

Medical Staff PROGRESS NOTES



Intensivist to Serve as Medical Staff President-elect

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Matthew M. McCambridge, MD, Co-Medical Director of the Advanced ICU, was recently nominated and elected to serve as Medical Staff President-elect for a two-year term beginning January 1, 2007.

Lehigh Valley Hospital has been part of Dr. McCambridge's life since he was a child. Although he was born in Chester, Pa., Dr. McCambridge moved to Allentown with his family when he was four. He lived on Fish Hatchery Road and, when the hospital was being built, played in some of the dirt piles. He attended St. Thomas More Catholic School and graduated from Central Catholic High School. He received his Bachelor's degree from Johns Hopkins University, and his Medical degree from Georgetown University School of Medicine.

To help pay for his education, Dr. McCambridge joined the Army. For six years, he served at Walter Reed Army Medical Center where he completed his Internal Medicine residency and a Pulmonary and Critical Care Medicine fellowship. He then served another five years at Womack Army Medical Center in Fort Bragg, N.C., where he was Director of Critical Care Medicine.

In July, 2003, Dr. McCambridge joined the Medical Staff of Lehigh Valley Hospital and the practice of Pulmonary Associates. Since that

time, Dr. McCambridge has served as the Medical Director of the Intensive Care Unit at LVH-Muhlenberg and Assistant Director of Medical ICU at LVH-Cedar Crest & I-78. He also served on the Intern Education Committee at LVH-Muhlenberg and was a member of the Search Committee for the Chair of Pathology. He is currently serving a three-year term as an at-large member of the Medical Executive Committee.

Certified in Internal Medicine, Pulmonary Disease, and Critical Care Medicine by the American Board of Internal Medicine, Dr. McCambridge is also a Diplomate of the National Board of Medical Examiners. He is a member of the American College of Physicians, the American College of Chest Physicians, and the American Thoracic Society.

Dr. McCambridge is excited about his upcoming two-year stint as President-elect of the Medical Staff. He said he has a few ideas, but hasn't had much time to really think about them in detail.

Dr. McCambridge and his wife, Meredith, reside in Bethlehem with their three children – Gordon, Louisa, and John.



From the President

Don't place a stumbling block before the blind

There is a unique book that has remained on my shelf over the past several years, "Moses on Management: 50 Leadership Lessons from the Greatest Manager of All Time." Although you may not have thought of Moses as a manager, he had to utilize many of the same skills we use to get through our busy days. While leading his people through the wilderness, he had to be extremely flexible, think quickly, sustain the confidence of the people he interacted with during uncertain times, and deal with people from diverse backgrounds. Sound familiar?

One lesson I've found particularly interesting is titled, "Don't place a stumbling block before the blind." In the Bible, Moses states, "you shall not curse the deaf, and you shall not place a stumbling block before the blind."

While most of us don't go to work each morning plotting to trip the blind, if we stop and think for a moment, the application in everyday life becomes clear. Cursing the deaf can be translated into belittling a colleague or staff person who is not around to defend himself, or expressing exacerbation over someone's efforts when you know they are doing their best. The harm you do to the other person can be substantial, even if he or she is "deaf" to your badmouthing. You are demonstrating disrespect for that person, which can have a negative ripple effect throughout your organization. Consider the influence you have over your colleagues and the entire office staff. Your negative comments can clearly impact other people's perceptions of that person.

What about putting stumbling blocks before the blind? Giving advice to a colleague or patient who is not equipped to make a decision (not qualified or not provided adequate information) is certainly putting a stumbling block in that person's path. Using jargon with patients is a common example, which often occurs inadvertently. "Mrs. Jones, take the diuretic q 12 hours and the ACE inhibitor daily." When we discuss treatment options with patients, do we take the time to provide appropriate information to ensure a well-informed collaborative decision? Although many patients trust us to help them make that decision, it re-

mains our responsibility to educate and update them regarding options.

Another example includes asking someone to do something they are not equipped to handle. This may be due to lack of skills or experience, or to act without an adequate understanding of what is expected. There are examples that come to mind in situations at home with our children; at work when we are dealing with staff (both in the hospital and in our office); with medical students and residents. When the outcome is not as expected, our response is often, "well, if you didn't understand, you should have asked for help." Thinking from the other person's perspective, this is easier said than done. Medical students and residents, in an attempt to try to impress, may be willing to 'give it a try' rather than risk appearing inept and asking for assistance.

These examples and Moses' lessons are directly relevant to the ABC's of Effective Communication (are you sick of this yet? Only a few more months...). Placing stumbling blocks in front of the blind, or cursing the deaf, illustrates someone NOT being aware of their behavior and certainly not of the consequences. We all have a tendency to talk about people when they are not around. Sometimes we realize our mistake shortly after we

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make it; but it is too late to 'take it back.' Feedback about a person should occur directly with that person, and not through third parties. Statements to and about people should focus on perceptions of behaviors and not assumptions about character.

True learning occurs when we can stop ourselves before we speak, consider the potential implications of our words and actions, and filter them accordingly. The answer is to think about the consequences of our behavioral choices, and to make the correct choices.

Although he probably did not look and sound like Charlton Heston, I'll bet that Moses certainly was aware of his ABC's, at least most of the time.

Don

Donald L. Levick, MD, MBA
Medical Staff President

Reference: "Moses on Management: 50 Leadership Lessons from the Greatest Manager of All Time" by David Baron. Pocket Books, 1999.

2006 United Way Campaign

A Message from Elliot J. Sussman, MD



Dear Colleague:

As health care professionals, we certainly understand the meaning of "impact." We see it in the smiles of our patients and their loved ones. It's apparent in the free care we provide to our community. It's also apparent in the leading-edge research we conduct to improve health care. Our impact matters to the health of our community.

That's why I'm asking you to help make a significant impact on our community by continuing to support the United Way during its 2006 campaign. While your generosity helps increase our contribution to the United Way every year, the needs of families and neighborhoods continue to grow, as well. Your investment will help support adult literacy, victims of domestic violence, family centers, prenatal health and education, youth development and much more.

Additional information has been mailed to you about the United Way and how your leadership donation can make an impact on families and neighborhoods in our community. Please review it carefully. The campaign runs through December 1.

If you have any questions or need additional information, please contact one of this year's United Way Campaign Co-Chairs: Bill Leiner, Jr. (484-884-4281) or Pat Skrovaneck (484-884-9293).

Sincerely,

Elliot J. Sussman, MD
President and CEO
Lehigh Valley Hospital and Health Network

Lehigh Valley Hospital JCAHO Accreditation Survey

Important Information for Medical Staff

Surveyors from the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) recently completed their first unannounced accreditation survey of Lehigh Valley Hospital during the week of August 7-11, 2006. While the unannounced survey process certainly provided some additional challenges, Lehigh Valley Hospital clearly demonstrated to the Joint Commission that we are **EVEREADY!!**. . . truly, at any time JCAHO can visit unannounced and witness first-hand the high quality, safe patient care we provide each and every day to our patients and community. Specific comments the surveyors made during the closing conference included "Patients just love the care they are getting here" and "Physicians work in great collaboration with everyone."

As an organization that truly values continual performance improvement, there are some areas that need some work. Three Requirements for Improvement (RFIs) were received which directly impact the Medical Staff. Listed below are both expeditious corrective actions and critical compliance points that Medical Staff members must be aware of and comply with in order to bring LVH into immediate compliance.

General Consent to Treatment (standard LD.3.90)

Corrective Action: Revisions made to policy to explicitly state that a signature AND date is required on the Consent. Approved by the Medical Executive Committee on September 5, 2006.

Critical Compliance Points:

- ... The General Consent to Treatment must be signed AND DATED by the patient and/or legally authorized representative.
- ... A witness, an individual member of the hospital staff, or a physician must also sign the consent. The witness is simply witnessing the patient/legally authorized representative's *signature* only.
- ... Only a person authorized to consent for the patient may sign the consent if the patient is unable (legal guardian, spouse, adult son or daughter, either parent, adult brother or sister, or grandparents in the preceding order).

Medication Reconciliation (standard NPSG 8)

Corrective Action: Allergy & Medication Reconciliation Record (NSG-259) has been revised to clarify and simplify the documentation of reconciliation.

Critical Compliance Points:

- ... To initiate medication reconciliation, the nurse/care provider must contact the physician to discuss any discrepancies between the patient's current home medication list and those medications ordered upon admission.
 - ⌞ To complete reconciliation, the physician should either provide additional orders or inform the nurse that no new or revised orders are necessary.
 - ⌞ Reconciliation must occur within 24 hours of admission.

Universal Protocol: Time Out (standard UP1C)

Corrective Action: Department-specific corrective actions implemented.

Critical Compliance Points:

- ... A Time Out MUST be done at the bedside for any invasive procedure. Procedural examples include lumbar punctures and chest tube placements.
- ... The ENTIRE team must participate in the Time Out. This would include, but is not limited to, the surgeon or operating practitioner, resident physician (if actively participating in the case), and nurse.
- ... The Time Out must be done IMMEDIATELY before the incision is made, at the operating table or bedside.
- ... The Time Out must be documented in the medical record.
 - ⌞ *For Bedside Procedures:* the form "Verification of 'Time Out' for Non-Emergent Invasive Bedside Procedures" (NSG-238) may be used
 - ⌞ *For Emergency Department Procedures:* within the electronic T-System, the 'Procedures' tab should be used

If you have any questions about this information, please contact Robin Anthony, Manager, JCAHO & Regulatory Excellence (610-402-8638 or robin.anthony@lvh.com) or Anthony J. Ardire, MD, Senior Vice President of Quality & Patient Safety (610-402-1770 or anthony.ardire@lvh.com).

News from CAPOE Central

How to order a PICC line?

There are two ways to order a PICC line, depending on whether you want the PICC team or the Interventional Radiology team to place the line. To consult the PICC team, please choose the "PICC Team Consult" from the "Consults Ancillary" list. The PICC team will be contacted by the nurse or AP on the unit. If the PICC line should be placed by Interventional Radiology, then you can order this through the Imaging Button > Interventional Radiology list. The order is called "Central Venous Line Placement." Enter specific instructions in the Comment fields regarding the PICC line.

Advancing to the DAP Protocol

As approved by the Medical Executive Committee, the 'Advanced Diet as Tolerated' order set is being replaced by the "Diet Advancement Protocol." This protocol allows nursing to follow an evidence-based protocol to advance the patient's diet toward the target diet indicated. This order will appear in the appropriate order sets and on the Nutrition button lists. Please see the posters in the Medical Staff Lounges and in the OR Lounges for more information.

A Reminder about Verbal and Telephone Orders

Verbal and telephone orders remain a small but important form of order entry. Verbal and telephone orders should only be used for single or small numbers of orders. They should only be used when either the clinical situation prohibits the use of CAPOE (such as during code situations) or if the physician is unable to get to a computer (while in the car or in the middle of the night). 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 as verbal/telephone orders, allowing patient care to begin, until the physician has the opportunity to enter the full admission orders into the system. Existing hospital policy requires that when receiving verbal or telephone orders, the Nurse reads back the orders as they are entered to ensure accuracy of communication and entry.

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.

DEA REMINDER – When renewing your DEA, please make sure to request the following schedules — 2, 2N, 3, 3N, 4, 5. The requirement to maintain these schedules for prescribing privileges was approved by the Medical Executive Committee (February 7, 2006), at the General Medical Staff meeting (March 13, 2006), and by the Boards of Trustees (May 3, 2006). Failure to maintain all schedules will result in the loss of prescribing privileges as a member of the Medical Staff.

Introducing the OACIS Consultation Service

The aging population, a booming patient census, and shorter lengths of stay with increasing medical acuity all make practicing hospital medicine more difficult every day. A new consultation service – **OACIS** – is now available to help manage some of the most challenging patients in the hospital.

OACIS Services is a consultation practice that specializes in **Optimizing Advanced Complex Illness Support**. Physicians and advance practice nurses involved in the program are trained in facilitating difficult conversations and providing expert palliative symptom management. They offer consultation both in and out of the hospital in collaboration with hospitalists and primary care physicians. The OACIS clinical team members include: Robert D. Barraco, MD, Lou A. Lukas, MD, Sarah Nicklin, MD, Daniel E. Ray, MD, Risa Denenberg, CRNP, Gretchen Fitzgerald, CRNP, Casandra Houser, CRNP, and Sharyn Lang, APRN.

What exactly is ACI?

Advanced Complex Illness describes the stage of many diseases when the body begins to fail and the focus of care may need to shift from aggressive treatment to symptom management and palliation. Patients with ACI may have been followed for months and years with chronic illnesses such as heart failure, COPD, ESRD, cancer, neuro-degenerative disorders, or advanced dementia but share common characteristics: a significant burden and cost of disease, recurrent hospitalizations, severe and difficult-to-manage symptoms, diminishing quality of life and limited life expectancy. Patients with ACI often do not require hospice or end-of-life care, but do need to consider - and perhaps revise - their goals of care and treatment options based on their own value system.

How will an OACIS consult enhance patient care?

OACIS provides four basic types of consultations:

... **Facilitating Difficult Conversations.** When a patient has a very poor prognosis, the OACIS team can help to facilitate essential conversations with families regarding the prognosis, goals of care and treatment options for life-sustaining care. When

necessary, the OACIS team can help manage terminal care or facilitate appropriate placement.

- ... **Frequent Admissions.** Patients with ACI who have had recent frequent hospital admissions may need comprehensive coordination of outpatient care. Starting with a hospital consultation, OACIS will continue to support patients in collaboration with their community physicians. Nurse practitioners visit patients in their home settings to monitor symptom management, enhance quality of life, identify and support realistic self-management behaviors, link patients to needed supportive services, and reduce the need for hospitalizations.
- ... **Complex Symptom Management.** OACIS team members improve patients' quality of life by assessing and managing multifaceted symptoms such as pain, anorexia, dyspnea, and constipation in tandem with emotional concerns such as depression and anxiety.
- ... **Educational Consultations.** OACIS is available to mentor residents and other health care providers in the principles and practice of palliative medicine.

When and where is OACIS available?

The service is being rolled out on a unit by unit basis and will only be available to patients on those units. OACIS will offer consultations at LVH-Cedar Crest & I-78 from 8 a.m. to 5 p.m., Monday through Friday, and 8 a.m. to noon on Saturday. Inpatient consults can be ordered through the CAPOE "consult physician or group" screen. Outpatient consults are available to patients in Lehigh and Northampton counties and can be requested by calling 610-969-0100.

The preliminary schedule of unit roll-out for OACIS includes:

- ... 7B (Med-Surg) - September 25, 2006
- ... 7A (Neuro Services) - November 27, 2006
- ... 7C (Hematology-Oncology) - January 8, 2007

If you have any questions regarding this new consultation service, please contact Lou Lukas, MD, OACIS Medical Director, at 610-969-0100.

Detection of ADRs Requires the Vigilance of All Health Care Professionals



At Lehigh Valley Hospital, an adverse drug reaction (ADR) is any undesired or unintended effect of drug treatment. This definition includes a single effect or a cluster of abnormal signs, symptoms and laboratory tests. To derive maximum bene-

fit from the ADR program, it is important that all clinicians assume responsibility in reporting adverse drug reactions.

The reporting of ADR's by health professionals is crucial to post-marketing drug surveillance. Easily recognized and frequent drug reactions generally are discovered during pre-marketing trials, but unexpected reactions may only occur after the drug is used in a large and varied population. This is especially important for medications on the market for less than three years due to the relatively limited amount of information about these products.

Reporting seemingly insignificant or common ADRs is useful and may highlight an institutional pattern of events and assist in determining the incidence of ADRs.

Hospitals are required by regulatory agencies to develop a comprehensive ADR monitoring program and report significant or unexpected ADR's promptly to the FDA's MedWatch program. At LVH, all reported ADRs are reviewed by the medication safety officer and serious events are reported to the Therapeutics Committee.

To report an ADR at LVH, complete an ADR form and send to the Pharmacy or enter it on the Patient Safety Reporting System. The report should be completed by the person reporting the reaction. The form is available on all units, from your unit based pharmacist, or from the Pharmacy Department.

If you have any questions regarding this issue, please contact Leroy Kromis, PharmD, Medication Safety Officer, at 610-402-8087.

News from the Libraries

The library has a subscription to a database called AccessSurgery from McGraw-Hill, a resource for surgical education which includes surgical videos and animations. The program has 1,400+ board review questions and answers and the ability to track and report scores. It also contains ***Schwartz's Principles of Surgery, Current Surgical Diagnosis & Treatment, Zollinger's Atlas of Surgical Operations***, surgical videos from Columbia University College of Physicians and Surgeons and several other books.

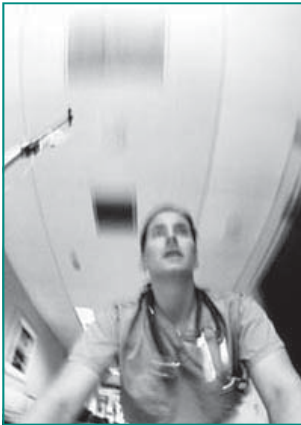
The database can be accessed through: <http://www.accesssurgery.com> using a hospital computer.



If you would like to receive daily updates from InfoPoems/InfoRetriever, which is an evidenced based product, please call Denise Parker at 610-969-2263 or email Denise.Parker@lvh.com to be placed on the email notification list.

If you have a suggestion for an electronic product, particularly one that would be useful at the point of care, please call Barbara Iobst at 610-402-8408 or email Barbara.Iobst@lvh.com.

Rapid Response Team — Six Month Follow-up



Earlier this year, **Rapid Response Teams (RRT)** were implemented at Lehigh Valley Hospital. Since it was initiated at Cedar Crest & I-78 in February, 201 RRT calls have been placed at the Cedar Crest & I-78 campus. In addition, the RRT at LVH-Cedar Crest & I-78 activated 19 inpatient Stroke Alert responses. In July, an RRT was initiated at LVH-Muhlenberg. Since that time, 22

RRT calls have been placed at that campus, and one inpatient Stroke Alert response was activated.

In review, a **Rapid Response Team** is a team of clinicians who bring critical care expertise to the patient's bedside. The goal is to decrease mortality rates by intervening early in the patient deteriorating outside the intensive care setting.

Following are a few highlights of the program:

- ... Members of the RRT include:
 - ⌞ Intensive Care Nurse
 - ⌞ Respiratory Therapist
 - ⌞ Hospitalist
- ... RRT provides assistance to adult Med-Surg, Step-Down, and Behavioral Health Units.
- ... Attending physician should be contacted first to inform of patient's changing clinical presentation.
- ... RRT is initiated by dialing Extension 1199 and asking for the team to be called to a specific room. The attending physician of the patient should also be paged simultaneously.
- ... RRT will initiate an Inpatient Stroke Alert Response for a patient demonstrating stroke-like symptoms on Med-Surg, Step-Down, and Behavioral Health Units.
- ... All other patient care areas must call an Inpatient Stroke Alert after notifying the attending physician if the patient is demonstrating stroke-like symptoms.
- ... Hospitalist is responsible for communicating with the attending physician at the time of the RRT call.

- ... Attending physician is responsible to communicate to the patient's family member any change in clinical presentation or if there is a need for a higher level of care.
- ... The Critical Care Nurse and Respiratory Therapist are responsible for providing acute treatment to the patient as ordered by the physician as well as accompanying the patient on transfer to a higher level of care.
- ... Bedside RN must provide hands-off communication to the receiving unit if the patient is transferred to a higher level of care.
- ... Bedside RN should accompany the patient to any diagnostic testing area and upon transfer to higher level of care as able. Utilize the Patient Flow Coordinator (PFC) or off-shift nursing supervisor to provide assistance as needed.
- ... All members of the RRT response are expected to collaborate with the bedside nurse to complete the debriefing tool at the completion of the response.
- ... When in doubt call a RRT alert with any change in a patient's condition.

If you have any questions regarding the Rapid Response Team, please contact the appropriate individual -- at Cedar Crest & I-78, please call Anne S. Rabert, RN, Director, MICU/SICU, ICU-West, at 610-402-8798. At LVH-Muhlenberg, please contact Georgiann Morgan, RN, Director, LVH-M ICCU/CCU, at 484-884-2408.

Research Corner



Caspofungin High-Dose Trial

This is a multicenter, randomized, double-blind, comparative study to evaluate the safety, tolerability, and efficacy of the standard dosing regimen of caspofungin (70 mg loading dose, then 50 mg/day) versus a 150 mg/day dose in the treatment of invasive candidiasis in adults. The study will be enrolling a total of 200 subjects that have at least one positive culture of a *Candida* species obtained from blood or another normally-sterile, invasive site within four days prior to study entry (this would exclude cultures from the following sites: oropharynx, esophagus or other mucosal or superficial skin surfaces, the sputum, broncho-alveolar lavage (BAL), catheter tip, indwelling catheters/drains, and urine). Patients will also not be eligible if they have suspected *Candida* endocarditis, osteomyelitis, or meningitis; hepatic dysfunction; prior echinocandin use, or too many doses of other systemic antifungal therapy.

Principal Investigator: Marcelo G. Gareca, MD, Division of Infectious Diseases

Darbepoetin alpha ICU Study

This is a prospective, single arm study to evaluate the erythropoietic responsiveness, as measured by change in reticulocytosis, associated with once weekly administration of 100 mcg darbepoetin alfa (Aranesp^o) in patients admitted to the intensive care unit with hemoglobin < 11g/dL. The study will also be looking at red blood cell transfusion requirements and change in hemoglobin levels from baseline. Study participation will begin on the third day of admission to the ICU and will last up to 43 days while in the ICU. Any patients with active bleeding, hemolysis, red blood disorders, or prior treatment with ESPs will not be allowed to participate.

Principal Investigator: Daniel E. Ray, MD, Division of Pulmonary/Critical Care Medicine

If you have any questions regarding either of these studies, please call the Department of Medicine Research office at 610-402-1635. For study referrals, please page the coordinator on call at 610-402-5100 0999.

Physician Referral Bonus Program

LVHVN is seeking your assistance in identifying physician applicants for hard-to-fill physician vacancies. If you refer a physician to fill one of the positions listed below, you can earn a \$500 reward.

- ... Orthopedic subspecialists (trauma, foot & ankle, total joint)
- ... Pediatric subspecialists (pulmonary, neurology, endocrinology)
- ... Pediatric surgeon
- ... Cardiologists
- ... Gastroenterologists
- ... Maternal-Fetal Medicine subspecialists
- ... Hematologist/Medical Oncologist

To refer a physician candidate to the Physician and Executive Recruiting Department:

- ... Go to **TAO Email**
- ... Click on **Bulletin Boards**
- ... Click on **Forms_/LVH**
- ... Right click on **Physician Referral Form**
- ... Select **“Use” form**

If you wish to make a referral and do not have access to TAO Email or if you have questions regarding this program, please contact Frank Gallagher, Physician Recruiter, at 610-969-0275.



Construction Update

Site Work

On September 20, Phase 3 of the site work began which includes creating a new retention basin, storm water drainage, and significant landscaping.

Pedestrian Bridge

Work continues on the bridge connecting The Center for Advanced Health Care with the John and Dorothy Morgan Cancer Center (pictured below). During this time, crews are installing the bridge's exterior glass panels. Traffic control is in place.



East Parking Deck

The installation of precast concrete panels is complete. Crews are applying concrete washes and will soon begin installing lighting fixtures, the sprinkler system, handrails and safety grates.



Kasych Family Pavilion

Installation of windows, roofing, precast concrete panels and mechanical systems continues on the Kasych Family Pavilion (pictured above). Interior wall stud installation has also begun.

The Center for Advanced Health Care

Inside, tenants and architects are collaborating to design workspace areas. The LEED (Leadership in Energy and Environmental Design) commissioning process continues to determine if the structure can officially be called a "green" or environmentally friendly building.

To get the latest construction update or if you have any questions, call 610-402-CARE.

Therapeutics Corner

Enteral products are evaluated by the Nutrition Subcommittee annually. Evaluation considers patient population and evidence based use for specialty products. The following formulary updates were approved by the Nutrition Subcommittee, the Therapeutics Committee, and the Medical Executive Committee.

Computer order entry updates were completed in September. Formulary cards are being reprinted and they should be available in October. The product changes have the same macronutrient profile and include:

Immune Enhancing Formula:

Impact 1.5 will change to Pivot 1.5

Elemental Formula:

FAA will change to Vivonex RTF

Protein Modular:

Promod Powder will change to Prosource Powder

Pudding Supplement:

Resource Pudding varieties will change to Boost Pudding varieties

Therapeutics has also approved the following auto-substitution for non-formulary ordered products:

LVHN Formulary Product auto-substitute	Non-Formulary Product Physician Order
Osmolite	Nutren 1.0, Isocal
Jevity 1 cal	Nutren 1.0 Fiber,, Ultracal, Glucerna, Glucerna Select, Nutren Glytrol
Ensure Plus	Ensure, Ensure Plus HN, Resource Plus, Boost Plus, Meritine,
Promote with fiber	Nutren Replete, Nutren Replete with Fiber
Jevity 1.2 cal	Fibersource HN, Nutren Probalance
Two cal HN	Nutren 2.0, Resource 2.0, Novasource 2.0
Pivot 1.5	Impact 1.5, Perative, Traumacal
Nepro	Novasource Renal, Nutren Renal
Vivonex	FAA, Alitraq, Peptamin, Peptamin VHP,, Vital HN, Vivonex Plus, Vivonex TEN, Subdue, Pepti-
Pediasure Enteral	Kindercal, Nutren Jr, Resource Just for Kids
Pediasure with Fiber Enteral	Compleat Pediatric, Kindercal w/fiber, Nutren Jr w/ fiber, Resource Just for Kids w/fiber
Neocate 1+	Elecare, Neocate Junior, Pediatric EO28, Vivonex Pediatric
Peptamen Jr.	Peptide 1+, Pediatric Peptinex DT, Pro-Peptide for Kids
Prosource	Promod, Propass, Beneprotein

Questions regarding the formulary updates, auto-substitution or formulary card updates can be directed to Kimberly Procaccino, Nutrition Director, at 610-402-8609.

Documentation Improvement Tip of the Month

Beginning with October 1, 2006 discharges, CMS will begin a three year transition to a cost-based DRG system. CMS is adopting some of the basic aspects of a severity adjusted DRG system to allow hospitals to take advantage of improved recognition of severity in the context of the current DRG system by adding 20 new DRG's, deleting 8 DRG's, and modifying 32 DRG's. Coders will now have to verify the amount of time a patient was on the ventilator to get to the correct DRG, and just like the cardiovascular DRG's last year, the gastrointestinal DRG's will be broken down into DRG's with and without Major Gastrointestinal Diagnosis.

Congratulations!



Margaret L. Hoffman-Terry, MD, Division of Infectious Diseases, was honored by the Delaware Valley Hepatitis Treatment, Research, and Education Center (HepTREC) on September 19 in Philadelphia. Dr. Hoffman-Terry, whose research and professional work focuses primarily on HIV/hepatitis C co-infection, received the 2006 HepTREC Award for her compassion, dedication, and exceptional service to her patients, her community, and her profession. Dr. Hoffman-Terry, who serves as Medical Director of the hospital's AIDS Activities Office, has been a member of the Medical Staff since August, 1994.

Walter J. Okunski, MD, Chief, Division of Plastic Surgery, has been chosen to receive the *Spirit of Humanity Award* by the Eastern Pennsylvania Chapter of the Arthritis Foundation. The award, which recognizes Dr. Okunski for his many years of dedicated leadership and service to the Lehigh Valley medical community, will be presented to him at the Arthritis Foundation's *Evening of Honors* black-tie dinner on October 28. Dr. Okunski, who also serves as the Senior Advisor to the Chair of the Department of Surgery and is the Plastic Surgery Residency Program Director, has been a member of the Medical Staff since July of 1969.



Gerald E. Pytlewski, DO, and **William J. Smolinski, DO**, members of the Division of Cardiology, recently passed the National Board of Echocardiography exam. The National Board is a not-for-profit corporation established to develop and administer examinations in the field of clinical echocardiography. The Examination of Special Competence in Adult Echocardiography determines special competence in the subspecialty field of diagnostic cardiac ultrasound. Physicians who pass the exam demonstrate a desire to optimize their skill in the performance and interpretation of cardiac ultrasound. Dr. Pytlewski has been a member of the Medical Staff since August, 1993. Dr. Smolinski joined the Medical Staff in June, 1998. Both physicians are in practice with The Heart Care Group, P.C.



Papers, Publications and Presentations



George A. Arangio, MD, Chief, Section of Foot and Ankle Surgery, recently had two articles published in *Foot & Ankle International*. "Radiographic Comparison of Standing Medial Cuneiform Arch Height in Adults With and Without Acquired Flatfoot Deformity" was published Vol. 27, No. 8/August 2006. "The Use of Standing Lateral Tibial-Calcaneal Angle as a Quantitative Measurement of Achilles Tendon Contracture in Adult Acquired Flatfoot" was published in Vol. 27, No. 9/September 2006.



Roberto CM Bergamaschi, MD, PhD, Division of General Surgery, moderated a session on Minimally Invasive Surgery for Rectal Cancer at the 14th International Congress of the European Association for Endoscopic Surgery (EAES) held September 13 to 16, in Berlin, Germany. At the meeting, Dr. Bergamaschi also presented a lecture on Preoperative Staging of Rectal Cancer.



Results of a study – "Severe Closed Head Injury in Patients on Warfarin Who Fall from Standing" – were presented at the American Association for the Surgery of Trauma (AAST) meeting on September 28 in New Orleans, La. Authors of the project include **Mark D. Cipolle, MD, PhD**, Chief, Section of Trauma Research; Victoria Sabella, RN, BSN, CCRC, Trauma Research; **Robert D. Barraco, MD, MPH**, Chief, Sections of Geriatric and Pediatric Trauma; and **Michael D. Pasquale, MD**, Chief, Division of Trauma-Surgical Critical Care.



In July, **Dennis B. Cornfield, MD**, Section of Hematopathology & Clinical Laboratory Medicine, participated in a two-day conference on the use of flow cytometry in clinical medicine held at the National Institutes of Health in Bethesda, Md.



Barry H. Glassman, DMD, Division of General Dentistry, delivered the keynote address at the Mississippi State Pain Society annual meeting held in Philadelphia, Miss., on July 28. His presentation was titled "Evidenced Based Medicine in Chronic Pain Management." In August, he presented three-day courses in "Biometrics in Dentistry" in both Tarzana, Calif., and here in Allentown. He also made a presentation titled "TMD for the General Dentist" for the Bermuda Dental Association on August 23.



William L. Miller, MD, Chair, Department of Family Medicine, co-authored an editorial titled "Publishing Multimethod Research," which was published in Vol. 4, No. 4, 2006 of *Annals of Family Medicine*.



Edward R. Norris, MD, Vice Chair, Education and Research, Department of Psychiatry, co-authored a book chapter on "Depression" which was published in the textbook, *Medical Management of the Surgical Patient, 4th Edition*.



As President of the American Society of Colon and Rectal Surgeons, **Lester Rosen, MD**, Division of Colon and Rectal Surgery, was invited to be a keynote speaker at the European Society of Coloproctology's annual meeting held September 13 to 16 in Lisbon, Portugal. Dr. Rosen's lecture was "Screening for Colorectal Cancer" which compared USA Guidelines with those of European countries. Representatives from 35 countries attended the meeting.



Upcoming Seminars, Conferences and Meetings

Emergency Medicine Grand Rounds

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

October 5 – LVH-M Educational Conference Center

- ... “OB/GYN Emergencies” – Emily Fry, MD
- ... “Delirium/Dementia” – Marc Lewbart, DO
- ... “Street Drugs” – Gavin Barr, Jr., MD
- ... St. Luke’s Resident Lecture (TBA)

October 12 – LVH-M 4th Floor Classroom

- ... “Who Wants to be an ED Physician” – Tony Werhun, MD, and Perry Fooskas, MD
- ... LVH Resident Lecture – Bock Moyes, DO
- ... Rosen’s – Gavin Barr, Jr., MD

October 19

- ... No Grand Rounds – AOA/ACEP

October 26 – EMI – 2166 S. 12th Street

- ... “Syncope” – Steve Frei, MD
- ... “Child with a Limp” – Kevin Weaver, DO
- ... “Medical Errors/Outcomes” – Patrice Weiss, MD
- ... Rosen’s – Gavin Barr, Jr., MD

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 Center #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 October is as follows:

October 3

- ... “Timely Initiation of Contraception . . . and What if it Isn’t” – Marji Gold, MD, Professor of Clinical

Family Medicine & Social Medicine, Montefiore Medical Center

For more information, please contact Sue Turi in the Department of Family Medicine at 610-969-4894.

Geriatric Trauma Conference

The next Geriatric Trauma Conference will be held on Wednesday, October 4, beginning at noon, in Classroom 1 at Lehigh Valley Hospital – Cedar Crest & I-78. The topic is Case Studies.

For more information, please contact Marie Locher, Trauma Development, at 610-402-8464.

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 October will include:

- ... October 3 – “Ocular Allergy” – Leonard Bielory, MD
- ... October 10 – “Aspirin, Plavix or Aggrenox for Stroke Prevention: What One or Does it Matter?” – Yeubing Li, MD
- ... October 17 – “The Electronic Medical Record – State of the Art 2006”
- ... October 24 – “Managing Inpatient Hyperglycemia: Reducing Morbidity, Mortality, and Cost through Insulin Therapy” – Daniel Lorber, MD
- ... October 31 – “Advances in Treatment of Soft Tissue Sarcomas” – Suresh Nair, MD

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

Neurology Conferences

The Division of Neurology conferences are held on Fridays, beginning at noon, in Classroom 1 in the Anderson Wing at Cedar Crest & I-78, and videoconferenced to the First Floor Conference Room at LVH-Muhlenberg. Topics for October will include:

Continued on next page

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- ... October 6 – “Neuromuscular Disease in Clinical Practice and Toxic Myopathies” – Jay Varrato, DO
- ... October 13 – Regular conference canceled
- ... October 20 – “Update on Myasthenia Gravis” – Glenn Mackin, MD
- ... October 27 – “Acute Inflammatory Polyneuropathies and its Mimickers” – Yeubing Li, MD

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 7:15 to 8:15 a.m., in the Auditorium of Lehigh Valley Hospital – Cedar Crest & I-78, unless otherwise noted. Topics to be discussed in October will include:

- ... October 6 – Tumor Board
- ... October 13 – “Patient Safety in Women’s Healthcare: Translating Theory into Practice” – Paul G. Stumpf, MD, Chair, ACOG Committee on Patient Safety and Quality Improvement (Note Location Change – Classroom 1, Cedar Crest & I-78)
- ... October 20 – “Emotional Intelligence” – Terry Capuano, RN, MSN, MBA
- ... October 27 – “Pay for Performance” – Karen M. Murphy, CEO, Physicians Health Alliance

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 October will include:

- ... October 3 – “Case Presentation” – Rima Strassman, MD
- ... October 10 – “Adolescent Sexuality” – Kelly Connell, MS Ed, Sexuality Educator and Consultant, CHOP

- ... October 17 – “Transition to Adulthood for Youth with Special Needs” – Jonathan Pletcher, MD
- ... October 24 – TBA
- ... October 31 – “Atopic Dermatitis” – Christopher Copenhaver, MD

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, October 19**, beginning at noon, in the Educational Conference Center, Rooms C and D, at LVH-Muhlenberg.

The topic of discussion will be “**The Psychosocial Co-Morbidities of Pain**” to be presented by Edward R. Norris, MD, Vice Chair for Education and Research, Department of Psychiatry.

For more information, please contact Tammy Schweizer in the Department of Psychiatry at 610-402-5766.

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 October will include:

- ... October 3 – “Breast Cancer: Beyond the Psychology with Knife” – Heiwon Chung, MD
- ... October 10 – Grand Rounds canceled – ACS Meeting
- ... October 17 – “Endoscopically Assisted Aneurysm Surgery” – P. Mark Li, MD, PhD
- ... October 24 – TBA – Sergio Larach, MD, Colon & Rectal Disease Center
- ... October 31 – “Carcinoid Syndrome” – David Grossman, MD

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



Khaldoon Alaswad, MD
 Lehigh Valley Heart Specialists
 1243 S. Cedar Crest Blvd.
 Allentown, PA 18103-6268
 (610) 402-3110
 Fax: (610) 402-3112
 Department of Medicine
 Division of Cardiology
 Provisional Active



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 Division of General Internal
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 Division of General Internal
 Medicine
 Provisional Active



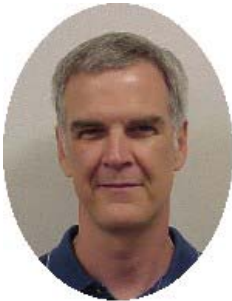
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Department of Emergency
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Fax: (610) 969-4332
Department of Pediatrics
Division of General Pediatrics
Provisional Active

Address Changes

Leyla Daneshdoost, MD
Leyla Daneshdoost, MD, PC
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Alexandria J. George, DO
OBGYN Associates of the LV
Allentown Medical Center
401 N. 17th Street, Suite 301
Allentown, PA 18104-5051
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Fax: (610) 433-0949

Mark A. Gittleman, MD
Breast Care Specialists, PC
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Fax: (610) 366-7334
(Effective October 9, 2006)

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Practice Changes

Robert E. Budinetz, MD

Coopersburg Medical Associates
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Coopersburg, PA 18036-1941
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Fax: (610) 282-2513

Timothy E. Steckel, MD

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Second Floor, Kolb Center
Bethlehem, PA 18017-7384
(484) 884-9677
Fax: (484) 884-9297

Jo-Anne A. Steward, MD

(No longer with Fogelsville Medical Associates)
Cedar Crest Emergicenter
1101 S. Cedar Crest Blvd.
Allentown, PA 18103-7937
(610) 433-4260
Fax: (610) 432-5953

Status Changes

John A. Kibelstis, MD

Department of Medicine
Division of Pulmonary/Critical Care Medicine
From: Active/LOA
To: Honorary

Richard A. Narvaez, MD

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



Addition of Departmental Assignment – Division of Hospital Medicine

The following individuals will now reside in the
Division of Hospital Medicine/General Internal
Medicine:

Imhotep Boukman, MD
Amy E. Collis-Cowitch, MD
Ardeth L. Copeland, MD
John M. Davidyock, MD
Jeffrey R. Faidley, MD
William T. Ford, Jr., MD
Melissa A. Geitz, DO
Arvind K. Gupta, MD
A. Wayne Howard, DO
Danny Liaw, MD
Greg W. Miller, DO
Daniel T. Mulcahy, DO
Gonzalo E. Pimentel, MD
Michael J. Pistoria, DO
Caroline J. Shedlock, MD

Change to Departmental Assignment

Sarah L. Stevens, MD

From: Department of Medicine
Division of General Internal Medicine
Section of Adolescent Medicine
To: Department of Pediatrics
Division of Pediatric Subspecialties
Section of Adolescent Medicine

Resignations

Sirisha Chalasani, MD

Department of Medicine
Division of General Internal Medicine

Jaideep Gupta, MD

Department of Pediatrics
Division of Neonatology

John S. Halcovage, DO

Department of Medicine
Division of General Internal Medicine

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Allied Health Staff

New Appointments

Robert M. Coll

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

Elizabeth Coyle

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

Darci L. Dellwardt, PA-C

Physician Assistant-Certified
(Coordinated Health – Manny S. Iyer, MD)

Mindy L. Evers, PA-C

Physician Assistant-Certified
(Surgical Specialists of the Lehigh Valley – Mark D. Cipolle, MD, PhD)

Garrick S. Karns, CRNA

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

Mary G. Kulik, MA

Medical Assistant
(The Heart Care Group, PC – Martin E. Matsumura, MD)

Pamela Miller, RN

Registered Nurse
(Brndjar Medical Associates – Jon E. Brndjar, DO)

Lori A. Neri, CRNP

Certified Registered Nurse Practitioner
(The Heart Care Group, PC – Donald J. Belmont, MD)

Danielle Sodl, OTC

Orthopedic Technician-Certified
(Coordinated Health – Leo J. Scarpino, MD)

Peter Strecker

Pacemaker/ICD Technician
(Guidant Corporation – Koroush Khalighi, MD)

Status Change

Kathleen M. McKeown, CRLS

From: Lithotripsy Technician
To: Certified Renal Lithotripsy Specialist
(Keystone Mobile Partners – Daniel Silverberg, MD)

Change of Supervising Physician

Marjorie A. Ofrichter, MD

Audiologist
From: John D. Harwick, MD
To: Thomas J. Koch, MD

Diane C. Rizzetto, RN

Registered Nurse
From: The Heart Care Group, PC – Paul Gulotta, MD
To: Lehigh Valley Heart Specialists – David B. Goldner, MD

Kimberly A. Schaffer, NR-CMA

Certified Medical Assistant
From: The Heart Care Group, PC – Martin E. Matsumura, MD
To: Lehigh Valley Heart Specialists – Bruce J. Silverberg, MD

Resignations

Giacinta Aspite, CRNA

Certified Registered Nurse Anesthetist
(AnestiPlus Anesthesia Services, Inc.)

Mary E. Damweber, CRNP

Certified Registered Nurse Practitioner
(Palliative Care Services of the Lehigh Valley)

Revisions to Medical Staff Bylaws and Rules and Regulations, which were approved at the General Medical Staff meeting on June 12, 2006 and by the Boards of Trustees of Lehigh Valley Hospital and Lehigh Valley Hospital-Muhlenberg on September 6, 2006, are enclosed with the newsletter sent to members of the Medical Staff.

Revisions include: Names Change of Department of Pathology, Revision to Article V—Allied Health Professionals—Section D—Procedural Rights, Revision to Article IV—Categories of the Medical Staff, and Addition of Chief Medical Officer for Precautionary Suspension.



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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

Medical Executive Committee

Scott W. Beman, MD
Gregory Brusko, DO
Michael J. Consuelos, MD
Wayne E. Dubov, MD
Peter E. Fisher, MD, MBA
John P. Fitzgibbons, MD
L. Wayne Hess, MD
Michael W. Kaufmann, MD
Sophia C. Kladias, DMD
Richard A. Kolesky, MD
Robert Kricun, MD
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Gary W. Szydowski, MD
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L. Kyle Walker, MD
Michael S. Weinstock, MD
John F. Welkie, MD
James T. Wertz, DO
Robert E. Wertz II, MD
Thomas V. Whalen, MD
Matthew J. Winas, DO

We're on the Web!

***Visit the Medical Staff Services
website at:***

***[http://lvhhnorg.dws0158.fast.net/
medicalstaff](http://lvhhnorg.dws0158.fast.net/medicalstaff)***

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.