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Medical Staff PROGRESS NOTES

Inside This Issue:

LEHIGH VALLEY HOSPITAL AND HEALTH NETWORK

New Director of Medical Staff Services

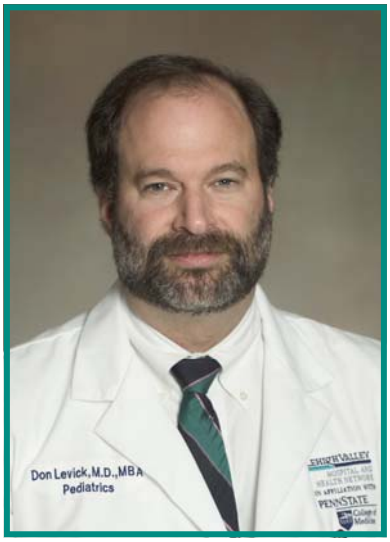
On January 24, Ruth M. Davis began her new position as Director of Medical Staff Services.

Ruth has been a part of the LVHHN family for the past 34 years. She began her career as a staff nurse at the former Allentown Hospital, progressed to critical care and then into education. Ruth served as faculty for management development courses as well as coordinator for a wide variety of educational events. She served as a leader and facilitator in a number of network-wide Operations Improvement projects. For the past five years, Ruth has been Director of Care Management at Lehigh Valley Hospital-Muhlenberg.

Ruth received her Bachelor of Science degree in Business Administration from Cedar Crest College. In addition, she received her Master's in Business Administration from St. Joseph's University in Philadelphia. Ruth is a member of the National Association for Healthcare Quality.

With extensive JCAHO and Quality Assurance experience, Ruth is uniquely qualified to lead a department that serves over 1,100 Medical Staff members, over 450 Allied Health staff, and four external VeriQuaL credentialing clients representing over 625 providers. In addition, Ruth will provide support to the Medical Staff leadership and oversee the administrative support for a number of Medical Staff functions and committees including Bylaws, General Medical Staff, and Medical Executive Committee.

Ruth is located in the Medical Staff Services office on the first floor of Lehigh Valley Hospital, Cedar Crest & I-78. She may be reached by email at ruth.davis@lvh.com or by phone at 610-402-8975.



From the President

As a Pediatrician, it is natural for me to think about the ABC's. As mentioned in the January column, the ABC's stand for being Aware of your Behavior and its Consequences. Behaviors include our actions and our words, the music and dance of our communication with those around us. Being aware of not only how we deliver information and how that impacts the people around us, but also how we receive information from others. Many of our communication patterns are learned behaviors and have become habits. However, there is clearly a developmental process that guides the mastery of language and communication.

Communication is a developmentally learned skill, and begins at birth. One of the first things assessed in the newborn nursery is not whether a baby can make sounds, but whether he or she can hear. Hearing (and eventually listening) is so important to development that it is hospital policy that all newborns have their hearing screened prior to discharge. Why is hearing so important? Because without hearing there is no listening and without listening there can be no understanding. And without understanding there cannot be effective communication or learning. One of the baby's first reactions is to smile responsively (at about two months of age). It is not to talk back, but to acknowledge the person who is interacting. It is as if the baby is saying "I recognize you and welcome your communication." For a parent who has witnessed this, it is a remarkable feeling – the power of a smile without saying a word.

By three to four months, a baby begins to make noises. He or she responds to your voice, but their response is meaningless. "I hear you," the baby thinks, "but all I know how to do at this point is to make noise – and it's a lot of fun." Have you ever met anyone who appears to be stuck in this phase – pleased with the sound of their own voice, but whose words have very little substance or meaning. Why do people get trapped in this phase, unable to truly listen to what people are saying to them and seek understanding? Maybe they are not aware of the consequences of such behavior – it has been tolerated by the people around them for so long. "Oh, Don is always like that, he just likes to hear himself talk. Just ignore him, and he'll stop." As parents, we do not stop at this phase – we continue to talk to and respond to our children, encouraging them to develop more mature communication skills. So, by ignoring the "empty talker," we too are not being fully aware of the consequences of our behavior. By not providing appropriate feedback to this person, they will not know to change their behaviors. In future columns, I will provide some tips and tools on how to help these people become more aware of their behaviors.

By six months of age, the baby can elicit responses with sounds and faces. Already he or she is becoming aware of behaviors and its consequences. These behaviors can be verbal or nonverbal. Even babies and young children are aware of how powerful their behaviors and nonverbal cues can be: a pouty lip, the rolling of the eyes, etc. This awareness begins early, but continues throughout life. It is especially easy to be aware of the consequences of our behaviors when there is something to gain. What we truly need to be aware of is whether we are being understood, and how our behaviors make the other person feel.

As physicians, we need to remember how our own nonverbal cues affect our interactions with patients and our colleagues. Dr. Caccese stressed this in his communications with the Medical Staff, with his example of "Sit, Answer, Touch."

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When you sit down in a patient's hospital room or in the exam room, you deliver a very clear message, "I am not in a rush, and I'm here for you." Taking the time to answer the patient's questions demonstrates your willingness to listen and understand their concerns. Clearly, Dr. Caccese understands the concept of ABCs. More about verbal and nonverbal cues in upcoming columns.

In the meantime, think about an interaction with a patient or colleague that did not go as well as you would have liked. What behaviors could you have changed that might have altered the consequences, the outcome of the interaction.

Stay warm and try to have some fun in your day.

Don

Donald L. Levick, MD, MBA
Medical Staff President

Do You Have an Interest in Participating on a Medical Staff Committee?

In January, the Medical Staff leadership changed hands. With this change in leadership, it is an appropriate time to take a look at and make changes and additions to the membership of many of the Medical Staff committees.

If you have any interest or experience in serving on any of the following committees or would like more information, please contact Donald L. Levick, MD, MBA, Medical Staff President, or John W. Hart, Vice President, in the Medical Staff Services office at 610-402-8980.

A list of the committees includes:

- Bylaws
- Cancer
- Code Blue
- Credentials
- Emergency Management
- Ethics
- Health (formerly Impaired Physician)
- Infection Control
- Institutional Review (IRB)
- Medical Records
- Occurrence Analysis
- Technology Assessment
- Therapeutics (formerly Pharmacy & Therapeutics)

Information regarding the purpose, duties and membership of each of these committees can be found in the Medical Staff Bylaws. The Bylaws are now accessible on the hospital's Intranet. To access, go to the Intranet Homepage and select Departments – Non-Clinical – Medical Staff Services – Documents – Medical Staff Bylaws. The section on Committees begins on page 26 of the Bylaws.

News from CAPOE Central

CAPOE Compliance Trip Winner

The winner this month of the CAPOE compliance trip drawing was Brian Damweber, PA-C, with Lehigh Valley Medical Associates. Brian is the second Physician Assistant from this group to win the drawing. As most people know, this is a very busy group and they enter virtually all their orders into CAPOE. When contacted, Brian was both surprised and pleased. He said he would use the winnings for an upcoming "special trip."

Two sites bring units live in January

Early in January, the Emergency Department at LVH-M went live with CAPOE. The ED at LVH-M was the first ED in our system to go live, and one of the first ED's in the country to bring computer physician order entry online. The ED physicians have been using a paper version of the T-system for documentation. Bringing on CAPOE represented the second major change in the past few months. The physicians adapted very well to the new system, and have had numerous constructive suggestions to improve the ED order sets. As with other units, the nursing staff also had to adapt to the change - looking online for new orders. The nursing and ancillary staffs (special kudos to Pharmacy) did a tremendous job of adjusting, and became comfortable with the system within the first week. My congratulations to everyone involved; the hard work and detailed preparation certainly paid off.

Later in January, the Open Heart Unit at Cedar Crest & I-78 went live with CAPOE. The OHU was already quite familiar with CAPOE, as the TOHU has been live for quite awhile. The nursing staff in the Open Heart Unit has been requesting CAPOE for quite a while. The physician extenders from the Cardio-Thoracic Surgery group have been using CAPOE and are quite comfortable with it. The goal is to have all of the inpatient units live with CAPOE by sometime this summer.

Do you use DAP?

The Diet Advancement Protocol (DAP) was recently approved for use by the Medical Executive Committee. The DAP is an order that allows nursing and nutritional services to advance a patient's diet, as long as the patient meets specific clinical parameters. This order will facilitate advancing the patient's status, and possibly preparing them for discharge earlier. The order will be located under the Nutrition button in LastWord, and will eventually appear in many of the diet order sets. If you have any questions regarding this order, please contact Kimberly Pettis, Director of Clinical Nutrition, at 610-402-8609.

Retract vs. Discontinue when Ordering Meds

There remains some confusion among users as to when to select RETRACT vs. DISCONTINUE when stopping orders.

Retract should be used within 1-2 hours of when a medication order was entered and the doctor realizes they do not want that med or want a different dose. Retract will remove ALL actions of that order.

Example: A resident enters lasix 40mg q8h @ 0900. After rounding with the Attending it is decided to change the order. It is around 1020 and a dose from the original order was not given. The appropriate way would be to retract the order and then re-enter the order for lasix 40mg po bid starting now.

Discontinue If a med has already been given, an order cannot be retracted. It would then have to be DC'ed and a new order entered. When an order is DC'ed right after it was entered, a pharmacist cannot remove the action that was initiated, therefore, a label will be generated and the med will be filled and sent up. An error could also occur if the order is DC'ed and re-entered and both the DC'ed dose and the re-entered dose show up on the nurse's screen. If this was levofloxacin for example, both a 500mg and 250mg tab could be given, when all you want is a 250mg dose.

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

Don Levick, MD, MBA
Physician Liaison, Information Services
Phone: 610-402-1426 Pager: 610-402-5100 7481

Research Corner

Beginning this month, in an effort to promote the teaching and research mission of LVHHN, a new section called **Research Corner** will debut in ***Medical Staff Progress Notes***. This section will inform you of select current ongoing clinical research opportunities for your patients, along with the Department overseeing the study, and a contact person for each.

LVH to Participate in PSCI Tissue Bank for Cancer Research

Recently, Hershey Medical Center and the Penn State Cancer Institute (PSCI) established a tissue bank and high quality database to facilitate new cancer research investigations. Lehigh Valley Hospital, a founding member of the PSCI, will offer participation in the tissue bank beginning on February 21. Paul J. Mosca, MD, PhD, Division of General Surgery, Section of Surgical Oncology, will be the site investigator at LVH.

Tumors from the breast, kidney, colon, ovary and prostate will be included at the start of the study. It is anticipated that additional sites, including melanoma, will be added shortly. Participation for patients is easy and confidential. They will be asked to fill out a background and medical history questionnaire and donate a blood sample as well as samples of tumor and normal tissue at the time of surgery. Patients must have a known or suspected diagnosis of malignancy (any stage), and cannot have received allogeneic bone marrow transplant or non-autologous blood transfusion within six weeks preceding specimen collection.

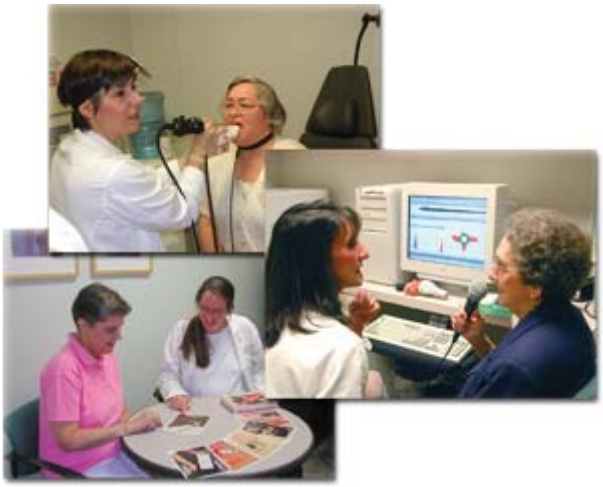
The Clinical Trials Office is coordinating patient enrollment in the tissue bank and will be glad to work with surgeon's offices to facilitate accrual to this important study. For more information, please contact Jan Murray in the Clinical Trials Office at 610-402-0508.

NIH Grant Awarded

The Division of Pain Medicine in conjunction with the Neurosciences and Pain Research team is partnering with Inflexxion, Inc. of Newton, Mass., to participate in a NIH funded clinical trial.

This trial will assess risk potential of patients being considered for long term opiate therapy. The specific aim of this Phase II application is to complete the development of a self-administered, brief screening tool called SOAP (Screener for Opioid Abuse Potential). This tool will enable healthcare providers with an objective way to identify individuals who may be at risk for abusing their medications or exhibit aberrant medication-related behavior.

For more information about the study, please call Bruce Nicholson, MD, Chief, Division of Pain Medicine, at 610-402-1754, or Maryjane Cerrone, RN, Clinical Research Coordinator, at 610-402-9003.



News from the Metabolic Bone Program

On October 14, 2004, the Surgeon General's office released "Bone Health and Osteoporosis: A Report of the Surgeon General." (http://www.surgeongeneral.gov/library/bonehealth/)

According to this report, 10 million Americans over the age of 50 have osteoporosis, and another 34 million are at risk for developing it. Each year, about 1.5 million people suffer a fracture related to osteoporosis. By 2020, one in two Americans over the age of 50 will be at risk for fractures from osteoporosis or low bone mass. The central focus of the report is to alert individuals and the medical community to the meaning and importance of bone health, including its impact on overall health and well-being, and the need to take action to prevent, assess and treat bone disease throughout life.

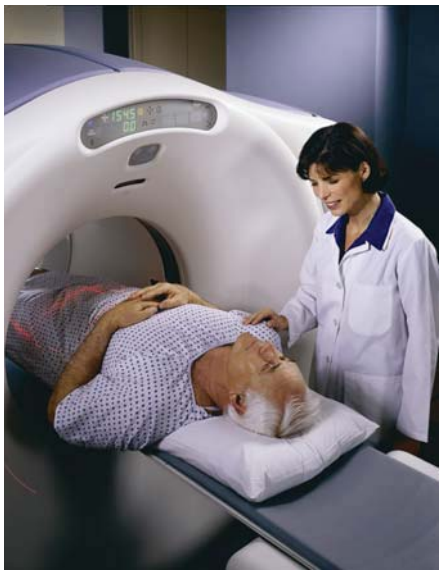
Lehigh Valley Hospital must do a better job in identifying and treating those with low trauma fractures for osteoporosis. Less than 10% of patients presenting with hip fracture have had a DEXA scan (the "gold standard" test for bone mineral density). Adults with vertebral, rib, hip, or distal forearm fractures should be evaluated for osteoporosis via bone mineral density (BMD) testing and should, at the very least, be taking between 1000mg and 1500mg of calcium and 600IU of Vitamin D daily.

While orthopedic surgeons are frequently the initial point of contact for fracture care, all physicians have an opportunity to facilitate diagnosis and treatment for osteoporosis and encourage follow-up care by requesting a specialty consult with the Metabolic Bone Team (MBT) by calling 610-402-2700. The MBT can also be of assistance in the management and treatment of your patients' bone health while they are in the hospital. An inpatient Metabolic Bone specialty consultation is available through the consults ancillary screen in CAPOE.

A significant point to remember is that the association between low bone density and fracture is stronger than that between systolic blood pressure and stroke or between serum cholesterol and coronary disease.

Osteoporosis is not an inevitable aspect of aging, if preventive efforts are lifelong. Early identification and implementation of preventive measures can result in minimization of bone loss and reduction in fracture risk. Regardless of age, it is never too soon or too late to think about bone health.

For more information or if the Metabolic Bone Program can be of assistance in the management and treatment of your patients' bone health needs, please call 610-402-2700 or 610-402-2584.



New All-In-One PET/CT Scanner Coming in March

In early March, Lehigh Valley Diagnostic Imaging, located at 1230 S. Cedar Crest Blvd., Suite 104, will introduce an all-in-one PET/CT Scanner. The new scanner combines the technology from the PET and CT to create ONE powerful diagnostic imaging system. The information provided through a PET/CT scan is incorporated into the planning and management of a patient's care, determining therapy and patient's progress. This system is the only dual modality scanner in the greater Lehigh Valley.

If you have questions or need additional information about the new scanner, please contact Martha Kahan, LVDI Marketing Representative, at 610-770-1450.

National Patient Safety Foundation Launches Educational Web Site

On December 15, the National Patient Safety Foundation (NPSF) announced the launch of a web site containing education modules focused on physicians, nurses and patients. The physicians' module offers continuing medical education credits (CME); the nurses' module offers continuing educational units (CEUs). These educational units are offered through the Medical College of Wisconsin. The patient section of the web site provides fundamental information to achieve safer patient care. Topics include medication safety, pediatric care and medical device safety. There is also a module addressing anesthesia patient safety. The web site was developed under a grant from the Agency for Healthcare Research and Quality (AHRQ) to create a standard method of patient education to reach large audiences.

This is another avenue for physicians to attain patient/risk management CME for licensure.

Fraud Alert

This is to inform you that Medicare is aware of an organized group who is representing themselves as either a Medicare Fraud Investigator or a Medicare employee from the enrollment, claims or audit units. These callers tell the physician or office personnel that the Medicare computer system has had a malfunction and they need to update lost information. The callers may also say they need to update the physician's provider record. They then request via telephone or fax the following information:

- Copy of Physician's Drivers License
- Copy of Physician's Social Security Number (SSN)
- Unique Physician Identification Number (UPIN)
- Verification of education
- Verification of Practice Location
- Copy of Physician's Medical License
- Copy of Patients' Charts for a specific period of time

Once the entity receives this information, they falsify enrollment data using the physician's name and request a change to their practice locations, telephone numbers, and pay-to-addresses.

The Centers for Medicare & Medicaid Services (CMS) have not suffered any computer system malfunctions and are not calling providers requesting the above information be provided. If you should receive such a call, please try to verify the telephone number of the caller, and immediately notify your Medicare carrier that you suspect fraud.

The CMS is committed to protecting all Medicare providers/suppliers and to ensuring that only those qualified make changes to enrollment data.

Coding Tip of the Month

Acute Coronary Syndrome is a serious condition that includes unstable angina, has not developed into an acute myocardial infarction, and requires immediate treatment. This diagnosis is a broad term that does not tell the coder the exact pathophysiology of what was found after study, diagnosis, and treatment of the patient. The coder needs to know the etiology of the patient's acute coronary syndrome and this information must be documented in the medical record. If the acute coronary syndrome evolves into an acute myocardial infarction, this must also be documented in the record.

Palliative Care Initiative

Ventilator Withdrawal

Once it is decided that further aggressive medical care is incapable of meeting the desired goals of care for a ventilator-dependent patient, discussing ventilator withdrawal to allow death is appropriate. Such a decision is never easy for family members, doctors, nurses, and other critical care staff. All members of the care team should be involved in the decision-making process and have the opportunity to discuss the plan of care.

This process can be very overwhelming for a first time physician or for a physician who doesn't encounter this situation on a regular basis. With this in mind a "Comfort Measures Only" order set was developed and is available in CAPOE to assist the physician through this process.

The following fast fact is Part I of II which includes additional information about this topic.

Fast Fact of the Month

Title: Fast Fact and Concept #033 — Ventilator Withdrawal Protocol (Part I)

Author(s): von Gunten, Charles; Weissman, David E

Note: This is Part I of a three-part series; Part II will review use of sedating medication for ventilator withdrawal, and Part III will review information for families.

Options for Ventilator Withdrawal

Two methods have been described: Immediate extubation and terminal weaning. The clinician's and patient's comfort, and the family's perceptions, should influence the choice. In immediate extubation, the endotracheal tube is removed after appropriate suctioning. Humidified air or oxygen is given to prevent the airway from drying. This is the preferred approach to relieve discomfort if the patient is conscious, the volume of secretions is low, and the airway is unlikely to be compromised after extubation.

In terminal weaning, the ventilator rate, positive end-expiratory pressure (PEEP), and oxygen levels are decreased while the endotracheal tube is left in place. Terminal weaning may be carried out over a period of as little as 30 to 60 minutes or longer (see ref. 2. for protocol). If the patient survives and it is decided to leave the endotracheal tube in place, a Briggs T-piece can be placed.

Prior to Immediate Ventilator Withdrawal

1. Encourage family to make arrangements for special music or rituals that may be important to them. If the patient is a child, ask parents if they would like to hold the child as he or she dies. Make arrangements for young siblings to have their own support if they are to be present. (See Part III of this series for additional information for families)

2. Document clinical findings, discussion with families/surrogates, and care plan in the patient's chart.

3. The physician should personally supervise that all monitors and alarms in the room are turned off. Ensure that staff is assigned to override alarms that cannot be turned off if they are triggered.

4. Remove any restraints. Remove unnecessary medical paraphernalia (e.g. NG tube, venous compression device).

5. Turn off blood pressure support medications, paralytic medication and discontinue other life-sustaining treatments (e.g. artificial nutrition/hydration, antibiotics, dialysis). Note: some families have difficulty accepting discontinuation of hydration/nutrition – these can be left in place if desired.

6. Maintain intravenous access for administration of palliative medications.

7. Clear a space for family access to the bedside. Invite the family into the room. If the patient is an infant or young child, offer to have the parent hold the child.

8. Establish adequate symptom control prior to extubation (See Part II in this series).

9. Have a syringe of a sedating medication at the bedside (midazolam, lorazepam) to use in case distressing tachypnea or other symptoms.

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At the Time of Ventilator Withdrawal

1. Once you are sure the patient is comfortable, set the FiO2 to .21; observe for signs of respiratory distress; adjust medication as needed to relieve distress before proceeding further.

2. If the patient appears comfortable, prepare to remove the endotracheal tube; try a few moments of "no assist" before the endotracheal tube is removed.

3. A nurse should be stationed at the opposite side of the bed with a washcloth and oral suction catheter.

4. When ready to proceed, deflate the endotracheal (ET) tube cuff. If possible, someone should be assigned to silence, turn off the ventilator, and move it out of the way. Once the cuff is deflated, remove the ET tube under a clean towel which collects most of the secretions and keep the ET tube covered with the towel. If oropharyngeal secretions are excessive, suction them away.

5. The family and the nurse should have tissues for extra secretions, and for tears. The family should be encouraged to hold the patient's hand and provide assurances to their loved one.

6. Be prepared to spend additional time with the family discussing questions concerns. After death occurs, encourage the family to spend as much time at the bedside as they require; provide acute grief support and follow-up bereavement support.

Reference: Adapted from: Emanuel, LL, von Gunten, CF, Ferris, FF (eds.). "Module 11: Withholding and Withdrawing Therapy," The EPEC Curriculum: Education for Physicians on End-of-life Care. www.EPEC.net: The EPEC Project, 1999.

Principles and practice of withdrawing life-sustaining treatment in the ICU. Rubenfeld GD and Crawford SW, in Managing death in the Intensive Care Unit. Curtis JR and Rubenfeld GD (eds) Oxford University Press, 2001 pgs: 127-147.

If you have any questions regarding palliative care, please contact Daniel E. Ray, MD, Division of Pulmonary/Critical Care Medicine, at 610-439-8856 or pager 610-776-5554.

Congratulations!

Stacey J. Smith, MD, Division of General Internal Medicine, was notified by the American Board of Internal Medicine that he passed the Certification Examination in Internal Medicine and is now certified as a Diplomate in Internal Medicine. Dr. Smith is in practice with LVPG-Medicine and has been a member of the Medical Staff since April, 2004.

Upcoming Seminars, Conferences and Meetings

Emergency Medicine Grand Rounds

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

February 3 – LVH-Cedar Crest & I-78 Auditorium
- "Difficult Pediatric Emergency Cases and Practical Solutions"
- "Pediatric Wheezes"
- Pediatric Trauma
- Case Review

February 10 – LVH-Muhlenberg 4th Floor Classroom
- Meet the Carditis Family (Myocarditis, Endocarditis and Pericarditis)
- Seizures
- Snake Bites
- Rosen's Club

February 17 – EMI, 2166 S. 12th Street
- Sickle Cell
- Blunt Abdominal Trauma
- M&M
- Influenza

February 24 – LVH-Muhlenberg 4th Floor Classroom
- Chest Tube Placement
- Evaluation of the Eye
- Vocal Cord Dysfunction
- Rosen's Club

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

Family Medicine Grand Rounds

Family Medicine Grand Rounds are held the first Tuesday of every month from 7 to 8 a.m., in the Educational Conference Room #1, Lehigh Valley Hospital, Cedar Crest & I-78, unless otherwise noted. Upcoming topics include:

- February 1 – "Infectious Disease Update for Family Medicine"
- March 8 – "Integrating Mindfulness Based Stress Reduction into the Primary Care Setting" (Please note, this session is the second Tuesday of the month.)

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

Geriatric Trauma Education Conference

The Geriatric Trauma Education Conference for February will be held at noon on Wednesday, February 2, in Classroom 2, located on the first floor of the Anderson Wing at Lehigh Valley Hospital, Cedar Crest & I-78.

The topic of discussion will be "Geriatric Trauma Case Studies."

For more information, please contact Robert D. Barraco, MD, MPH, Chief, Section of Pediatric Trauma, at pager 610-402-5100 1651.

Medical Grand Rounds

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

- February 1 – SCHWARTZ ROUNDS – "Caring for a Colleague"
- February 8 – "Role of Noninvasive Risk Assessment in Patients with Suspected or Known Coronary Artery Disease"
- February 15 – "Imported Diseases"
- February 22 – "Overview of Sleep Disorders"

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

OB/GYN Grand Rounds

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

- February 4 – Gynecologic Tumor Board
- February 11 – "HIV in Pregnancy"
- February 18 – No Grand Rounds – Resident Mock Oral Boards
- February 25 – "Breast Cancer: Past, Present and Future"

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

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Department of Pediatrics

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

- February 1 – "Developing the Dental Home"
- February 8 – "Newborn Update #2 – Current Topics and Guidelines"
- February 15 – Case Conference
- February 22 – "Immunization Update"

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

Psychiatry Grand Rounds

The next Department of Psychiatry Grand Rounds will be held on **Thursday, February 17**, beginning at noon in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78. The topic of discussion will be "Unmasking Bipolar Depression."

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

Surgical Grand Rounds

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

- February 1 – "Trauma & Pregnancy"
- February 8 – "Genitourinary Emergencies"
- February 15 – Vivien T. Thomas and Alfred Blalock: A Life-Long Bond
- February 22 – TBA

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

News from the Libraries

Recently Acquired Publications

Library at Cedar Crest & I-78

- PDR for Nutritional Supplements. 2001
- Brunicardi. Schwartz's Principles of Surgery. 2005

Library at 17th & Chew

- Ebersole. Toward Healthy Aging. 2004
- Beers. Merck Manual of Health and Aging.U 2004

Library at LVH-Muhlenberg

- PDR Drug Guide for Mental Health Professionals. 2004
- DiGiovanna. An Osteopathic Approach to Diagnosis and Treatment. 2004

OVID Training

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

Electronic Journals

Publishers are becoming stingy with access to electronic journals in 2005. ***New England Journal of Medicine*** no longer provides the Library with a free electronic version along with the print version. OVID is now providing the Library with an electronic version, however, it is in html format, not pdf. An individual with a personal subscription to ***New England Journal of Medicine*** can apply for online access at the NEJM website at no charge and print articles in pdf format. The URL is www.nejm.org. Select the "Register" option on the homepage; then select "Activate" full access to online for current subscribers.

The Library has received numerous calls regarding the disappearance of electronic journal access for certain titles. In some instances, a publisher may provide free access to the online version after a period of time, i.e., 12 months, 24 months, etc. Under these circumstances, the Library has provided links in OVID and PubMed to the older electronic issues of journals when they become free. This still necessitates the need for the Library to subscribe to a print subscription, since the current issues are important.

Papers, Publications and Presentations

- **J. John Collins, MD**, Chief, Division of Obstetric Anesthesiology, authored a review article titled "Prophylaxis and Treatment of Postoperative Nausea and Vomiting," which was published in the December 2004 issue of ***Advances in Anesthesia***.

- **Houshang G. Hamadani, MD**, Department of Psychiatry, presented two papers at the annual meeting of the Society for the Study of Psychiatry and Culture held in October in Providence, RI. The titles of the papers presented were "Influence of Religious Extremism on Mental Health and Mental Illness" and "Current Socio-cultural Trends in Child and Adolescent Psychopharmacology."

- **Gregory R. Harper, MD, PhD**, Physician in Chief, Cancer Services, John and Dorothy Morgan Cancer Center, gave a poster presentation at the Annual Assembly of American Academy of Hospice and Palliative Medicine and Hospice and Palliative Nurses Association held January 20-22 in New Orleans, La. The title of the poster presentation was "Predictors for Referral of Cancer Inpatients to Hospice Care."

- **Indru T. Khubchandani, MD**, Division of Colon and Rectal Surgery, visited Dubai, United Arabic Emirates, from December 18 to 25, where he served as a consultant for an international group starting a new hospital and Colo-rectal Unit. From December 27 to 29, Dr. Khubchandani attended a meeting of the Association of Colon & Rectal Surgeons in Bombay, India. The Society has initiated Khubchandani Oration for Visiting Academician at the Annual Meeting.

- **Donald L. Levick, MD, MBA**, Physician Liaison, Information Services and Medical Staff President; and **Harry F. Lukens**, Senior Vice President and Chief Information Officer, were co-authors of an article – "You've led the horse to water, now how do you get him to drink: managing change and increasing utilization of computer provider order entry" – which was published in the Winter 2005 issue of the ***Journal of Healthcare Information Management*** (Volume 19, Number 1).

- **Stephen M. Purcell, DO**, Dermatology Residency Program Director, and **Jocelyn E. Harris, DO**, Dermatology Resident, co-authored an article – "Acral Persistent Papular Mucinosis" – which was published in the December 2004 issue of the Journal of the American Academy of Dermatology (Volume 51, Number 6, p. 982-988).

- **Jeffrey L. Sternlieb, PhD**, Psychologist and member of the Allied Health Staff, authored an article – "Balint – An Underutilized Tool" – which was published in the January 2005 issue of ***The Pennsylvania Psychologist Update***.

- **Patrice M. Weiss, MD**, Vice Chair of Education and Research and Residency Program Director for the Department of Obstetrics and Gynecology, as well as Medical Co-Director of Risk Management for LVPG; **Francine Miranda**, Director of Risk Management and the Patient Safety Officer; and **L. Wayne Hess, MD**, Chair, Department of Obstetrics and Gynecology, co-authored an article – "Lights, Camera, Legal Action" – which was recently published in ***The Female Patient***, Primary Care Edition.

  In addition, **Dr. Weiss** and **Craig Koller**, Center for Education, Obstetrics and Gynecology Liaison, were invited presenters of a workshop titled "Leadership as a Relationship" at the 2005 Association of Professors of Gynecology and Obstetrics Faculty Development Seminar in January.

It's time to update your Palm!

New updates of the Medical Staff directory, the Telephone Hotlist, and the current Residents are now available for members of the Medical Staff who wish to have them downloaded to their Palm Pilots. To schedule a convenient time, please contact Beth Martin in the Medical Staff Services offices at 610-402-8980.

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

Gary G. Conner, MD
Center for Women's Medicine
Lehigh Valley Hospital
17th & Chew, P.O. Box 7017
Allentown, PA 18105-7017
(610) 402-1600
Fax: (610) 402-7797
Department of Obstetrics and Gynecology
Division of Primary Obstetrics and Gynecology
Provisional Active

Suzanne J. Templer, DO
LVH Department of Medicine
Lehigh Valley Hospital
Cedar Crest & I-78
P.O. Box 68990
Allentown, PA 18105-1556
(610) 402-5200
Fax: (610) 402-1675
Department of Medicine
Division of General Internal Medicine
Provisional Limited Duty

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

Departmental Leadership Appointments

Joseph D. DeFulvio, DO, Interim Chief
Department of Obstetrics and Gynecology
Division of Gynecology

Robert D. Barraco, MD, MPH, Chief
Department of Surgery
Division of Trauma-Surgical Critical Care
Section of Pediatric Trauma

Addition to Departmental Assignment

Aaron D. Bleznak, MD
Department of Surgery
Division of General Surgery
Addition: Section of Surgical Oncology

Heiwon Chung, MD
Department of Surgery
Division of General Surgery
Addition: Section of Surgical Oncology

Paul J. Mosca, MD, PhD
Department of Surgery
Division of General Surgery
Addition: Section of Surgical Oncology

Gerald P. Sherwin, MD
Department of Surgery
Division of General Surgery
Addition: Section of Surgical Oncology

Practice Name Change

John D. Harwick, MD
From: Harwick and DeDio Associates
To: John D. Harwick, MD, PC

Address Changes

Gregory M. Singer, MD
U.S. HealthWorks Medical Group
1114 Commons Blvd.
Reading, PA 19605-3333
(610) 926-0960
Fax: (610) 926-6225

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Lehigh Valley Heart & Lung Surgeons
Theodore G. Phillips, MD
Raymond L. Singer, MD
Gary W. Szydlowski, MD
James K. Wu, MD
1240 S. Cedar Crest Blvd.
Suite 403
Allentown, PA 18103-6218
(610) 402-6890
Fax: (610) 402-6892

Practice Changes

Walter J. Finnegan, MD
Walter J. Finnegan, MD, PC
4949 Liberty Lane
Suite 10
Allentown, PA 18106-9014
(484) 664-7395
Fax: (484) 664-7396

Maryann P. Hartzell, DPM
Advanced Podiatry
1356 Main Street
Northampton, PA 18067-1612
(610) 262-3417
Fax: (610) 262-1404

Michele D. Jones, DO
Cedar Crest Emergicenter
1101 S. Cedar Crest Blvd.
Allentown, PA 18103-7937
(610) 435-3111
Fax: (610) 432-5953

Resignations

Frank G. Baloh, MD
Department of Surgery
Division of Ophthalmology

Thomas O. Burkholder, MD
Department of Surgery
Division of Ophthalmology

Robert M. DeDio, MD
Department of Surgery
Division of Otolaryngology-Head & Neck Surgery

Joseph Kavchok, Jr., MD
Department of Surgery
Division of Ophthalmology

Howard J. Kushnick, MD
Department of Surgery
Division of Ophthalmology

Alan B. Leahey, MD
Department of Surgery
Division of Ophthalmology

Mark C. Lester, MD
Department of Surgery
Division of Neurological Surgery
Section of Neuro Trauma

Alan D. Listhaus, MD
Department of Surgery
Division of Ophthalmology

Marnie P. O'Brien, DO
Department of Surgery
Division of Ophthalmology

Woun H. Seok, DO
Department of Family Medicine

Mark A. Staffaroni, MD
Department of Surgery
Division of Ophthalmology

Allied Health Staff

New Appointments

Regina M. Cannady, GRNA
Graduate Registered Nurse Anesthetist
(Lehigh Valley Anesthesia Services, PC – Thomas M. McLoughlin, Jr., MD)

Steven C. Ford, GRNA
Graduate Registered Nurse Anesthetist
(Lehigh Valley Anesthesia Services, PC – Thomas M. McLoughlin, Jr., MD)

Denise M. Graves, GRNA
Graduate Registered Nurse Anesthetist
(Lehigh Valley Anesthesia Services, PC – Thomas M. McLoughlin, Jr., MD)

Michael T. Hartman, GRNA
Graduate Registered Nurse Anesthetist
(Lehigh Valley Anesthesia Services, PC – Thomas M. McLoughlin, Jr., MD)

Leigh A. LaKose, GRNA
Graduate Registered Nurse Anesthetist
(Lehigh Valley Anesthesia Services, PC – Thomas M. McLoughlin, Jr., MD)

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Sean Monahan
Anesthesia Technical Assistant
(Lehigh Valley Anesthesia Services, PC – Thomas M. McLoughlin, Jr., MD)

Christopher M. Widner, GRNA
Graduate Registered Nurse Anesthetist
(Lehigh Valley Anesthesia Services, PC – Thomas M. McLoughlin, Jr., MD)

Change of Supervising Physician

Guennadi Aldochine
Intraoperative Neurophysiological Monitoring Specialist
(Surgical Monitoring Associates, Inc)
From: Mark C. Lester, MD To: Stefano Camici, MD

Will Boucharel
Intraoperative Neurophysiological Monitoring Specialist
(Surgical Monitoring Associates, Inc)
From: Mark C. Lester, MD To: Stefano Camici, MD

Alyssa A. Dwyer, CRNP
Certified Registered Nurse Practitioner
(CHOP-Pediatric Hematology/Oncology)
From: Julie Stern, MD To: Philip M. Monteleone, MD

Dapeng Fan
Clinical Neurophysiologist
(Surgical Monitoring Associates, Inc)
From: Mark C. Lester, MD To: Stefano Camici, MD

Anatoliy Kinel
Intraoperative Neurophysiological Monitoring Specialist
(Surgical Monitoring Associates, Inc)
From: Mark C. Lester, MD To: Stefano Camici, MD

Mingwei Li
Clinical Neurophysiologist
(Surgical Monitoring Associates, Inc)
From: Mark C. Lester, MD To: Stefano Camici, MD

Jeffrey S. Lohmann
Clinical Neurophysiologist
(Surgical Monitoring Associates, Inc)
From: Mark C. Lester, MD To: Stefano Camici, MD

Craig I. Matsumoto, PA-C
Clinical Neurophysiologist
(Surgical Monitoring Associates, Inc)
From: Mark C. Lester, MD To: Stefano Camici, MD

Jonathan L. Matzko
Clinical Neurophysiologist
(Surgical Monitoring Associates, Inc)
From: Mark C. Lester, MD To: Stefano Camici, MD

Jeremy S. McCallister
Intraoperative Neurophysiological Monitoring Specialist
(Surgical Monitoring Associates, Inc)
From: Mark C. Lester, MD To: Stefano Camici, MD

Lori A. Nase, CRNP
Certified Registered Nurse Practitioner
(CHOP-Pediatric Hematology/Oncology)
From: Julie Stern, MD To: Philip M. Monteleone, MD

Daniel M. Schwartz
Clinical Neurophysiologist
(Surgical Monitoring Associates, Inc)
From: Mark C. Lester, MD To: Stefano Camici, MD

Anthony K. Sestokas
Clinical Neurophysiologist
(Surgical Monitoring Associates, Inc)
From: Mark C. Lester, MD To: Stefano Camici, MD

Joshua P. Singer
Clinical Neurophysiologist
(Surgical Monitoring Associates, Inc)
From: Mark C. Lester, MD To: Stefano Camici, MD

Lawrence R. Wierzbowski
Clinical Neurophysiologist
(Surgical Monitoring Associates, Inc)
From: Mark C. Lester, MD To: Stefano Camici, MD

Resignations

David A. Angelitis, PA-C
Physician Assistant-Certified
(Orthopaedic Associates of Allentown)

Sandra R. Fenstermacher, RN
Registered Nurse
(Oncovax/Research Lab)

Regina E. Janocko, CRNP
Certified Registered Nurse Practitioner
(Lehigh Valley Heart & Lung Surgeons)

Kimberly A. Wert, PA-C
Physician Assistant-Certified
(Colon-Rectal Surgery Associates, PC)

LEHIGH VALLEY HOSPITAL AND HEALTH NETWORK

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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

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Michael Scarlato, MD
Raymond L. Singer, MD
Elliot J. Sussman, MD
Ronald W. Swinfard, MD
John D. Van Brakle, MD
Michael S. Weinstock, MD
James C. Weis, MD
Patrice M. Weiss, MD
Matthew J. Winas, DO

We're on the Web!

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

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

Articles should be submitted by e-mail to janet.seifert@lvh.com 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.