

Medical Staff PROGRESS NOTES



From the President

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Adolescent Communication

Several months ago, I discussed communication as a developmental process. For those of us on the Medical Staff lucky enough to have adolescents at home, we have witnessed a very sophisticated and unique form of communication. Most of the time, the interactions are positive and constructive; some aspects, however, are less helpful. Many adolescent communication patterns carry through to adulthood and can impact how we communicate with our patients and peers.

PULL behaviors are not commonly used by adolescents, especially when interacting with their parents – adolescents are not patient listeners, do not ask questions or seek understanding, and certainly are not empathetic with their parents' position. Adolescents are much more comfortable with PUSH behaviors – they are quite adept at telling their parents what they do/do not know (and apparently, we know very little), and what to do; feedback (usually negative) comes easily for teens – they are quick to point out our faults, perfecting the art of sarcasm and passive-aggressive behavior. For feedback, adolescents rely heavily on each other.

When communicating with their peers, adolescents exchange information in a very interactive and efficient manner. Whether verbally or through instant messaging, adolescents use communication shorthand in which single words, phrases or facial expressions convey a multitude of feelings and ideas. For parents, all we usually see is the rolling of the eyes and a few groans of disdain.

As physicians, we use communication shorthand in many of our interactions. Signouts usually consist of abbreviations and acronyms, whether done verbally or on paper. Many of our interactions include hand signals and facial expressions to convey understanding, acceptance or disapproval. Think about what occurs in the operating room or Emergency Department.

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How can we apply these ideas? Do we experience any of these behaviors with our patients or peers? When the office is busy and patients are waiting, I have realized that I revert to adolescent behavior – becoming all PUSH and very little PULL. Since I “know more than the patient,” it is much more efficient to tell him/her what the problem is (describe) and what the solution should be (prescribe) rather than to take the time to truly listen. When the office stress level increases, then ‘understand’ behaviors get shorthanded to the same ones I get from my daughter – grunts of acknowledgment. Among teens, these are normal and mutually accepted forms of communication and behavior. However, if both parties have not agreed on this form of communication, friction can result. How should we respond to people who exhibit adolescent communication patterns in unacceptable situations? It requires that we and the people we are interacting with understand the ABC's: being Aware of our Behaviors and Consequences. This may involve asking questions to seek clarification: "So what you are saying is that your suggestion is our only alternative. I believe that we should look for other options." Or, "I can appreciate that this is a difficult situation. Can you provide more information than just a grunt to help me understand your position?" These types of responses can be uncomfortable to deliver; however, increasing someone's

awareness of the consequences of their behavior will ultimately improve the relationship and the outcomes of the interaction.

I believe that many of us already realize the value of using PULL behaviors when interacting with patients and our colleagues. Actively listening, seeking understanding and then asking questions are all activities that improve the quality of our interactions. In one study, it was shown that patients provide clues about their concerns. When the clues are missed, the patients repeat them. Thus, visits with missed clues take longer. Visits with PCP's took 20.1 vs. 17.6 minutes; and with surgical specialties, the results showed 14 vs. 12.5 minutes. Not only does the quality of the healthcare interaction improve, but there are potential efficiency gains.

As we all learn and grow, concentrating on using more PULL behaviors will certainly help us mature and move past those awkward adolescent moments.

Don

Donald L. Levick, MD, MBA
Medical Staff President

At-Large Members Needed for Medical Executive Committee

The Lehigh Valley Hospital Medical Staff Nominating Committee is soliciting nominations for five at-large seats on the Medical Executive Committee, each for a three-year term beginning July 1, 2005.

Nominations should be submitted in writing to Linda L. Lapos, MD, Chair of the Nominating Committee, via the Medical Staff Services Office, Cedar Crest & I-78, or verbally to John W. Hart, Vice President, Medical Staff Services. All nominations must be submitted by Wednesday, May 18, 2005.

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

JCAHO Medication Reconciliation Project

Beginning this month, three patient care units at Cedar Crest & I-78 – 5B, 7B, and the Transitional Trauma Unit – will be piloting a new version of the Nursing Admission Form – the **Interdisciplinary Patient Database**, which will be located in the Progress Notes section of the chart.

The goal of this form is to improve communication regarding patient's medications prior to, during and after hospitalization.

Upon admission, a member of Clinical Services will complete the form and will list the patient's current medications at the time of admission. The role of the physician is to review the form within the first 24 hours of admission and sign the bottom of the form. Review of the form will help the physician determine the ap-

propriate medications for continuation during the hospitalization. The form will also be helpful at the time of discharge, reminding the physician of medications that may need to be continued after discharge or entered into the Automated Discharge Instructions form.

Please remember to take note of the form in the Progress Notes section of the chart and remember to sign the form.

If you have any questions or comments regarding this issue, please contact Jody Shigo, Patient Care Coordinator, Transitional Trauma Unit, via email or at 610-402-8769, or Lori Yackanicz, Director of Clinical Applications, Information Services, via email or at 610-402-1892.

Inpatient Stroke Alert

On April 4, an Inpatient Stroke Alert process was implemented at Lehigh Valley Hospital – Cedar Crest & I-78. This process will expand to LVH – 17th & Chew and LVH-Muhlenberg over the next few months.

The Inpatient Stroke Alert process, which was approved by the Medical Executive Committee at its December 7, 2004 meeting, allows nurses at the bedside to initiate an alert for a patient suspected of having symptoms of a stroke to get the correct caregivers to the bedside and to expedite treatment in the precious first hours of a stroke.

Education has occurred on all nursing units and communication has taken place with physicians groups.

If you have any questions regarding this issue, please contact Claranne Mathiesen, Neurologic Nurse Specialist, Stroke Center, at 610-402-4579; Holly Tavianini, Director of 7A, NSU, at 610-402-5671; or Joe Pearce, Director of SCU, at 610-402-8726.

Code Scarlet

In the event that a patient requires an emergency Cesarean section at either LVH – 17th & Chew or LVH-Muhlenberg, an emergency code and policy – **Code Scarlet** – was recently approved by the Medical Executive Committee. This policy, which may be found online through the hospital's Intranet homepage in the Environment of Care Manual (formerly the Safety Manual), identifies communication priorities for responding to an emergent Cesarean section at LVH – 17th & Chew or LVH-Muhlenberg.

Departments or areas that may be affected by a Code Scarlet include Obstetrics and Gynecology, Emergency Department, Operating Room, Ambulatory Surgery Unit, Post Anesthesia Care Unit, Anesthesiology, Neonatology, Labor & Delivery, Bed Management, and the Center for Women's Medicine.

If you are unable to access the policy on-line and wish to have a copy, please contact Janet M. Seifert in Medical Staff Services at 610-402-8590.

News from CAPOE Central

JAMA Article Sites Errors Related to CPOE

An article in JAMA from March 9, 2005, described 22 'new errors' related to CPOE use at the Hospital of the University of Pennsylvania ("Role of Computerized Physician Order Entry Systems in Facilitating Medication Errors").

Although the article raised some valid points, the study was based on use of an older system which is being replaced in most institutions. The article provided only anecdotal evidence obtained from interviews and surveys; and no comparative data was provided to demonstrate whether overall medication error rates were actually impacted (positively or negatively) with the use of CPOE.

Many of the errors cited by the article could be related to antiquated software and poor system integration. They cited errors related to assumed dose information and the requirement to provide diluents. These errors illustrate an antiquated system that was originally built for use primarily by pharmacy. The selection of wrong medications because, "up to 20 screens might be needed to see all of the patient's medications," illustrates a poorly designed system and user interface. The authors cite loss of efficiency and potential errors related to CPOE downtime. No automated system would be acceptable if it crashed two to three times per week (for at least 15 minutes) during prime working hours, as referenced in the article.

Several of the potential error risks were related to human input error and poor process design. Now and p.r.n. order discontinuation faults are more related to poor training and education of the users regarding timing of the doses than to the actual system design. The article cited errors related to the nursing charting burden. This appears to be related to poor process design and inadequate access to computers for nursing and ancillary staff.

It is clear that implementing CAPOE at LVH has created unique issues (renew and expiration of medications, selecting the incorrect patient). However, studies done at our hospital have demonstrated a statistically significant decrease in medication error rates related to the ordering process for pre vs. post CAPOE. There is continued work being done to improve the system based on input from the physicians and other users. The issues and potential

problems are tracked very carefully at LVH. Representatives from the CAPOE team (including myself) meet quarterly with Pharmacy and Care Management to review pharmacy related issues. Issues brought up to the CAPOE Educators during rounds, or through the CAPOE Feedback form (on the Resources tab in Last-Word) are entered into a database that is reviewed on an ongoing basis. Significant issues, or those that recur, are investigated for potential solutions – screen design, new orders, or new processes. Events that are reported through standard event reports are given thorough investigation through the typical QA channels. If you have any other ideas regarding how to track and address these issues, please let me know.

CAPOE is not the silver bullet for improved patient care and safety and is certainly not the only answer. However, as many studies have shown (from Brigham and Womens' Hospital, Montefiore Hospital, Ohio State Medical System, and LVH), CPOE does play an important (and statistically significant) part in improving the care we provide to our patients.

Another Infectious Disease Physician Wins Trip – an Epidemic of CAPOE Use



Peter D. Ender, MD, Division of Infectious Diseases, was the winner of the CAPOE Compliance Trip Drawing for February, 2005. The drawing was held on April 1, in the Medical Staff Lounge at LVH–Cedar Crest & I-78. When contacted, Dr. Ender thought the call was an April Fool's joke, but

was pleasantly surprised to find out that he really did win. He was quite excited about winning the drawing for using a system that "makes me more efficient and improves patient care."

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

GRAND OPENING

LVH-M Medical Staff Lounge

Friday, May 13, will be the official Grand Opening of the new Medical Staff Lounge at LVH-Muhlenberg, located on the first floor of the LVH-M Tower (first door on the right after the elevators). Don't be superstitious — stop by the Lounge on Friday the 13th for a look around! Refreshments will be served.

Hospital Elder Life Program

In January 2005, a new program – the **Hospital Elder Life Program** (HELP) – was initiated on 7B and quickly expanded in March to 7A as a quality improvement initiative supported by the Department of Medicine and Senior Hospital Leadership.

The Hospital Elder Life Program is an innovative approach to improving the hospital care for older patients. It was created by Sharon K. Inouye, MD, MPH, at the Yale University School of Medicine. (*New England Journal of Medicine* 1999; 340: 669-76)

The primary goals of the program are:

- “ Maintaining cognitive and physical functioning of high risk older adults throughout hospitalization
- “ Maximizing independence at discharge
- “ Assisting with the transition from hospital to home
- “ Preventing unplanned hospital readmissions

The Hospital Elder Life Program has been successful in many other sites at returning older adults to their homes or previous living situations with maintained or improved ability to function.

HELP Services include:

- “ Daily Visitor Program: cognitive orientation, communication, and social support
- “ Therapeutic Activities Program: cognitive stimulation and socialization

- “ Early Mobilization Program: daily exercise and walking assistance
- “ Hearing and Vision Protocol: hearing and vision adaptations and equipment
- “ Oral Volume Repletion and Feeding Assistance Program: assistance and companionship during meals
- “ Geriatric Interdisciplinary Care: nursing, medicine, rehabilitation therapies, pharmacy, nutrition and pastoral care and support for patients and their families
- “ Provider Education Program: geriatric education for professional staff
- “ Links with Community Services: assist with the transition from hospital to home

How HELP Works

Patients over the age of 70 with the identifiable risk factors of pre-existing cognitive impairment, vision or hearing impairment, dehydration, or functional limitations are enrolled, if agreeable. Volunteers who received 16 hours of training are assigned appropriate interventions based upon patient's needs and wishes. Patient's clinical status is followed daily by the Elder Life Nurse Specialist for changes and the Elder Life Plan of Care is adjusted as needed.

If you have any questions or would like further information regarding the program, please contact Melissa Armstrong, MS, RN, CS, Nurse Specialist, Geriatrics Program, at 610-402-9277.

News from Health Information Management

History and Physical Update

The following history and physical requirement is a compilation of CMS (Centers for Medicare and Medicaid Services, JCAHO (Joint Commission on Accreditation of Hospitals) and Pennsylvania Department of Health requirements.

Inpatient, Ambulatory and Outpatient Histories and physicals may be performed up to 30 days prior to admission/procedure. In all cases, if a history and physical is done prior to the admission/procedure, the history and physical must be updated upon admission or prior to the procedure.

If the admission progress note meets the H&P requirements and the physicians would like to use this as the H&P, please indicate by checking the box on the form to use as H&P or please document this in the first sentence of your documentation.

If office documentation is submitted as the H&P on other than hospital approved H&P forms and meets H&P requirements, please document or stamp "H&P" on the document.

Questions regarding this issue may be referred to Susan Cassium, HIM Operations Coordinator, at 610-402-3864.

Verbal/Telephone Orders

Verbal/telephone orders should only be given in emergency situations. Orders must be signed, dated and timed within 24 hours of giving the orders.

The LastWord CAPOE Order entry system provides a reminder to the physicians to sign verbal/telephone orders when physicians access the order entry system.

Reminder: Both CAPOE and paper orders must be reviewed for missing verbal/telephone order signatures.

Correction in Dictated/Transcribed Reports

The HIM Transcription Department has been receiving requests to make corrections to transcribed medical reports, prior to the report being authenticated, from persons other than the physician or clinician who dictated the report. In order to assure corrections are appropriate and valid, effective May 15, 2005, Transcription will request changes/corrections to reports be made in writing by the dictating/attending physician or designee, along with a date and signature. The designee must indicate "per the physician/dictator."

Once a report has been electronically signed, corrections can only be made by completing the following steps:

1. Printing the report from LastWord
2. Making the corrections
3. Dating and initialing the corrections
4. Returning the corrected report to HIM for scanning

If you have any questions regarding this issue, please contact Marianne Lucas, Transcription Manager, at 610-402-3863.

News from the Libraries



New England Journal of Medicine

The library staff has had a significant number of inquiries recently regarding why our electronic subscription is no longer available in PDF format. The explanation is as follows – ***New England Journal of Medicine*** has created a pricing structure that is outrageous. For a multi-hospital system, the annual online site license is close to \$6,000.00.

When electronic journals first became available, many offered free online access with a print subscription. The number of publishers allowing that practice is rapidly dwindling.

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.

Radiology Update

New Removable Inferior Vena Cava Filter

Due to recent technological advancements in caval interruption, we now have an optional inferior vena cava filter that can be utilized as either a permanent or removable filter. This new device, which received FDA approval in 2003, can be implanted and left in for the life of the patient or can be retrieved and removed safely up to six months after placement.

Previous temporary IVC filters required removal or "replacement" after 10 to 14 days. Once this two week window of retrieval passed, there was no option for safe removal and the filter remained in place for the life of the patient. As seen from past experience, the vast majority of patients who receive an inferior vena cava filter need protection for a period of time ranging from four to 12 weeks. Consequently, all of these patients are burdened with the well-documented, long-term complications of permanent indwelling inferior vena cava filters, the most common of which are an increased incidence of recurrent deep venous thrombosis as well as spontaneous thrombosis of the inferior vena cava.

The current availability of a removable IVC filter that can be left in place for up to six months and then safely removed allows a shift in inferior vena cava filter patient selection criteria. Now that there is a device that eliminates the long-term effects associated with permanent filters, caval filtration can be provided for a length of time that will satisfy the healing needs of almost every patient, except those with chronic hyper coagulable disease processes. The decision to place this type of filter now offers the patient a significant level of protection and gives the physician a simple alternative without having to weigh the long-term negative consequences of short-term protection.

For additional information or if you have any questions, please contact either James A. Newcomb, MD, Darryn I. Shaff, MD, or Errin J. Hoffman, MD, members of the Section of Cardiovascular-Interventional Radiology, at 610-402-6067 (Cedar Crest & I-78) or 484-884-4252 (LVH-Muhlenberg).

T-System Implementation

The Emergency Department at LVH-Muhlenberg implemented the T-System, an electronic documentation medical record, on March 29, 2005. Emergency Department clinicians now use hand held computer tablets and laptops on carts to chart at the patient's bedside.

The nursing and physician documentation can be viewed in the T-System while the patient is in the Emergency Department. Once the patient leaves the ED, nursing and physician documents are seen under the transcription tab in LastWord. The complete Emergency Department record is moved into EHMR daily.

Implementation of the electronic T-System is slated to begin at LVH-17th & Chew on May 18, and at LVH-Cedar Crest & I-78 on June 30.

Physicians who would like access to view the chart in the T-System or for further information, please contact Ann Gallagher, T-System Specialist, Department of Emergency Medicine, at 610-402-6917, or via email at ann.gallagher@lvh.com.

Research Corner

Cardiovascular Research Institute

The Cardiovascular Research Institute is currently enrolling patients in the following studies:

FUSION II

A prospective, randomized, parallel, multi center, double-blind, placebo-controlled study in Heart Failure patients receiving standard care (excluding outpatient use of IV inotropes ((e.g. dobutamine, milrinone, and dopamine)), vasodilators, and open-label Natreacor). Subjects will be randomized to one of four groups:

- “ 1 Natreacor infusion per week
- “ 1 placebo infusion per week
- “ 2 Natreacor infusions per week
- “ 2 placebo infusions per week

Eligible patients must have had at least two qualifying hospitalizations in the past 12 months, with the most recent hospitalization within the past 60 days, but out of the hospital at least five days. The treatment period for patients is 12 weeks with a 12-week follow-up period.

Michael A. Rossi, MD, Chief, Division of Cardiology, is the Principal Investigator for this study. To have a patient assessed for eligibility, please contact Susan Nabhah, RN, via pager 610-402-5100 1939.

TRITON TIMI 38

The primary objective of this study is to test the hypothesis that CS-747 plus aspirin is superior to Clopidogrel plus aspirin in the treatment of subjects with acute coronary syndrome who are to undergo percutaneous coronary intervention as measured by a reduction in the composite endpoint of cardiovascular death, nonfatal myocardial infarction, or nonfatal stroke at a median follow-up of at least 12 months.

Unstable angina patients must have ST-segment elevation >1mm in one or more EKG leads OR positive CK-MB or Troponin levels. STEMI patients may also be enrolled, meeting EKG criteria. Patients receiving one or more doses of Clopidogrel will not qualify for the study.

The Principal Investigator for the study is Raymond A. Durkin, MD, Division of Cardiology. To have a patient assessed for eligibility, please contact Tom Gavigan, RN, via pager 610-402-5100 1288.

Department of Medicine

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

Fungal Infection Trial – micafungin vs. caspofungin

This is a phase 3, randomized, multi center, double-blind, comparative, parallel group, non-inferiority trial to determine the efficacy and safety of two dose levels of micafungin (FK463)—100 mg/day and 150 mg/day—versus caspofungin (Cancidas) as antifungal treatment for patients aged 18 years and older, newly diagnosed with invasive candidiasis or candidemia. Patients must have candidemia or invasive candidiasis, documented by at least one typical clinical sign or symptom and confirmed by fungal culture and/or histology—a patient whose sole diagnosis is oropharyngeal and/or esophageal candidiasis and/or with positive cultures only of urine, sputum, bronchoalveolar lavage specimens or samples from indwelling drains is excluded. Patients with an allergy or any serious reaction to the echinocandin class of antifungals, or who have received an echinocandin within one month prior to study entry will be excluded. Also, patients who have received more than two days of prior systemic antifungal therapy and patients receiving cyclosporine will be excluded. The Principal Investigator for this study is Marcelo G. Gareca, MD, Division of Infectious Diseases.

The VALIDD Trial – Valsartan in Diastolic Dysfunction

This is a multi-center, randomized, placebo controlled, double-blind study to evaluate the effect of the angiotensin II antagonist valsartan on diastolic function in patients with hypertension and diastolic dysfunction.

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Study involvement consists of 13 visits over a 40 week period. A 2D Echo and an ECG will be done on the first visit to determine if the subject has Diastolic Dysfunction and the last visit to determine improvement. Subjects will be excluded if currently taking ARB's, ACE-I's, Aldosterone Antagonists, Digitalis Glycosides, certain antidepressants, antipsychotics and narcotics. Other exclusion criteria include but are not limited to: severe arterial hypertension, secondary forms of hypertension, history of stroke or MI in the last six months, atrial fibrillation, and major GI tract surgery. Arvind K. Gupta, MD, Division of General Internal Medicine, is the Principal Investigator.

If you have questions regarding either of these studies, please contact Matthew Kunkle in the Department of Medicine Research at 610-402-7195.

Neurosciences and Pain Research

Neurosciences and Pain Research are currently enrolling patients in the following studies:

Study population: **Acute Lumbar Radiculopathy - Sciatica Pain**- Pain that radiates from your back into your leg (below the knee). A new oral medication that is being tested for the treatment of this pain.

- “ Male/female 18 to 55 years of age
- “ Leg pain radiating to or below the knee
- “ Pain began in last two to 12 weeks
- “ Stable medications
- “ No spinal injections for sciatica pain within two weeks of entry into the study
- “ No glaucoma or vision impairing illness

Study Population: **Chronic Lumbar Radiculopathy** - Researchers are conducting a study of an investigational medication for the treatment of lower back pain, i.e., sensations of burning or needles and pins that shoot down the leg and/or foot (lumbosacral radiculopathy)¹

- “ Male or Female 18-100
- “ Pain for at least three months but not longer than four years
- “ Pain that radiates to the leg and/or foot as a result of disc herniation or spinal stenosis
- “ Not involved in any disability or Workman's Compensation claims

For any referrals or questions, please call Neurosciences and Pain Research at 610-402-9008.



Coding Tip of the Month

Intestinal obstruction is a serious impairment to the passage of intestinal contents without the presence of herniation. This is most often referred to as a mechanical, neurogenic, paroxysmal, or post infectious obstruction. Documentation of the etiology of the obstruction is necessary for correct coding. The most common causes are adhesions, tumors, inflammatory bowel disease, fecal impaction, paralytic ileus, and volvulus.

Credentialing Coordinator Joins Medical Staff Services Team



Tammy M. Winterhalt, who many of you may know from Good Shepherd Specialty Hospital–Allentown, joined the hospital's staff and Medical Staff Services team in February as a Credentialing Coordinator.

In her new position, Tammy will be responsible for credentialing and privileging of physicians and allied health staff for Lehigh Valley Hospital and/or VeriQuaL clients. In addition, she will serve as support staff for Medical Staff committees, including meeting preparation, minute taking, and expediting actions through approvals process.

Tammy achieved national recognition and became part of an elite group of individuals who have made a commitment to excellence in the credentialing profession when she passed her Certified Provider Credentialing Specialist (CPCS) exam in November 2004. Tammy has been a member of the National Association of Medical Staff Services (NAMSS), Pennsylvania Association of Medical Staff Services (PAMSS) and Southeastern Pennsylvania Association (SEPA) since 2001.

Tammy is located in the Medical Staff Services Office on the first floor of the hospital at Cedar Crest & I-78. She may be reached by phone at 610-402-1397 or via email at tammy.winterhalt@lvh.com.

Ethics and Communication

 by Stephen E. Lammers, PhD, Ethics Program Consultant

In the literature about ethics committees, communication failures are often listed as a reason that consults are called. But what does that mean? What kinds of communication failures do ethics consult teams regularly see? And what might be done about them?

One type of communication failure that occurs is a pre-hospital failure of communication. Cases have been seen in which family members are asked what their father, who cannot speak for himself, would have wanted. They reply, "We're not sure. We never talked about this!" When, even after further questioning, the patient's judgment about these matters still isn't clear, this failure of communication, which fortunately is unusual, leaves families and caregivers with unsatisfying uncertainty.

More common communication failures are matters that are under healthcare professionals' control. One communication failure occurs when a physician does not inform other members of the health care team what he or she is saying to the family. A consequence for other physicians and nurses is that it is difficult for them to helpfully and consistently advise families.

Poor intra-team communication is compounded when different physicians prognosticate different outcomes to family members, who then become confused. This is not to say that physicians must agree among themselves about the prognosis or even the diagnosis. But, what physicians should do when they disagree is frame that

disagreement in a way that maintains open communication with family and other caregivers and also clarifies that every member of the care team is committed to doing what is best for the patient. In cases like these, the ethics committee sometimes recommends that a single physician act as spokesperson for the team.

Other communication breakdowns often occur over living wills, which are texts that must be interpreted. Not surprisingly, different readers of these texts sometimes disagree about what they mean. Sometimes caregivers do not read the living will until the patient can no longer clarify its contents. To avoid this, the living will should be read as soon as it is placed in the chart and questions about its contents should be addressed as soon as possible. Furthermore, physicians usually have a clearer idea than do patients about what will happen medically at the end of life; reading the living will enables physician-patient discussion of realistic probable outcomes. It is helpful when these conversations occur that they are documented so that everyone taking care of the patient better understands the living will.

Communication often comes down to conversation. Unfortunately, physicians are not reimbursed for having conversations with their patients, but they should converse with their patients about patients' end-of-life wishes anyway. Ten minutes of talking can save hundreds of hours of anguished conversation (and thousands of dollars) later.

Congratulations!



Robert Laski, DMD, Division of Oral and Maxillofacial Surgery, was recently notified that he successfully completed the 2005 Oral Certifying Examination for certification as a Diplomate of the American Board of Oral and Maxillofacial Surgery.

Dr. Laski is in practice with Valley Oral Surgery, PC, and has been a member of the Medical Staff since July, 2003.



Richard S. MacKenzie, MD, Vice Chair, Department of Emergency Medicine, was appointed Chair of the Registry Committee and, therefore, will also serve as a member of the Executive Committee of the Pennsylvania Trauma Systems Foundation.

The Foundation supports the development of a private voluntary trauma center accreditation program to develop standards for the operation of trauma centers in Pennsylvania, adopting, at a minimum, the current guidelines for trauma centers as defined by the American College of Surgeons. The Foundation evaluates any Pennsylvania hospital which makes application to the Foundation to determine if the applicant hospital meets the Standards for Trauma Center Accreditation.



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

(PaACEP) at the Board of Directors meeting held March 21, 2005, in Harrisburg, Pa. After he concludes his one-year term as President-elect, Dr. Rosenau will serve as President for another one-year term, beginning April 1, 2006.

Since 1971, PaACEP has been serving emergency physicians by promoting the delivery of quality emergency medical care for all patients and by supporting the professional endeavors of Pennsylvania's emergency physicians. In fact, PaACEP is the oldest and largest state organization actively representing emergency medicine in the Commonwealth. The Chapter also provides leadership in continuing medical education and in the advancement of the EMS system.

Papers, Publications and Presentations

"The Effects of Mindfulness-based Stress Reduction on Nurse Stress and Burnout: A Qualitative and Quantitative Study, Part III" 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; Debra M. Baker, Research Assistant, Department of Family Medicine, and Lynn Deitrick, PhD, Ethnographer, Department of Health Studies. The article, which is the third in a series, was published in the March/April 2005 issue of *Holistic Nursing Practice*.

Dale Dangleben, MD, general surgery resident; David Grossman, MD, general surgery resident, and **Michael D. Pasquale, MD**, Chief, Division of Trauma-Surgical Critical Care, co-authored "Nonagenarians and Trauma: An Increasingly Common Combination," which appeared in the April issue of the Journal of the American Geriatrics Society (JAGS 2005;53:729-731).

Edward R. Norris, MD, Vice Chair, Education and Research, Department of Psychiatry, gave a poster presenta-

tion at the annual meeting of the American Psychiatric Association held in May in Atlanta, Ga. The title of the poster presentation was "Depressive Symptom Prevalence and Association with Subjective Functional Status Assessment in Patients with Coronary Artery Disease, Cerebral Vascular Disease, or Peripheral Vascular Disease."

At the American College of Physician Executives (ACPE) "Winter Institute" held in Tucson, Ariz., **Michael S. Weinstock, MD**, Chair, Department of Emergency Medicine, presented a half-day seminar to Emergency Department directors on several current topics affecting the practice of Emergency Medicine. Dr. Weinstock is a life member of ACPE and participates as a faculty member for the College.

Patrice M. Weiss, MD, Vice Chair of Education and Research and Residency Program Director for the Department of Obstetrics and Gynecology, presented a breakout session during the 2005 CREOG and APGO Annual Meeting in March, held in Salt Lake City, Utah, titled "The Pursuit to Recruit – Getting Them to Choose Us."

Upcoming Seminars, Conferences and Meetings

Upcoming Symposia

“Echocardiography of Left Ventricular

Function” will be presented on Wednesday, May 4, from noon to 1 p.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78. The guest speaker will be Harvey Feigenbaum, MD, Distinguished Professor of Medicine, Indiana University School of Medicine, Krannert Institute of Cardiology, Indianapolis, Ind., and author of “Feigenbaum’s Echocardiography.”

The program will benefit cardiologists, cardiac sonographers, cardiothoracic surgeons, and anesthesiologists. For more information, please contact Patricia Zocco, Coordinator of Echocardiography, at 610-402-8069.

“Current Concepts in Prophylaxis and Treatment of Venous Thromboembolism”

will be presented on Monday, May 9, in the hospital’s Auditorium at Lehigh Valley Hospital, Cedar Crest & I-78. Topics to be discussed will include:

- DVT prophylaxis in the non-surgical, medically ill patient
- DVT prophylaxis in the surgical patient
- Anticoagulant options

The program will benefit surgeons, internists, family practitioners, and emergency medicine physicians. For more information, please contact Victoria Sabella in Trauma and Critical Care Research at 610-402-1286.

“The **Stahler-Rex Lecture** will be held on Tuesday, May 10, as part of Surgical and Medical Grand Rounds. Jon R. Cohen, MD, Chief Medical Officer, North Shore-Long Island Jewish Health System will present “The American Healthcare System – Current State of Crisis” and “A Physician’s Journey through the Presidential Election.” Surgical Grand Rounds will begin at 7 a.m.; Medical Grand Rounds begin at noon. Both programs will be held in the hospital’s Auditorium at Cedar Crest & I-78.

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 May will include:

May 5 – Cedar Crest & I-78 Auditorium

- “Acid Base Made Easy”
- “DKA: The ED and Beyond”

- “CT Negative Catastrophes”
- Rosen’s Club

May 12 – EMI, 2166 S. 12th Street

- “Who Wants to be an ED Physician”
- “Ultrasound”
- Resident Lecture – TBA

May 19 – LVH-Muhlenberg 4th Floor Classroom

- Research Day

May 26 – LVH-Muhlenberg 4th Floor Classroom

- “Diagnostic Testing”
- 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:

- May 3 – “Practical Solutions to Promote Social Connections in Primary Care Practice: Time Banking and the Community Exchange”
- June 7 – “Applications of PET/CT in Oncology, Neurology and Cardiology”

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

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 May will include:

- May 3 – Resident Research Presentation
- May 10 – **Stahler-Rex Lecture** – “The American Healthcare System – Current State of Crisis” and “A Physician’s Journey through the Presidential Election”
- May 17 – “Cardiovascular Disease, Inflammatory Factors and Metabolic Syndrome”
- May 24 – TBA

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

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OB/GYN Grand Rounds

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

- “ May 6 – No OB/GYN Grand Rounds due to risk reduction symposium - “Improved Patient Care through Malpractice Protection: Advanced Lawsuit Protection Strategies,” which will be held from 7 a.m. to noon, in the hospital’s Auditorium at Lehigh Valley Hospital, Cedar Crest & I-78. For more information or to register, contact Donna Stout in the Center for Education at 610-402-2482.
- “ May 13 – No OB-GYN Grand Rounds due to Philadelphia OB Society Resident Education Day in Philadelphia
- “ May 20 – “Fertility Strategies in PCOS”
- “ May 27 – “Annual Primary Care Update for Obstetricians/Gynecologists”

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 May will include:

- “ May 3 – “Early Identification of Learning Disabilities”
- “ May 10 – Case Conference
- “ May 17 – “Asthma Care: A Challenge for Public Schools”
- “ May 24 – “Dermatology in the Newborn Nursery”
- “ May 31 – “Evaluation of Sleep Disturbances in Children”

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, May 19, from noon to 1 p.m., in Classroom 1 at Lehigh Valley Hospital, Cedar Crest & I-78, and televised to the First Floor Conference Room at LVH-Muhlenberg. The topic of discussion will be “Betty and Barney’s Brain – Adventures in Neuroanthropology.”

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

Schwartz Center Rounds

Schwartz Center Rounds are held on the first Wednesday of each month (except July and December), beginning at noon in the Educational Conference Room #1. Lunch will be provided.

Upcoming dates and topics include:

- “ May 4 – “Patients that Fire Us”
- “ June 1 – “Cases that We Can’t Shake”

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

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 May will include:

- “ May 3 – “Aortic Autograft Replacement”
- “ May 10 – Stahler-Rex Lecture – “The American Healthcare System – Current State of Crisis” and “A Physician’s Journey through the Presidential Election”
- “ May 17 – “Diverticulitis”
- “ May 24 – “Cryotherapy as it Relates to Prostate and Kidney Cancer”
- “ May 31 – “Thirteen Years of Colon-Rectal Surgery in the Commonwealth of Pennsylvania: Do Trends Show a Change in Outcome?”

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



Sirisha Chalasani, MD
Care Medical Associates
3735 Easton-Nazareth Highway
Suite 302A
Easton, PA 18045-8347
(610) 252-7410 Fax: (610) 252-7380
Department of Medicine
Division of General Internal Medicine
Provisional Active



Lesley A. Simpson, MD
Pediatric Specialists of the
Lehigh Valley
Lehigh Valley Hospital-
Muhlenberg
2545 Schoenersville Road
Third Floor
Bethlehem, PA 18017-7384
(484) 884-3333
Fax: (484) 884-3366
Department of Pediatrics

Division of Pediatric Subspecialties
Section of Hematology-Medical Oncology
Provisional Active



Robert M. DeDio, MD
Allen Ear Nose & Throat Associates
1575 Pond Road
Allentown, PA 18104-2254
(610) 366-1366 Fax: (610) 366-7412
Department of Surgery
Division of Otolaryngology-Head &
Neck Surgery
Provisional Active

Practice Change

Meera V. Pathare, MD
(No longer with Sam Bub, MD, PC)
Alburtis Medical Center
109 N. Main Street
Alburtis, PA 18011-9572
(610) 966-2413
Fax: (610) 966-3354



J. Howard DeHoff, MD
LVPG-Medicine
1210 S. Cedar Crest Blvd.
Suite 3600
Allentown, PA 18103-6208
(610) 402-1150 Fax: (610) 402-1153
Department of Medicine
Division of General Internal Medicine
Provisional Active

Address Changes

Sashidhar Bollini, MD
Care Medical Associates
3735 Easton-Nazareth Highway
Suite 302A
Easton, PA 18045-8347
(610) 610-252-7410
Fax: (610) 252-7380



James F. Reilly, MD, MBA
Surgical Specialists of the Lehigh Valley
1240 S. Cedar Crest Blvd.
Suite 308
Allentown, PA 18103-6218
(610) 402-1350 Fax: (610) 402-1356
Department of Surgery
Division of Trauma-Surgical Critical
Care/General Surgery
Provisional Active

Stephen K. Katz, MD
LVPG-Pediatrics
Riverside Professional Center
5649 Wynnewood Drive
Laurys Station, PA 18059-1124
(610) 262-6641
Fax: (610) 262-0428

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Valerie J. Riley, MD

Lehigh Valley Center for Urogynecology and
Continence Management
6649 Chrisphalt Drive
Suite 205
Bath, PA 18014-8500
(610) 837-7396
Fax: (610) 837-7344

Status Change

Steven H. Berman, MD

Department of Surgery
Division of General Surgery
From: Provisional Active
To: Affiliate

Resignations

Nancy Michelle Inforzato, MD

Department of Medicine
Division of General Internal Medicine

Mark C. Montag, MD

Department of Surgery
Division of Ophthalmology

Bruce I. Rose, MD, PhD

Department of Obstetrics and Gynecology
Division of Reproductive Endocrinology & Infertility/
Gynecology

Allied Health Staff

New Appointments

Melissa J. Brown, PA-C

Physician Assistant-Certified
(Northern Valley Primary Care, PC – Iqbal Sorathia,
MD)

Robert G. Dougher, PA-C

Physician Assistant-Certified
(Coordinated Health Systems – Jon D. Hernandez, MD,
PhD)

Ronald A. Gerhart

Pacemaker/ICD Technician
(Biotronik, Inc – Vadim A. Levin, MD)

Tiffany J. Helfrich

Administrative Support
(Youngs Medical Equipment – Richard J. Strobel, MD)

Jeffrey S. Jackson

Pacemaker/ICD Technician
(Guidant Corporation – Vadim A. Levin, MD)

Norman R. Spotts

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

Joseph R. Veet

Pacemaker/ICD Technician
(St. Jude Medical – Norman H. Marcus, MD)

Resignations

Alyssa A. Dwyer, CRNP

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

Teresa M. Lunardi, PA-C

Physician Assistant-Certified
(Center for Women's Medicine)

Kathleen A. Paone, CRNP

Certified Registered Nurse Practitioner
(Helwig Diabetes Center)

David C. Rice

Microsurgery Technician
(Lehigh Valley Hospital – Advanced Clinical
Technology Department)

LEHIGH VALLEY
HOSPITAL
AND HEALTH NETWORK

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

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

Medical Staff Progress Notes

Donald L. Levick, MD, MBA
President, Medical Staff

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

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

John W. Hart
Vice President, Medical Staff Services

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

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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.