2 – “Stepping up to the Plate”
- ... May 9 – “Esophageal Lung Cancer”
- ... May 16 – “The Innate D-Fence for Health”
- ... May 23 – Resident Research Presentations
- ... May 30 – TBA

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

- ... May 5 – “Diagnosis and Treatment of Dementia” – Auditorium, Cedar Crest & I-78
- ... May 12 – “New Approaches to Diagnosis and Treatment of Stroke in 2006” - Auditorium, Cedar Crest & I-78 (This is a day-long Stroke Conference. All interested staff must register at 610-402-9008 if they plan to attend this lunch lecture.)
- ... May 19 – “Case Studies in Stroke: When Hoof Beats Mean Zebras” – Classroom 1
- ... May 26 – “Hypertensive Emergencies in Intracerebral Hemorrhage: Pathophysiology and Management” – Classroom 1

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 May will include:

- ... May 5 – “Deep Vein Thromboembolism”
- ... May 12 – “Shoulder Dystocia”
- ... May 19 – No Grand Rounds due to Philadelphia OB Society Resident Day
- ... May 26 – “Update on Women’s Health”

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 May will include:

- ... May 2 – TBA
- ... May 9 – “Pediatric Physical Therapy Services”
- ... May 16 – “Management of Prenatally Diagnosed Hydronephrosis”
- ... May 23 – “Fitness and Nutrition in the Pre-Teen”
- ... May 30 – Canceled

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, May 18**, beginning at noon, in the Banko Family Center, Conference Rooms 1 and 2, at LVH-Muhlenberg.

The topic of discussion will be “A Mental Health Professional’s ‘Duty to Warn.’”

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 May will include:

- ... May 2 – **Stahler-Rex Lecture** – “The Surgical Profession: What to Expect”
- ... May 9 – “Enigmatic Ulcer”
- ... May 16 – “Orbital Trauma & Reconstruction”
- ... May 23 – TBA
- ... May 30 – “Partial Splenectomy – Is there a Role?”

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



Who's New

This section contains an update of new appointments, address changes, status changes, resignations, etc. Please remember to update your directory and rolodexes with this information.

Medical Staff

New Appointments



Scott G. Marsteller, MD
 Southside Family Medicine
 141 E. Emaus Avenue
 Allentown, PA 18103-5899
 (610) 791-5930
 Fax: (610) 791-2157
 Department of Family Medicine
 Provisional Active



Theresa A. Piotrowski, MD
 Lehigh Valley Bariatric
 Medicine Office
 1251 S. Cedar Crest Blvd.
 Suite 104A
 Allentown, PA 18103-6205
 (484) 664-2960
 Fax: (484) 664-2967
 Department of Family
 Medicine
 Provisional Active



Manisha D. Naik, DO
 LVH Department of Medicine
 Lehigh Valley Hospital
 Cedar Crest & I-78
 PO Box 689
 Allentown, PA 18105-1556
 (610) 402-5200
 Fax: (610) 402-1675
 Department of Medicine
 Division of General Internal Medicine
 Provisional Limited Duty



Adam J. Teichman, DPM
 Lehigh Valley Foot & Ankle
 Surgeons
 1575 Pond Road, Suite 202
 Allentown, PA 18104-2254
 (610) 391-0066
 Fax: (610) 391-0096
 Department of Surgery
 Division of Podiatric Surgery
 Provisional Active



Raquel M. Pasimio, MD
 Children's Heart Center of
 Northeastern PA
 Allentown Medical Center
 401 N. 17th Street, Suite 309
 Allentown, PA 18104-5050
 (610) 437-6687
 Fax: (610) 437-5232
 Department of Pediatrics
 Division of Pediatric Subspecialties
 Section of Cardiology
 Provisional Active

Status Changes

Albert B. DeFranco, MD
 Department of Family Medicine
 From: Active To: Affiliate

Kamna Malhotra, MD
 Department of Psychiatry
 From: Associate To: Active

Sarah L. Stevens, MD
 Department of Medicine
 Division of General Internal Medicine
 From: Associate To: Active

Continued on next page

Continued from Page 14

Change of Address

Robert A. Diamond, DPM

Diamond Podiatry
303 W. Broad Street
Bethlehem, PA 18018-5526
(610) 865-0311
Fax: (610) 865-9458

Resignations

Robert J. Weiss, DO

Department of Medicine
Division of Nephrology

Allied Health Staff

New Appointments

John M. Blundetto, PA-C

Physician Assistant-Certified
(Allen Ear Nose & Throat Associates –
Paul S. Lemberg, MD)

Robert Bugno, MA, CCP

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

Nancy T. Cole, PA-C

Physician Assistant-Certified
(Lehigh Area Medical Associates, PC –
Daniel T. Valancius, MD)

Angela M. Dondero, PA-C

Physician Assistant-Certified
(The Heart Care Group, PC –
Norman H. Marcus, MD)

David A. Fontaine, PA-C

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

Kerry R. Hood, CPNP

Certified Pediatric Nurse Practitioner
(ABC Family Pediatricians –
Renee Morrow-Connelly, DO)

Charles E. Huckel, Jr., CRNA

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

Change of Address

Stacy A. Statler, PA-C

MS Center of the Lehigh Valley
1210 s. Cedar Crest Blvd.
Suite 1200
Allentown, PA 18103-6241
(610) 402-6767
Fax: (610) 402-6755

Additional Supervising Physician

Krista T. Carson, PA-C

Physician Assistant-Certified
(LVPG-Psychiatry – Laurence P. Karper, MD)
(LVPG-Emergency Medicine – Gavin C. Barr, Jr., MD)
Additional Supervising Physician – HealthSpring –
Holly L. Binnig, MD

Resignations

Charles J. Sunday, CRNP

Certified Registered Nurse Practitioner
(Allentown Anesthesia Associates Inc)

Mary P. Spengler, CRNP

Certified Registered Nurse Practitioner
(Pain Specialists of Greater Lehigh Valley, PC)

Sherry M. Waldhausen, CCP

Perfusionist
(Perfusion Care Associates, Inc)





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

Phone: 610-402-8590
Fax: 610-402-8938
Email: janet.seifert@lvh.com

Medical Staff Progress Notes

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

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

John W. Hart
Vice President, Medical Staff Services

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

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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.