

Medical Staff PROGRESS NOTES



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Best Bypass Surgery Program in Pennsylvania... Again!

For the second year in a row, Lehigh Valley Hospital's heart bypass surgery program was the only one in the state to have lower-than-expected mortality rates both in-hospital and during the 30 days after discharge, according to a new report published by the Pennsylvania Health Care Cost Containment Council. The 24-page report, titled "Pennsylvania's Guide to Coronary Artery Bypass Graft Surgery," rates the performance of more than 60 hospitals and 180 surgeons who performed more than 15,000 bypass operations in 2003. According to the report, LVH's bypass surgery patients also had lower-than-expected re-admission rates within one week or 30 days.

Multiple studies have confirmed that the experience of both the doctor and the heart care team improves quality for heart patients. Lehigh Valley Hospital's cardiac surgery program is the fourth largest in Pennsylvania, performing nearly 1,000 open heart surgeries and 10,000 non-surgical (cardiac catheterization) procedures annually. These volumes exceed those of most Philadelphia teaching hospitals.

This high volume also leads directly to national recognition of LVH's program. For the third year in a row, **U.S. News & World Report** named LVH one of America's Best Hospitals for heart care and heart surgery in 2004, based on experience, reputation, outcomes, technology and nursing. LVH was also named one of the nation's top 100 hospitals by Solucient, a national organization that rates health care providers.



LVH's cardiac surgeons (from left to right): James K. Wu, MD, Raymond L. Singer, MD, Fernando M. Garzia, MD, Gary W. Szydlowski, MD, and Theodore G. Phillips, MD.



From the President

A recent study showed that physicians wait an average of 22 seconds before they interrupt the patient in the exam room. Think about some recent office visits. Did you take the time to listen to the patient's whole story? Did you acknowledge their concerns?

There are many ways to analyze communication patterns. One way is to separate behaviors into PUSH and PULL behaviors. PUSH behaviors are those that you put forward for other people to receive. PULL behaviors are used when you seek to receive information from other people.



There are four PULL behaviors. Think about conversations you've had with patients, staff, your spouse, a good friend. Do you allow your patients to tell their story the same way you listen to a good friend tell you the story of their lat-

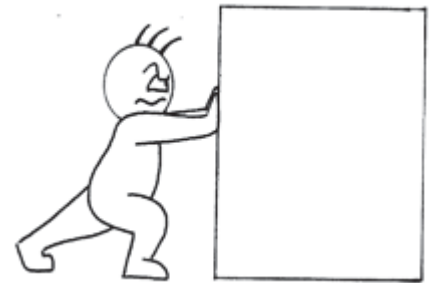
est adventure. "You're kidding, are you telling me that you..." this phrase is a great example of the PULL behavior of **understanding** - seeking to summarize or clarify what someone is saying. We do this often with our patients. "I want to make certain I've got everything. You are concerned about ..." Understanding also allows you to act as a sounding board to help others clarify their thinking - when we discuss difficult cases with our colleagues. Showing understanding can also occur in non-verbal ways: eye contact, facial expressions or nodding of the head.

Non-verbal communication is also important to another PULL type behavior - **attend**. Do you give others the time and attention they need to get their point across, or do you interrupt mid-sentence as noted above? Do you make eye contact when the patient is telling you something critical in their history, or are you scribbling notes or flipping through the consults reports and labs? What message does that send to the patient about your level of concern and attention? Are you sensitive to the situation and back off if the timing is not right? When a patient is telling you that they are depressed, is that the appropriate office visit to hammer them about their smoking habit? How often do we make this mistake of poor timing with our spouse or significant other?

Another PULL behavior is the ability to **ask**. This behavior complements understanding when you ask people for the basis of their decisions or ask for examples to help you understand their point. In the office setting, this occurs when we ask our patients "how can I help you?" or "what is it that you would

like me to do?" Often, we don't ask because we're afraid of the answer - some requests are impossible or we don't have time to fully respond. Ask behaviors are also critical to true learning, when we ask what we can learn from a situation rather than who is to blame for it.

A PULL behavior that most physicians exhibit is to **empathize**. A major part of our role, as healers, comes from the ability to communicate our understanding of how the situation makes a patient feel and to support our patients when they face difficult times.



Many physicians are more comfortable with PUSH behaviors. The most common, and one that is essential to our role, is the ability to **prescribe**. This not only includes healthcare prescriptions (medications), but also the ability to tell patients and colleagues clearly what we want from them. This behavior can be used to help set expectations with patients. "I want to make certain we discuss your high sugar readings." It is also a beneficial behavior to use when interacting with consultants. "I'd like you to see this patient by tomorrow morning and suggest what meds to use for his migraine headaches."

Describe behaviors include the ability to explain the basis for our decisions, often by providing others

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Continued from Page 2

with information and data that they may not normally have. Although our patients come to the office armed to the teeth with information, ultimately we are the experts and should help turn this data into useful knowledge. Another important aspect of describe behaviors is the ability to admit our mistakes. Although difficult, recent evidence shows that physicians who admit to patients that they've made a mistake are less likely to be sued and are usually sued for smaller amounts. Certainly this is a behavior with some amount of risk, and one that must be carefully scripted prior to being used. This specific type of describe behavior should be carefully scripted and used with appropriate consultation.

Appreciate type behaviors include the ability to gracefully give and receive feedback, and to specifically tell people what you do and do not like about their behaviors. Many of us are quick to criticize and slow to praise - with patients and people who work for us. Do we provide feedback to our colleagues in a constructive manner, or do we react with sarcasm and passive aggressive responses to get our point across?

A fourth PUSH behavior is the ability to **inspire**. In our interactions with our patients, do we describe possibilities in a way that encourages them? "Imagine how much fun it will be to run around with your grandchildren if you lose some weight and stop smoking?" Do we paint pictures that heighten the enthusiasm and commitment of the various teams that we work with? I'm sure we have all worked with people that have inspired us to accomplish more than we thought possible.

The ability to inspire, like the other behaviors discussed, will improve with practice. Each person will be more comfortable with some of these behaviors more than others. Choose one specific behavior and think about where in your day you can apply this behavior: in your office with patients, in dealing with the office or O.R. staff, interactions with your significant other or your colleagues. Practice what you will say in a given situation, and then use that behavior when the circumstances arise. It will feel uncomfortable at first, like exercising new muscle groups. Those who practice it will feel more comfortable and it will come more naturally.

Please take the time to think about your communication patterns. Think about how much you use PUSH vs. PULL behaviors, and what the correct balance is based on the situation you are in. As Yogi Berra said, "It was hard to have a conversation with anyone, there were too many people talking."

Don

Donald L. Levick, MD, MBA
Medical Staff President

P.S. Please mark your calendar—on September 12, 2005, Dr. Irv Rubin will be speaking about communication at the General Medical Staff meeting.

Transitional Skilled Unit Adds Beds

In 1995, the Transitional Skilled Unit was established at Lehigh Valley Hospital for acute care patients who were medically stable but needed additional rehabilitation services or recovery time before they returned home or to a personal care facility. That role has grown and expanded recently with the changes in Medicare reimbursement under the "75% Rule" wherein many patients post total hip or knee replacement no longer qualify for admission to an acute rehabilitation hospital such as Good Shepherd. Responding to the demand, 10 additional TSU beds were staffed last month bringing the unit's operational bed total to 52.

News from CAPOE Central

Two CAPOE Compliance Trip Winners

Two winners were drawn at the end of February for physicians and physician extenders with greater than 60% compliance for December and January. The winners included **Robert J. Weiss, DO**, of Nephrology/Hypertension Associates of the Lehigh Valley, and **Carol A. Romano, CRNP**, with John J. Cassel, MD, PC. Both have maintained very high CAPOE compliance over the past year. When contacted, both winners were quite surprised. Carol did not realize that physician extenders were even part of the drawing, which made winning that much more exciting.

Some Reminders Regarding Medication Orders

- “ Please use the correct titrate orders for continuous infusion orders. Do not put rate or titrating instructions into the comment field of the medication order.
- “ Remember that clicking "Start Now" will schedule a dose for now (actually, within 30 minutes) regardless of the actual medication schedule. If used inappropriately, this may result in double doses.
- “ Please remember to review existing orders in the order profile screen prior to placing new orders. Although tedious at times, the duplicate medication and drug interaction warnings are there to prevent errors.
- “ When ordering "patients' own supply," remember to enter specific instructions for each medication.
- “ Please do not use the comment lines in medication orders for the following purposes:
 - IV rate instructions ("run for two hours then decrease rate to 50 cc per hour"

- dosing instructions ("give 1 1/2 tabs")
- number of total doses (instead, please fill in the 'Max Doses' field)
- start or stop dates and times

No More Checkmarks!

You may notice a change on some of the screens when you select an item. Previously, when you selected an order to co-sign, an order in the orders list, or a medication in the Med Profile, a **red** checkmark appeared along the left side. Now, the selected order or item will be highlighted. This change also allows you to select more than one item or order by clicking and dragging, or by control-clicking items that are not next to each other. This change should make the identification and selection of orders easier to deal with.

eMedicine Now Available

eMedicine, an online resource for medical articles, general references, and current guidelines, is available to all users. The link to eMedicine is located from the RESOURCES tab on the upper right corner of the LastWord screen. LVH has secured a hospital-wide license so that no login or password will be required. Please take advantage of this excellent resource.

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

Lehigh Valley Amputee Support Group

The Lehigh Valley Amputee Support Group has been active since October, 2003. To better serve Lehigh Valley Hospital's inpatient amputee population, a peer visitation program has been developed. Peer visitors will provide support by answering questions and giving information about life after an amputation. You may consult the Amputee Support Group via CAPOE by accessing the CONSULT SCREEN and selecting Amputee Support Group Consult. If you have any questions regarding this issue, please contact Kim Bartman, Patient Care Coordinator, at 610-402-7130 or pager 610-402-5100 2117, or Karen Groller, Patient Care Specialist, at 610-402-8760 or pager 610-402-5100 2118.

T-System Update

In December, the Emergency Department at LVH-Muhlenberg began documenting on a new paper form developed by T-System. The templates are based on chief complaint. Each template is a single, two-sided document; there is one page for physician documentation and one page for the nursing documentation. Templates flow from the left side to the right side and tell the reader a story.

Tips for reading the template:

Positive observations or findings are indicated with a circle or a check.

1. A circle indicates a positive finding or observation more relevant to the patient's presenting circumstance. **Circled items are those that the nurse or physician wants the reader to note**
2. A check indicates a finding or observation that is normal, but not pertinent to the patient's presenting circumstance.

Negative observations or findings are indicated with a backslash.

Positive means it was found on assessment.
Negative means that the finding was evaluated and is not present.

How to Mark the Template

RESPIRATORY

no resp distress ☒ nml breath sounds

mild/moderate/severe distress x 2 hrs

wheezing / crackles / stridor

decreased breath sounds

retractions / accessory muscle use

Check the normal items

Backslash the negative* findings

Circle the positive* findings

Write comments in the space next to the finding

* Positive means it was found on assessment

* Negative means you evaluated it and DID NOT find it

The electronic version of the T-System arrived at LVH-Muhlenberg at the end of March. In early February, LVH-17th & Chew began documenting on the paper form from T-System. The electronic version is slated to begin at 17th & Chew in May. LVH-Cedar Crest & I-78 is scheduled to begin documenting on paper T-System in April 2005 with implementation of the electronic version to begin in June.

If you have any questions regarding the T-System, please contact Richard S. MacKenzie, MD, Vice Chair, Department of Emergency Medicine, at 610-402-8128.

News from the Libraries

Online Publications

The following books are now available online through **MD Consult**:

- “ Townsend. **Sabiston Textbook of Surgery**. 17th ed. 2004
- “ Rakel. **Conn's Current Therapy**. 57th ed. 2005.
- “ Goldman. **Cecil Textbook of Medicine**. 22nd ed. 2004.

The following books are now available online through **OVID**:

- “ Sadock. **Kaplan & Sadock's Comprehensive Textbook of Psychiatry**. 8th ed. 2005.
- “ Kasper. **Harrison's Principles of Internal Medicine**. 16th ed. 2005.

- “ Scott. **Danforth's Obstetrics & Gynecology**. 9th ed. 2003.



To access the books listed above, visit the LVHHN INTRANET homepage. Select clinical services from the menu on the left. Select either **MD Consult** or **OVID** online. MD Consult requires a one time registration to establish a user ID and password. To access OVID books, select Books@OVID from the list of options in OVID and then click on the picture of the book you want to read.

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.

When to Request an Ethics Consult

by Christy A. Rentmeester, PhD, Anderson Fellow in Ethics and Humanities

The Lehigh Valley Hospital Ethics Committee provides services that generally fall into one of four categories: consultation, education, policy review and formation, and facilitating communication. When someone formally requests an ethics consult (through a CAPOE order, paper order, or a phone call to 610-402-8450), someone from the Ethics Committee will conduct an initial review of the case, usually by reviewing the patient's chart, soliciting views of the situation held by staff members, patients, or patients' partners and family. An assessment is made about whether the situation is really an ethical matter (as opposed to a clinical or legal matter, although these categories are rarely mutually exclusive). If the case involves morally relevant details that need to be evaluated, discussed, and clarified, a multi-disciplinary team of members of the Ethics Committee will meet with staff members, patients, and often with patients' family members or partners. During the discussion, members of the consult team will facilitate discussion about morally relevant features of the case and solicit participants' views in an effort to try to forge understanding of, though not necessarily agreement among, the different perspectives that are presented. Toward the end of the session, members of the ethics consultation team will draw up two or three advisory recommendations, which are recorded in the patient's chart. These recommendations might provide guidance for future discussions among caregivers and patients, canvass possibilities for future actions, or suggest the utilization of additional resources or services.

When consult discussions conclude, ethical issues are not always tidily "resolved." But, generally, ethics consults help the care of patients move forward because important ideas, concepts, and goals become more clearly articulated. That is, ethicists are not experts in right and wrong, but you can reasonably expect that an ethicist — regardless of whether they are trained in philosophy, nursing, medicine, religious studies, or law, for example — ought to be skilled in facilitating discussion, soliciting points of view, generating appreciation of a case's complexity, and motivating the revelation of morally relevant concepts and points of view that are in play in the case.

So now that you have a clearer picture of how ethics consults proceed and who clinical ethicists are, when should you request an ethics consult? Following are a few suggestions for staff members.

- " One good time to request a consult is **when you experience conflicting duties**. For example, if your patient is HIV+ but does not disclose this to a sex partner, you have a moral and legal duty to keep your patient's protected medical information confidential, but you also have a moral duty (and, depending on the circumstances, a legal duty) to warn people if you have good reason to believe they could be significantly harmed by your patient.
- " Another good time to request an ethics consult is **when you wonder, "Why am I doing this to this patient?"** Determining whether treating a patient is futile, for example, can't be responsibly done without clarifying the goals of care, from the perspective of patients, family members, and staff members.
- " Another good time to request an ethics consult is **when the goals of care are confused because different parties don't agree on what constitutes appropriate care**.
- " Finally, you should request an ethics consult **if you have questions about a hospital policy or wonder whether a hospital policy exists to provide guidance in morally problematic cases**. For example, Lehigh Valley Hospital has a futility policy that can be used to guide discussions and determinations of whether and when treatments are beneficial and appropriate.

Consults can be requested by patients, family members, or anyone involved in the care of the patient. If you have questions about ethics consultation, ethics education, or the Ethics Committee, please contact Joseph E. Vincent, MD, Chair of the Ethics Committee, at 610-439-8856 or via email at Joseph.Vincent@lvh.com, or Christy Rentmeester, Anderson Fellow in Ethics and Humanities, at 610-402-2509 or Christy.Rentmeester@lvh.com.

Diet Advancement Protocol

On March 1, the **Diet Advancement Protocol** – or DAP – became effective. This new protocol was developed by a multidisciplinary team, led by Richard C. Boorse, MD, Division of General Surgery, with representatives from the Departments of Quality and Care Management and Nursing. DAP includes three evidence-based, physician-initiated orders that allow nursing to advance patient diets from clear liquids to solid food based upon a protocol. Two of the orders also have associated discharge orders dependent upon patient tolerance of specified diet.

The three order options are:

DAP – Liquid (no discharge associated with the order)

DAP – Liquid, discharge when tolerating diet

DAP – Solid, discharge when tolerating diet

Once the patient is deemed suitable for oral intake, nurses can advance diets rapidly to clear liquids or bland diets dependent upon the order and patient tolerance of the diet. Patient discharge is dependent upon the specific order, diet tolerance and completion of the appropriate discharge paperwork.

The protocol orders were tested on a select population of 5B patients. Follow-up calls to patients uncovered no diet issues or complications after discharge for patients discharged with the DAP orders.

Specifics about the diet advancement associated with each order can be found on the reference section of the order screen. On CAPOE, the DAP orders can be found with the general nutrition orders as well as on some of the post-surgical order sets. If you wish to have the DAP orders added to any of the CAPOE order sets, please contact Don Levick, MD, MBA, Physician Liaison, Information Services, at pager 610-402-5100 7481.

If you have any questions about the order protocols, please contact Eileen Sacco, Patient Care Specialist, at 610-402-8496 or pager 610-402-5100 2633.

Coding Tip of the Month

Documentation by the physician in the medical record clarifying the type of anemia and etiology is important for correct coding. Blood loss anemia has two types, acute and chronic. Specify if the patient had excessive blood loss anemia from a procedure, due to a complication, a hematologic problem, anticoagulants, or a disease process. If the blood loss anemia is due to a disease process, please document the disorder. Some of the most common etiologies include chronic bleeding lesions of the GI tract, gynecologic or urologic sites.

Good Shepherd Specialty Hospital—Allentown to Move to LVH–Muhlenberg in Late Summer

After five years at Lehigh Valley Hospital–Cedar Crest & I-78, Good Shepherd Specialty Hospital–Allentown (GSSH-A) is moving to Lehigh Valley Hospital–Muhlenberg.

Good Shepherd's long-term acute care hospital will occupy the third and fourth floors of Lehigh Valley Hospital–Muhlenberg's south tower, which are vacant following the move of those patients to the new seven-story hospital at LVH–Muhlenberg in March. GSSH-A is currently located on the sixth floor at LVH–Cedar Crest & I-78, where it opened in 2000. The move to LVH–Muhlenberg is planned for August.

"Good Shepherd is an excellent provider of long-term acute care and we are fortunate that our patients will continue to have access to this critical service," said Lou Liebhaber, LVH's Chief Operating Officer. At the same time, the move will free up 32 medical/surgical beds at LVH–Cedar Crest & I-78. According to Mr. Liebhaber, the combination of GSSH-A's access to space at LVH–Muhlenberg, which more adequately suits their needs, and creation of more capacity at LVH–Cedar Crest & I-78 represents a win for the community, patients, and both organizations.

GSSH-A is one of 330 long-term acute care hospitals nationwide and the first of its kind in the Lehigh Valley. The move to Bethlehem allows GSSH-A to maximize its potential by increasing the staffed beds from the current mixture of 29 private and semi-private rooms to 32 all private rooms. GSSH-A will continue to specialize in the care of patients in three main categories – pulmonary, including ventilator weaning; medically complex, including complex wound management; and transitional rehabilitation.

During its five years at LVH–Cedar Crest & I-78, the hospital has cared for more than 1,500 critically ill, medically stable long-term acute care patients. The new location will allow GSSH-A to continue its tradition of caring that places the patient and family in an environment that fosters maximizing potential.

"This move will enable us to provide services to an expanded base of patients in the Lehigh Valley and because of the centralized location, be more accessible to patients in the surrounding communities," said Jim

Sok, Executive Vice President of Operations, Good Shepherd.

Physicians currently on staff at GSSH-A will maintain their staff appointment and privileges at the new location. Those interested in applying for staff appointment and privileges in preparation for the move to the new location should contact **Good Shepherd's Corporate Credentials Department** at 610-776-3302. The current application fee will be waived for all completed applications received prior to June 30, 2005.



Lou Liebhaber (left), LVH's Chief Operating Office, and Jim Sok, Good Shepherd's Executive Vice President of Operations, sign the agreement to move Good Shepherd Specialty Hospital–Allentown to LVH–Muhlenberg.

Quick facts about Good Shepherd Specialty Hospital – Allentown

- “ From 2001 to 2004 – the number of ventilator patients admitted increased by 50%
- “ 90% of ventilator patients are weaned in an average of 15-17 days compared to the national benchmark of 75% weaned in an average of 19-25 days
- “ 85% of patients receive at least one therapy (physical, occupational, speech)
- “ Care is coordinated by an interdisciplinary team comprised of the physician, nurse, therapist, and care manager
- “ Patient-care conferences are held weekly to monitor progress and define goals
- “ GSSH-A's Medical Staff is 350+ strong

Research Corner

Department of Emergency Medicine

The Department of Emergency Medicine Research Office is currently enrolling patients in the following studies:

The ATTAIN Trial-Hospital Acquired Pneumonia Study

Phase III, randomized, double-blind, parallel-group, multinational trial of intravenous Telavancin versus Vancomycin for treatment of hospital-acquired pneumonia with a focus on patients with infections due to Methicillin-Resistant Staphylococcus aureus. Patients are eligible if clinical signs and symptoms are consistent with pneumonia acquired after at least 48 hours of continuous stay in an inpatient acute or chronic-care facility, or acquired within seven days after being discharged from a hospitalization of > 3 days duration, and age 18 years or older, who have received less than 24 hours of previous antibiotic therapy. Michael S. Weinstock, MD, Chair, Department of Emergency Medicine, is the Principal Investigator.

The ATLAS Trial

Phase III, randomized, double-blind, parallel-group, multinational trial of intravenous Telavancin versus Vancomycin for treatment of complicated skin and skin structure infections due to Methicillin-Resistant Staphylococcus aureus. Patients are eligible if a diagnosis of one of the following complicated skin and skin structure infections with MRSA either suspected or confirmed as the major cause of the infection:

- " Major abscess
- " Infected burn
- " Deep/Extensive cellulitis
- " Infected ulcer
- " Wound infection

Patients must be age 18 years or older, and who have received less than 24 hours of previous antibiotic therapy. Dr. Weinstock is the Principal Investigator.

Carbon Monoxide Study

A non-invasive measurement of carbon monoxide levels in patients with headaches. Patients must be age 18 years or older with non-traumatic, afebrile headache to participate. Gary Bonfante, DO, Department of Emergency Medicine, is the Principal Investigator.

For patient referrals or more information, please contact Valerie Rupp, RN, BSN, Emergency Department Research, at 610-402-7666.

Department of Medicine

The Department of Medicine Research Office is currently enrolling patients in the following studies:

Community-Acquired Pneumonia

This is a Phase 3, multicenter, randomized, double-blind, comparative study of the efficacy and safety of Tigecycline versus Levofloxacin to treat subjects hospitalized with community-acquired pneumonia. Patients are eligible who will be hospitalized for three days (not in a critical care unit), require IV antibiotics, have clinical signs of pneumonia, pneumonia on chest x-ray, must be from the community (not a long-term care facility) and have not received more than one dose of any once daily antibiotics. Subjects will receive a minimum of three days (six doses) of IV antibiotics, with a maximum of 14 days. When patient is discharged, they are sent home on oral Levofloxacin. This study is being conducted at approximately 100 centers in North, Central, and South America. Arvind K. Gupta, MD, Division of General Internal Medicine, is the Principal Investigator for Lehigh Valley Hospital.

Gram-Negative Resistant Bacteria

A Phase 3, open-label, non-comparative study of Tigecycline for the treatment of subjects with selected serious infections due to resistant gram-negative organisms such as Enterobacter species, Acinetobacter baumannii, and Klebsiella pneumoniae. The duration of test article administration is seven to 28 days, depending upon the site and severity of infection and based on the investigator's judgment. Eligible patients must have an isolation of a resistant gram-negative pathogen, declared a clinical failure for prior antibiotic therapy, and cannot be on an effective antibiotic. Patients with known or suspected Pseudomonas aeruginosa cannot be included in the study. Dr. Gupta is the Principal Investigator for Lehigh Valley Hospital.

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



Congratulations!



Jeffrey C. Astbury, MD, Division of Cardiac Anesthesiology, has been designated a Fellow of the American Society of Echocardiography, recognizing his commitment to excellence in cardiovascular ultrasound and its application to patient care through education, research, and service. To date, only seven anesthesiologists in the nation have achieved this honor.

Dr. Astbury has been active in research, teaching and the clinical application of echocardiography in the perioperative period. His research has been focused on the mechanisms and effects of loading conditions on mitral regurgitation. He has completed the Examination in Perioperative Echocardiography and the Examination for Special Competence in Adult Echocardiography. He is certified in Adult Transesophageal Echocardiography by the National Board of Echocardiography.

Dr. Astbury is in practice with Allentown Anesthesia Associates, Inc., and has been a member of the Medical Staff since July, 2004.



At the Annual Meeting of the Commission on Cancer held in October, 2004, **Aaron D. Bleznak, MD**, Vice Chair, Operations, Department of Surgery, was elected to the Commission to represent the American College of Surgeons. He has been assigned to the Committee on Cancer Liaison.

The Commission on Cancer is a consortium of professional organizations dedicated to reducing the morbidity and mortality of cancer through education, standard-setting, and the monitoring of quality care. Established by the American College of Surgeons in 1922, the multi-disciplinary Commission on Cancer sets standards for quality multidisciplinary cancer care delivered primarily in hospital settings; surveys hospitals to assess compliance with those standards; collects standardized and quality data from approved hospitals to measure treatment patterns and outcomes; and uses the data to evaluate hospital provider performance and develop effective educational interventions to improve cancer care outcomes at the national and local level.

In addition, on January 1, 2005, Dr. Bleznak took office as the second president of the Keystone Chapter of the American College of Surgeons. This is the largest of the four Pennsylvania state chapters, including all of the surgeons practicing from the Delaware River to State College, Pa., exclusive of metropolitan Philadelphia.

Dr. Bleznak is in practice with Lehigh Valley Surgical Oncology; he has been a member of the Medical Staff since September, 2004.



William T. Ford, Jr., 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. Ford is in practice with the LVPG-Hospitalist service and has been a member of the Medical Staff since August, 2004.



Gregory M. Stout, DO, Division of General Internal Medicine, received notification from the American Board of Internal Medicine that he passed the Certi-

fication Examination in Internal Medicine. He is now certified as a Diplomate in Internal Medicine. Dr. Stout, who joined the Medical Staff in January, 2004, is in practice with Peters, Caccese, Scott & Slompak.

You're Invited to Attend

***PET/CT Scanner
Open House***

on

***Wednesday, April 6, 2005
5 to 7 p.m.***

***Lehigh Valley Diagnostic Imaging
1230 S. Cedar Crest Blvd.***

***Suite 104
Allentown, Pa.***

Tour and light refreshments

Papers, Publications and Presentations

- " **William F. Bond, MD**, Director of Research, Department of Emergency Medicine, was one of the co-authors of a chapter – "Simulation in Emergency Medicine" – which was published in the book, ***Practical Health Care Simulations***, which was released at the end of 2004.
- " **Margaret L. Hoffman-Terry, MD**, Division of Infectious Diseases, co-authored "Use of Bioelectrical Impedance Analysis and Biochemical Markers to Predict Nutritional Status and Degree of Liver Disease in HIV Mono-infected and HIV/HCV Co-infected Patients," which was presented at the Society for Parenteral and Enteral Nutrition Clinical Nutrition Week Conference on January 30, in Orlando Fla. The abstract was printed in the January-February 2005 issue (Volume 29, Number 1) of the ***Journal of Parenteral and Enteral Nutrition***. The paper was co-authored by Claudia A. Barber, MFCS, RD, LDN, Clinical Dietitian, AIDS Activities Office, and Sharon R. Kimmel, MHA, PhD, Senior Research Scientist, Health Studies.
- " On February 25, **Indru T. Khubchandani, MD**, Division of Colon and Rectal Surgery, was an invited Visiting Professor at Easton Hospital, where he presented "All You Ever Wanted to Know About Hemorrhoids, But were Afraid to Ask" at Surgical Grand Rounds.
- " Sunil Patel, MD, general surgery resident, and **Gary G. Nicholas, MD**, Program Director, General Surgery Residency, and Associate Chief, Division of Vascular Surgery, co-authored the work titled, "Early Failure of Polyurethane Vascular Access Grafts for Hemodialysis," which was presented at the Peripheral Vascular Surgical Society meeting, held January 28 to 30, in Steamboat Springs, Colo.
- " **Edward R. Norris, MD**, Vice Chair, Education and Research, Department of Psychiatry, gave a poster presentation at the annual meeting of the Academy of Psychosomatic Medicine held in November, 2004, in Marco Island, Fla. The title of the poster presentation was "Prevalence of Depressive Symptoms in a Rural Population of Patients with Congestive Heart Failure."

In addition, Dr. Norris gave a poster presentation at the annual meeting of the American Psychosomatic Society held in March in Vancouver, British Columbia. The title of the poster presentation was "Prevalence of Depressive and Hostility Symptoms among Patients with Coronary Artery Disease, Stroke and Peripheral Vascular Disease."
- " **Patrice M. Weiss, MD**, Vice Chair of Education and Research and Residency Program Director for the Department of Obstetrics and Gynecology; Kristie Lowery, Risk Manager; and **L. Wayne Hess, MD**, Chair, Department of Obstetrics and Gynecology, co-authored an article titled "You've Got E-Mail: Guidelines for Physician-Patient Electronic Communication," in ***The Female Patient, Primary Care Edition***.
- " "The Effects of Mindfulness-based Stress Reduction on Nurse Stress and Burnout, Part II: A Quantitative and Qualitative Study," was co-authored by Joanne Cohen-Katz, PhD, psychologist, Department of Family Medicine; **Susan D. Wiley, MD**, Vice Chair, Department of Psychiatry; Terry A. Capuano, MSN, MBA, Senior Vice President, Clinical Services; and Debra M. Baker, Research Assistant, Department of Family Medicine. The article, which is the second in a series, was published in the January/February 2005 issue of ***Holistic Nursing Practice***.
- " "Improving Outcomes for Diabetic Patients Undergoing Vascular Surgery," an article co-authored by several members of the hospital's staff, was published in Volume 18, Number 1, of ***Diabetes Spectrum***. Co-authors of the article include Joyce Najarjan, MSN, Director, Helwig Diabetes Center; Debroah Swavely, MSN, Administrator, Institute for Vascular Medicine and Surgery; **Eric P. Wilson, MD**, Chief, Division of Vascular Surgery; **Larry N. Merkle, MD**, Chief, Division of Endocrinology; Thomas Wasser, PhD, Interim Chief of Health Studies; Angela Hesener Quinn, BS, Research Assistant; Sallie Urffer, Project Analyst; and the late **Mark J. Young, MD**, former Senior Vice President for Education and Research.
- " "Discussion Suppers as a Means for Community Engagement," an article co-authored by Linda A. Faust, MPA, Director of Community Health, Rajika E. Reed, MPH, Research Associate, Community Health; and the late **Dr. Mark Young**, was published in the Winter 2005 issue of ***The Journal of Rural Health***.

Upcoming Seminars, Conferences and Meetings

Upcoming Symposia

“Anxiety & Depression in Women’s Health” will be presented on Friday, April 22, from 7 a.m. to noon, in the hospital’s Auditorium at Lehigh Valley Hospital, Cedar Crest & I-78. The program, which will benefit Family Medicine, General Internal Medicine, Obstetrics and Gynecology, and Pediatric providers, will be presented by the Department of Obstetrics and Gynecology for Francis Schaeffer Day, in conjunction with the Medical Quality Committee of LVPG and the Department of Psychiatry. For more information or to register, please contact Donna Stout in the Center for Education at 610-402-2482.

“Improved Patient Care Through Malpractice Protection: Advanced Lawsuit Protection Strategies” will be presented on Friday, May 6, from 7 a.m. to noon, in the hospital’s Auditorium at Lehigh Valley Hospital, Cedar Crest & I-78. Dale West, an expert in the areas of medical malpractice protection and prevention and author of several publications and training manuals on the subject, will be the featured speaker. The program, which will benefit physicians and practice/office managers, will be presented by LVPG and the Department of Risk Management. For more information or to register, please contact Donna Stout in the Center for Education at 610-402-2482.

“Advances in Stroke Care” will be presented on Thursday, May 12, from 7:30 a.m. to 3:15 p.m., in the hospital’s Auditorium at Lehigh Valley Hospital, Cedar Crest & I-78. Topics to be discussed will include:

- “Carotid Stenting: What Does the Future Hold?”
- “Carotid Artery Surgery – Where Do We Stand?”
- “Balancing the Numbers in Acute Stroke”
- “Update on the Management of Subarachnoid Hemorrhage”
- “Emergency Room Resuscitation – Barriers and Ways Around Them”
- “Advances in Interventional Approaches to Acute Stroke”

For more information or to register, please contact Sharon Bartz in Neurosciences at 610-402-9008.

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 April will include:

April 7 – No Grand Rounds

April 14 – LVH-Muhlenberg 4th Floor Classroom

- “Bite Talk: Human & Animal”
- “Pulmonary Embolism”
- “Save the Brain”
- Rosen’s

April 21 – EMI, 2166 S. 12th Street

- M&M
- “Bacterial Skin Infection”
- “CHF”
- “Abdominal Pain in the Pregnant Patient”

April 28 – LVH-Muhlenberg 4th Floor Classroom

- “Spinal Injuries”
- “Hypertension Medication Overdoses”
- Pediatric Topic Conference
- Rosen’s

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. The topic for April will be:

April 5 – “Wake Up to Sleep”

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 April will be held at noon on Wednesday, April 6, in Classroom 1, located on the first floor of the Anderson Wing at Lehigh Valley Hospital, Cedar Crest & I-78.

The topic of discussion will be “Palliative Care.”

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

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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 April include:

- “ April 5 – “Cutaneous Malignant Melanoma”
- “ April 12 – “The Cardio-Renal Syndrome: Can We Do Better”
- “ April 19 – “New Therapies for Rheumatoid Arthritis, and the Cox-2 Controversy”
- “ April 26 – “Fatty Liver Disease – A Common Condition with Serious Consequences”

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

Division of Neurology Conferences

The Division of Neurology holds conferences on Fridays beginning at noon in Classroom 1, Lehigh Valley Hospital, Cedar Crest & I-78, and videoconferenced to the First Floor Conference Room at LVH-Muhlenberg. Topics to be discussed in April will include:

- “ April 1 – “Frontal/Temporal Dementia”
- “ April 8 – “Neurologic and Cognitive Issues”
- “ April 15 – “Huntingdon Problems”
- “ April 22 – “Pet Scan as it relates to Alzheimer’s Disease”
- “ April 29 – Division Meeting – regular meeting cancelled

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

OB/GYN Grand Rounds

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

- “ April 1 – Gynecologic Tumor Board
- “ April 8 – “Group B Strep and CDC Guidelines”
- “ April 15 – “Overactive Bladder”
- “ April 22 – No Grand Rounds – Frances Schaeffer Day
- “ April 29 – Urogynecology Lecture

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

Department of Pediatrics Conferences

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 April will include:

- “ April 5 – “Tatoos and Piercings – What’s Up With That?”
- “ April 12 – “Pediatric Hospitalists”
- “ April 19 – “Top 20 Practice Management Tips”
- “ April 26 – “Allergy and Asthma Case Presentations”

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

Psychiatry Grand Rounds

The next Department of Psychiatry Grand Rounds presentation will be held on Thursday, April 21, beginning at noon, in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78. The topic of discussion will be “First Episode and Early Psychosis: Overview and Update.”

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 April will include:

- “ April 5 – “Post-operative Care of the Surgical Patient”
- “ April 12 – “Orthopedic Sports Trauma”
- “ April 19 – “Renal Cancer”
- “ April 26 – “Breast Reconstruction”

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



Isabella U. Alkasov, MD
Center Valley Family Practice
4025 W. Hopewell Road
Center Valley, PA 18034-8224
(610) 797-8801
Fax: (610) 797-8804
Department of Family Medicine
Provisional Active



Sashidhar Bollini, MD
3590 Northwood Avenue
Easton, PA 18045-8007
(610) 252-7410
Fax: (610) 252-7380
Department of Medicine
Division of General Internal Medicine
Provisional Active



Douglas D. Ditmars, MD
Orthopaedic Associates of Bethlehem and Easton
2111 Washington Blvd.
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(610) 253-9617
Fax: (610) 253-6705
Department of Surgery
Division of Orthopedic Surgery
Provisional Active



David A. Doron, MD
Medical Associates of Monroe County
239 E. Brown Street
East Stroudsburg, PA 18301-3005
(570) 421-3872
Fax: (570) 424-6631
Department of Medicine
Division of Cardiology
Provisional Active



Jan H. Floyd, MD
ABC Family Pediatricians
Allentown Medical Center
401 N. 17th Street
Suite 203
Allentown, PA 18104-6805
Department of Pediatrics
Division of General Pediatrics
Provisional Active



John J. Ialeggio, MD
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2111 Washington Blvd.
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(610) 253-9617
Fax: (610) 253-6705
Department of Surgery
Division of Orthopedic Surgery
Provisional Active



Gonzalo E. Pimentel, MD
Lehigh Valley Hospitalist Services
Lehigh Valley Hospital-Muhlenberg
2545 Schoenersville Road
Third Floor
Bethlehem, PA 18017-7384
(484) 884-9677
Fax: (484) 884-9297
Department of Medicine
Division of General Internal Medicine
Provisional Active

Practice Name Change

Orthopaedic Associates of Bethlehem has changed its name to:

Orthopaedic Associates of Bethlehem and Easton

Douglas D. Ditmars, MD
Glenn M. Forman, MD
John J. Ialeggio, MD
Peter W. Kozicky, MD
Ranjan Sachdev, MDF
Thomas S. Sauer, MD
James M. Sunday, MD
John M. Williams, MD

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Status Change

Howard A. Silverman, MD
Department of Family Medicine
From: Honorary
To: Provisional Active

Resignations

Eamon C. Armstrong, MD
Department of Family Medicine

Thomas M. Bailey, MD
Department of Pediatrics
Division of General Pediatrics

Kunal Chaudhary, MD
Department of Medicine
Division of Nephrology

John D. Dougherty, MD
Department of Medicine
Division of General Internal Medicine

Peter J. Racciato, MD
Department of Surgery
Division of Ophthalmology

Geary L. Yeisley, MD
Department of Surgery
Division of Cardio-Thoracic Surgery
Section of Thoracic Surgery

In Memoriam

Howard D. Trimpi, MD
Department of Surgery
Division of Colon and Rectal Surgery
Honorary

Allied Health Staff

New Appointments

John M. Blundetto, PA-C
Physician Assistant-Certified
(Lehigh Valley Heart & Lung
Surgeons – James K. Wu, MD)

Betty Y. Bohorquez, PA-C
Physician Assistant-Certified
(Centro de Salud LatinoAmericano
– Edgardo G. Maldonado, MD)

Kara N. Felty, PA-C
Physician Assistant-Certified
(Surgical Specialists of the Lehigh
Valley – Robert D. Barraco, MD,
MPH)

Lisa A. Johnson, CRNP
Certified Registered Nurse
Practitioner
(Valley Gastroenterologists –
Richard L. London, MD)

Patricia A. Muller, PA-C
Physician Assistant-Certified
(Surgical Specialists of the Lehigh
Valley – Daniel D. Lozano, MD)

Pamela A. Thomas, CRNP
Certified Registered Nurse
Practitioner
(Christine & Bren Family Practice –
Natalie M. Rice, MD)

Robert P. Vinansky, CCP
Perfusionist
(Perfusion Care Associates, Inc. –
James K. Wu, MD)

Change of Supervising Physician

Eugenia V. Pearson, CRNP
Certified Registered Nurse
Practitioner
From: Lehigh Valley Internal
Medicine, PC – Robert Kovacs, MD
To: Lehigh Valley Heart & Lung
Surgeons – Raymond Singer, MD

Corey J. Seyler, PA-C
Physician Assistant-Certified
(Coordinated Health Systems)
From: Leigh S. Brezenoff, MD
To: Wayne T. Luchetti, MD

Robert L. Williams, PA-C
Physician Assistant-Certified
(Coordinated Health Systems)
From: Leigh S. Brezenoff, MD
To: James K. Hoffman, MD

Resignations

Cherie W. Barecca, RN
Registered Nurse
(The Heart Care Group, PC)

Cheryl H. Bitting, CRNP
Certified Registered Nurse
Practitioner
(John J. Cassel, MD, PC)

Cathleen C. Forney
Pacemaker/ICD Technician
(Medtronic USA Inc)

Corey A. Genteel, PA-C
Physician Assistant-Certified
(LVPG-Emergency Medicine)

William S. Harriman, PA-C
Physician Assistant-Certified
(Northeast Medical Care, PC)

Joann R. Koch
Dental Assistant
(Jeannine E. Wyke, DMD)

Diane R. Kuntz
Dental Assistant
(Marsha A. Gordon, DDS)

Deborah J. Lader, PA-C
Physician Assistant-Certified
(Coordinated Health Systems)

Sarah L. Machowsky, RN
Registered Nurse
(Donald Willard, MD)

Karen B. Palmer
Dental Assistant
(Charles A. Kosteva, DDS)

Nathan S. Wagner, PsyD
Psychologist



LEHIGH VALLEY
HOSPITAL
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Vice President, Medical Staff Services

Janet M. Seifert
Coordinator, Communications & Special Events
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***If you have access to the Lehigh
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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.