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Medical Staff PROGRESS NOTES

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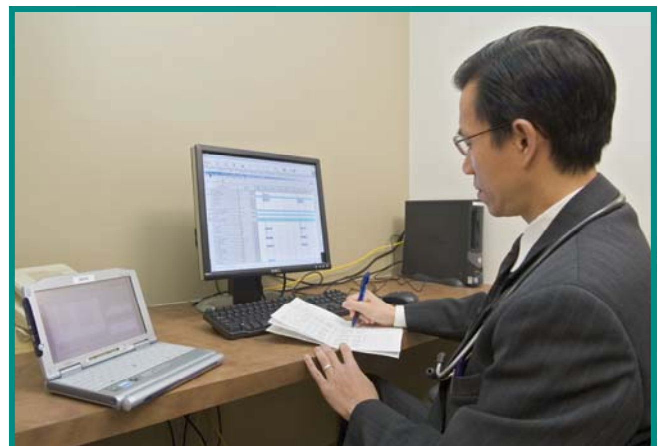
Medical Staff Celebrates Grand Opening of New Lounge

Members of Troika—(Left to Right) Donald L. Levick, MD, Medical Staff President; Alexander D. Rae-Grant, MD, Past President, Medical Staff; Linda L. Lapos, MD, President-elect, Medical Staff; and John W. Hart, Vice President, Medical Staff Services, enjoy the comforts of the new Medical Staff Lounge at LVH-Muhlenberg during its recent Grand Opening on May 13. The new lounge is located on the first floor of the LVH-M Tower.



Thong P. Le, MD, Division of Infectious Diseases, checks his patient census at one of the computer stalls in the new Medical Staff Lounge at LVH-Muhlenberg.

LEHIGH VALLEY HOSPITAL AND HEALTH NETWORK

From the President

At the Medical Executive Committee meeting in May, the completely re-written "Medical Staff Rules and Regulations" were presented and approved. Many thanks to the members of the Bylaws Committee, to Dr. Alan Berger, Chair of the Committee, and to the staff of Medical Staff Services for their long hours and tireless work. The goal of the rewrite was to make the Rules and Regulations more readable – clearer language, improved organization, and consistency with the Bylaws. In essence, the Rules and Regulations have become a more efficient communication tool regarding the expectations for the Medical Staff.

We have several documents that address communication and expected behaviors for the Medical Staff. The following points integrate well with comments I've made over the past few months.

The Physician Code of Conduct is distributed to all physicians who join the Medical Staff and is available on the Intranet. Point number one reads, "all behavior will be guided by the principle that everyone shall be treated with respect, courtesy, and dignity without regard to sex, age, religion, race, creed, ..." "All individuals within this facility should respond to requests of patients and each other in a courteous and professional manner." To many of us, this sounds like the Golden Rule – "Treat others as you would have them treat you." The Code implies the need to listen – to patients, colleagues and peers. Listening to patients requires several "pull" behaviors (attend, ask, understand) to fully understand their questions and concerns. Listening to our colleagues – nurses and ancillary staff - as they often spend more time with the patient than we do and have unique insights. Listening to our peers – the physicians that we work with on a daily basis. Taking the time and being courteous to return pages, calling consultants to discuss cases and concerns, calling the primary care physician to keep them up-to-date. These are clear examples of the Golden Rule (and the ABC's of Effective Communication) in our daily work.

Consults are another area where the Rules and Regulations address communication. Urgent consults (require attention within 12 hours) and emergency consults (require immediate action within four hours) require that the person "requesting consultation will personally contact the consultant or the consultant's designee." Personal contact should occur via phone or face to face. Why is this so important? Because only you can truly "describe" the clinical situation, "prescribe" what you want from the consultant ("I need you to see the patient sometime today and help with the choice of antibiotics"), and promote mutual "understanding." Even for routine consults (require attention within 24 hours of notification), the Rules and Regulations suggest that personal contact is preferable. I realize the challenge of taking the time to personally find and contact the consultant; but think about the downstream efficiency gains if the consultant clearly understands what is expected of him or her. (Wearing my other hat, we are investigating technology-based solutions to facilitate this process. Stay tuned...)

What else can we learn from the Rules and Regulations? Going back to the ABC's, remember that you are 50% responsible for the effectiveness of your communication with any other individual. We need to be certain that we understand the clinical situation and what is being asked of us. "Doctor, this is Nurse Jones. Mrs. Smith appears to be having increased bleeding from her wound." In this situation, does the nurse want you to see the patient but is reluctant to ask? Fortunately, we have built a culture at LVH in which most of the nurses and staff are comfortable with "push" (prescribe) behaviors. "Mrs. Smith is having increasing bleeding from her wound. I need you to come see her as soon as you can." When the staff is hesitant to use appropriate push behaviors, it is our responsibility as caring providers to seek understanding and ask. "You seem uncomfortable with the patient, would you like me to come and evaluate her?"

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An area of occasional communication breakdown involves the identification of who is actually in charge of a patient's care. Many patients are referred into the hospital by physicians who do not do inpatient work. The patient's diagnosis and condition may determine who is consulted and who is the attending of record. From the patient's perspective, they are often unsure of who is "the captain of the ship." Take the time to introduce yourself to the patient as the primary physician. "Mrs. Smith, I'm Dr. Levick, and I will be in charge of your care while you're here. If you have any questions, please have the nurse contact me or someone from my group."

Are there other areas where communication of expectations is important? What are our expectations of ourselves as physicians, who care for the health of the people in our community? The Bylaws state that on-call and clinic responsibilities will be fulfilled by members of the Medical Staff as designated by their Chair. Given the complexities of health care and the stresses on our practices, meeting those expectations is a challenge. Where communication really comes into play is in finding the win-win solutions. Many of the creative solutions in our network have come from honest and open dialogue among the physicians, the hospital administration and Medical Staff leadership. These solutions address both the healthcare needs of our entire community and the realities facing physicians on our Medical Staff – maintaining practice efficiency while still caring for (and about) all of our patients.

Don

Donald L. Levick, MD, MBA
Medical Staff President

Rules and Regulations Informational Session

In an effort to organize in a consistent and meaningful manner, the Rules and Regulations of the Medical Staff have been revised. Consistency between the Bylaws, the Rules and Regulations and Hospital Policies and Procedures is imperative in order to properly monitor and enforce rules that impact each physician. Members of the Bylaws Committee have met on numerous occasions over the past nine months and have made revisions to the Rules and Regulations.

A complete set of the Rules and Regulations of the Medical Staff with the proposed changes will be sent to each member of the Medical Staff along with the notice of the General Medical Staff meeting to be held on June 13, 2005.

In an effort to negate prolonged discussion about these Rules and Regulations changes at the General Medical Staff meeting, a **Rules and Regulations Informational Session** will be held on **Thursday, June 9**, beginning at **5:30 p.m.**, in **Conference Room 1A of the John & Dorothy Morgan Cancer Center** at Lehigh Valley Hospital, Cedar Crest & I-78. **Alan Berger, MD**, Chair of the Bylaws Committee, in addition to other members of the Bylaws Committee; **Joseph A. Bubba, Esq**., Medical Staff Legal Counsel; and **John W. Hart**, Vice President, Medical Staff Services, will be available at the Informational Session to answer any questions you may have regarding the Rules and Regulations changes.

Bone Density Testing Relocates

On May 5, **Bone Density Testing** moved back to Lehigh Valley Diagnostic Imaging located at 1230 S. Cedar Crest Blvd., Suite 104. Bone Density Testing had been located in the John & Dorothy Morgan Cancer Center in Suite 401 for several months. Ultrasound testing will remain in Suite 401. To schedule Bone Density Testing, please call LVDI at (610) 435-1600.

A Pilot Project in Quality Improvement and Faculty Development

As a joint effort by the Departments of Quality and Care Management and Medicine, an initiative was undertaken to stimulate quality improvement projects led by each of the Department of Medicine Division Chiefs.

In 2004, the division chiefs attended a quality improvement training workshop focusing on quality improvement methodology and systems of care improvement, led by Zubina M. Mawji, MD, MPH, Acting Senior Vice President of Quality and Care Management; John P. Fitzgibbons, MD, Chair, Department of Medicine; and William F. Iobst, MD, Vice Chair for Educational Affairs, Department of Medicine. The division chiefs were then asked to develop systems-based quality improvement projects in their clinical areas.

The following is a selection of some of the reports that have been presented at the Department of Medicine Executive Committee:

Reduction Risk Factors and Complications in Hospitalized Stroke/TIA Patients

Division of Neurology — John E. Castaldo, MD, Chief

Over 700,000 Americans have a stroke each year. Stroke is the third leading cause of death in the United States. LVH admits 600 stroke patients a year and another 270 for TIA. This project focuses on the population coming in with an acute event and is directed at secondary or tertiary prevention rather than primary prevention.

Dr. John Castaldo, Chief, Division of Neurology, reported that strokes could be reduced by 30% if appropriate antihypertensive medications were used. The use of ACE inhibitors or diuretics would reduce strokes by 40%, statins would show a reduction of 30%, antiplatelets a reduction of 20%, smoking cessation a reduction of 30%, and anticoagulation of atrial fibrillation would reduce strokes by 70%.

Get with the Guidelines for Strokes have identified individuals to lead and develop teams to implement prevention guidelines for stroke patients in acute care hospitals. The program measures how soon patients arrive at the Emergency Department, how quickly patients receive a work-up after arriving at the Emergency Department, and how quickly they receive thrombolytic therapy. At LVH, most patients arrive at the Emergency Department within two hours. The Emergency Department time to see the patient is under 10 minutes, brain imaging is in about 20 minutes, and the door to needle time ranges between 60 and 80 minutes. Over the next year, plans are underway to improve the lipid profiles, smoking cessation figures, and improve stroke education by nurses.

Improving Performance on AMI/CHF Core Measures

Division of Cardiology – Michael A. Rossi, MD, Chief

This is a ***Get with the Guidelines*** Project. Last summer, increased awareness was initiated among medical staff and residents about secondary prevention measures for AMI and CHF. Standardized order sets for AMI and CHF were redone, and public reporting for JCAHO Core Measures was started. A Pool Trust Grant was approved for the QI Initiative to fund two nurses. LVH's program has the third largest volume of cardiac diagnoses in the state, with about 1,000 AMI's and about 1,000 CHF's at Cedar Crest & I-78 annually. Work was done with the help of Information Services and Pharmacy to identify and cross reference patients who came in with a positive troponin and patients who are on aspirin, beta blockers, ACE inhibitors, statins, etc. If not on these medications, the names are put on a list and nurses go to floors to see those patients. In November, feedback was given to physicians with a copy of the Physician Core Measure Performance Report. Information will be sent out yearly and will include individual physician, group, the Department and Division, the hospital as a whole and also comparison with CMS and JCAHO benchmarks.

HELP (Hospital Elder Life Program)

Division of Geriatrics – Francis A. Salerno, MD, Chief

The Hospital Elder Life Program or HELP was developed to help maintain cognitive, physical and emotional well-being in hospitalized older patients. Patients over age 70 are screened while in the hospital by a team of volunteers. They will provide education to the nursing staff and a basis for research. Objectives of the project are to improve the activities of daily living for the patients; improve patient, family, and nursing staff satisfaction; and decrease pharmacy costs by

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substituting non-pharmacological sleep aids. On the clinical side, staff will investigate if there is a decrease in delirium, if length of stay can be improved, and also look at the educational process. The pilot project started on 7B on January 10, 2005.

Endoscopy in the Anticoagulated Patient

Division of Gastroenterology – Carl F. D'Angelo, MD, Chief

This study addresses the issue of whether endoscopy can be safely performed in the anticoagulated patient. When keeping the patient anticoagulated, one runs the risk of a procedural related hemorrhage that could be life threatening or the physician can hold anticoagulation to do a procedure and run the risk of a thromboembolic event. Guidelines state endoscopy can safely be done in the anticoagulated patient as long as the patient is stratified according to risk and procedure.

In the past, the endoscopy order form was completed by the unit clerk who included comments on the anticoagulated status of the patient by retrieving information from the chart. All patients that were anticoagulated wore a blue band. While this did reduce error, when looking at the efficiency of the system over a six-month period, those procedures that had to be cancelled were assumed to be cancelled due to a physician not knowing if the patient was anticoagulated or not. A system was started in CAPOE with a section on endoscopy orders for anticoagulation which is mandatory for physicians to answer. An audit was done after the system was in place and it was found that there were no cancellations due to questions of whether the patient was anticoagulated. With this new system in place, physicians are aware ahead of time that the patient is anticoagulated and can act appropriately.

Computer Entry Chemotherapy Orders

**Division of Hematology-Medical Oncology –
Eliot L. Friedman, MD, Chief**

The QI Project for the Division of Hematology-Medical Oncology involved conversion of handwritten chemotherapy orders to a CAPOE system. Dr. Eliot Friedman, Chief, Division of Hematology-Medical Oncology, reported that this will improve safety, quality, cost effectiveness of chemotherapy administration in the treatment of cancer patient, documentation, enable appropriate billing, reduce physician-to-physician variation in practice, and increase the use of evidence-based practice. The system is a toxicity tracking management approach which involves completing the patient information, communication of the treatment plan, accurate completion of orders, verification by pharmacy, and verification of the drug by the nurse.

In 2000, there were 9,965 chemotherapy doses administered with 79, 712 opportunities for errors with only five reported errors. After CAPOE was initiated, there were more reported errors, not because CAPOE caused errors, but because the initiative of watching for errors started at the same time. The increase in errors was in "errors which did not reach the patient." After the first three quarters of calendar year 2004, 441 order sets were reviewed and 40% of the errors needed clarification. Problems highlighted were protocols entered without references, inconsistent documentation of dose reductions, change of dose on schedule but no documentation of dose change, toxicity, and dose reduction errors. The practice policy has been improved by insuring better communication between physicians and the nurses entering the orders and in-practice verification between two nurses prior to physician signing orders.

Documentation Improvement Tip of the Month

External causes of injury or poisoning codes are intended to provide data for injury research and evaluation of injury prevention strategies. The coder needs detailed documentation by the physician in the patient's medical record of how the injury or poisoning happened and the place where the event occurred. For example, don't just document fall; document how the fall happened (tripping, down steps, from bed, etc.) and the place of occurrence (home, public building, recreation facility, etc.).

News from CAPOE Central

How do I see orders that have been entered on my patient in the last 24 hours?

This is a common question received by the CAPOE team. In the paper world, you could look in the chart and flip through the order pages, trying to decipher the handwritten orders. Is there a way to replicate this process in LastWord? The Order Profile screen can be sorted to show the most recent orders at the top of the list, and to include both active and inactive orders. On the Order Profile screen, click on the "Display Options" button (lower right corner). On the next screen, under "Sort Options" (left side), check the "Reverse Chronological" option; and in the "Select Filters" area, check the "Active Orders" and "Inactive Orders." If you want this view temporarily, then click on the "Update Display" button (lower left corner). To maintain this view permanently, click on the "Save as My Defaults" button. The Order Profile screen will now show the most recent orders at the top of the screen. Even if the order has been completed (such as a CXR or lab) and is now inactive, it will still appear on the screen. You can tell which orders are active vs. inactive by the "Current Status" column, in the middle. The legend for this column appears just above the columns. Try this view and see if it provides useful information regarding the chronology of orders.

New Allergy Entry Order

During the month of June, you will notice a new order appearing in the admission order sets. It is the "Allergy Entry Order" and represents a new and easier way to update allergies. Use this order to get to the allergy screen while entering orders in an order set. This way, you can update the allergies before you process the medication orders. After entering or updating the allergies, exiting the screen will take you back to your spot in the order set. When you process the medication orders, allergy and interaction checking will occur. The "Allergy Entry Order" will be located near the top of the admitting order sets, and will also be located under the "Nursing" button and in the "Notify" list. Please remember to use this order in your order sets.

If you have any questions regarding these issues, please contact Don Levick, MD, MBA, Physician Liaison, Information Services, at 610-402-1426 or pager 610-402-5100 7481.

Palliative Care Initiative

Fast Fact of the Month

Title: Fast Fact and Concept #063: The legal liability of under treatment of pain

Author(s): Warm, Eric; Weissman, David E.

It is well recognized that physician's fear of fear of regulatory scrutiny (DEA, state medical boards), is a major contributor to the problem of under treatment of pain. A recent landmark lawsuit should be a wake-up call for all physicians that this type of practice poses its own legal liability. An 85-year-old California man with metastatic lung carcinoma spent the final week of his life in severe pain. Three years after his death, his children sued his doctor alleging that the physician had failed to prescribe drugs powerful enough to relieve their father's suffering. This was one of the first U.S. cases in which a doctor has gone on trial for allegedly under treating a patient's pain. By a 9 to 3 vote, the jury decided that the physician's lack of attention to pain constituted elder abuse, awarding the family $1.5 million (the amount was reduced to $250,000). To win, lawyers convinced the jury that under treatment of pain was "reckless negligence." Until recently, lawyers would have considered such a suit un-winnable. Given politically savvy aging baby boomers, as well as the preponderance of sound scientific evidence for the proper assessment and treatment of pain, we can probably expect more such verdicts.

For some tips on how physicians can better protect themselves from charges of under treatment of pain, go to www.eperc.mcw.edu and select Fast Fact #63.

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

Lastword Transcription Update: ED T-System Documentation

The electronic version of the T-System was implemented in the Emergency Department at LVH-Muhlenberg on March 30, and at 17th & Chew on May 18. The LVH-Cedar Crest & I-78 implementation is scheduled for June 29.

As part of the implementation, a new Transcription interface was developed from the T-System to Lastword. This interface allows for a narrative of the template-based Emergency Department Physician and Nurse documentation to appear in Lastword under the Transcription Chart Tab.

Below are a few tips for reading the T-System transcriptions in Lastword:

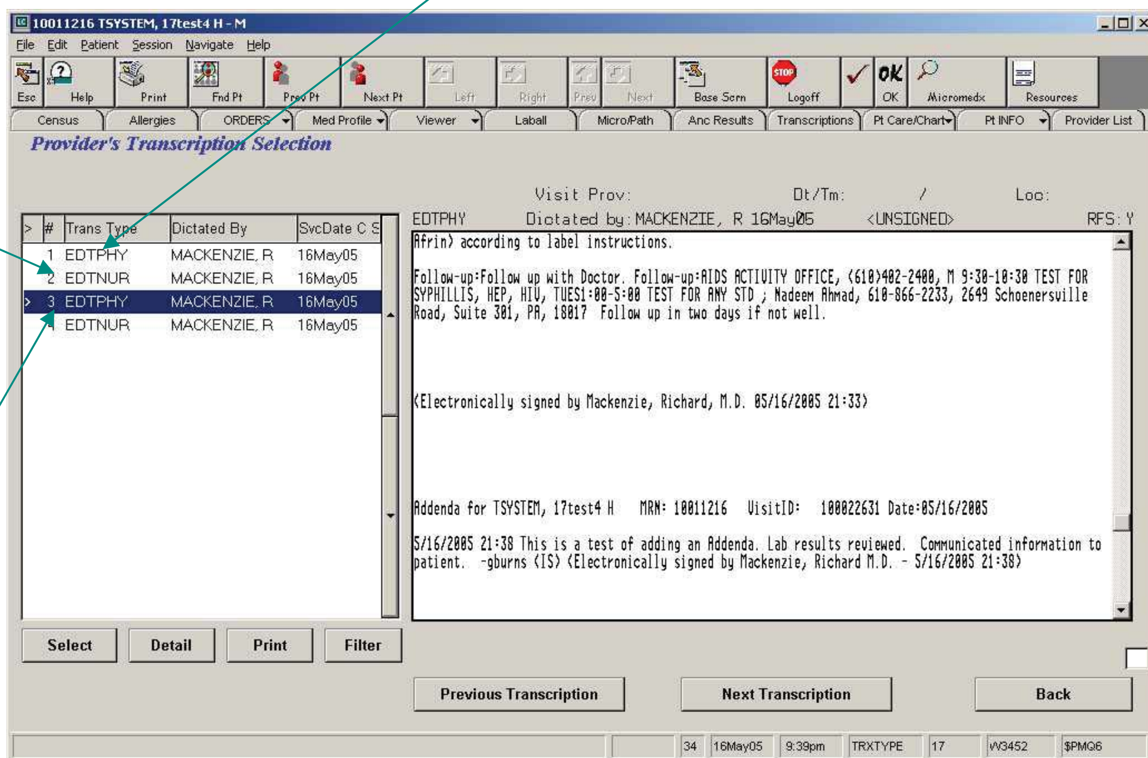
- T-System electronic transcriptions are labeled “EDTPHY” for physician documents, and “EDTNUR” for nursing documents, respectively.
- T-System transcriptions will only be available in Lastword once the patient has been discharged from the Emergency Department AND all documentation (Nursing and Physician) is complete.
- T-System Addendums will create additional transcription entries in Lastword. These entries will appear below or after the original documents in the transcription list. A rule of thumb for T-System transcriptions to Lastword is “First-in, top of list and Last-in, bottom of list.” It is important to ensure clinicians review the most current and accurate document, and to **READ THE ENTIRE PHYSICIAN DOCUMENT TO THE END** as there may be important addendums. (See screen print).

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

T-System Physician, Resident or PA documents can be viewed under the “EDTPHY” label.

T-System Nursing documentation is found under the “EDTNUR” label.

To ensure clinicians choose the most accurate document, always review the last Physician and Nursing documentation in the list. Remember to read the entire Physician document to the end.



News from the Multidisciplinary Council

In an effort to bring together representatives from a number of clinical departments to discuss and resolve system issues, the Multidisciplinary Council (MDC) was formed in March, 2001. The MDC develops and implements systems solutions, which focus on safe, effective, patient centered, timely, efficient and equitable patient care.

Members of the Multidisciplinary Council include:

- **Zubina M. Mawji, MD**, Chair, Acting Senior Vice President of Quality and Care Management
- **Karen A. Bretz, MD**, Vice Chair for Quality Assurance, Department of Anesthesiology
- **David M. Caccese, MD**, Division of General Internal Medicine/Geriatrics
- **Michael J. Consuelos, MD**, Vice Chair, Department of Pediatrics
- **Kim Hitchings, RN**, Manager, Center for Professional Excellence
- **Clinton C. Holumzer, MD**, Division of General Internal Medicine
- **Thomas A. Hutchinson, MD**, Vice Chair, Performance Improvement, Department of Obstetrics and Gynecology
- **Pamela F. LeDeaux, MD**, Residency Program Directory, Department of Family Medicine
- **Michael D. Pasquale, MD**, Vice Chair for Clinical Affairs (LVH), Department of Surgery
- **Ralph A. Primelo, MD**, Vice Chair, Quality Assurance, Department of Psychiatry
- **David M. Richardson, MD**, Associate Vice Chair (LVH-M), Department of Emergency Medicine
- **Howard D. Rosenberg, MD**, Co-Chief, Section of Pediatric Radiology
- **Georgene Saliba**, Administrator, Risk Management/ Patient Safety

As a result of a recent meeting, MDC members recommended that the following information related to ordering of diagnostic studies, report results, and Department of Radiology contact information be shared with members of the medical staff:

Priority of Radiology Services

It is the policy of the Department of Radiology to handle cases in the following priority sequence and target response time:

Trauma Alert or Code Red Cases for Diagnostic Radiology
Target Response Time: Immediate or by announced ETA

STAT

- Acute hemodynamic or respiratory change in patient's condition
- Status post line/tube placement
- Pre-op for emergency surgery or emergency situations
- Based on patient's condition

Target Response Time: Within 30-60 minutes

ASAP

- Status post line/tube placement
- Mild, moderate or progressive change in the patient's condition
- Pre-op

Target Response Time: Within 2 hours

Pending Discharge
Target Response Time: Within 5 hours

Routine
Target Response Time: Within 8 hours

Radiologists Reporting of Cases – Obtaining Study Results

All cases designated STAT and Trauma/Code Red are given immediate readings, usually dictated at the time the study is reviewed by a radiologist, or if there are pertinent old studies not available, given a preliminary report. After dictation, the results are available in Lastword. All Emergency Department studies at each hospital site are evaluated and dictated at Lehigh Valley Hospital – Cedar Crest & I-78.

Routine, pending discharge, and ASAP designation affects how quickly a study is performed. Once a study is finished, it enters into PACS in a general, non-STAT category.

If a physician is not in the hospital and needs to access a report, it is recommended that he/she contact a healthcare person on the patient's floor who has access to Lastword. If the study has not yet been dictated and a report is needed, please contact the front desk of the Radiology Department of the respective hospital site.

After 5 p.m., all studies are reviewed and dictated at Cedar Crest & I-78. After that time, please contact the front desk of the Department of Radiology at Lehigh Valley Hospital – Cedar Crest & I-78 (610-402-8080) for all hospital inquiries. If the referring physician wishes to speak to the radiologist assigned to evaluate and dictate that study, the front desk personnel will facilitate connecting the referring physician to the radiologist.

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LVDI and LMIC

Lehigh Valley Diagnostic Imaging
Staff is available to receive inquiries at LVDI:
Monday through Thursday – 7 a.m. to 8 p.m.
Friday – 7 a.m. to 5:30 p.m.
Saturday – 8 a.m. to Noon

Lehigh Magnetic Imaging Center
Staff is available to receive inquiries at LMIC:
Monday through Friday – 7 a.m. to 11:30 p.m.
Saturday – 7 a.m. to 3 p.m.

To contact a radiologist after the above hours for questions concerning studies performed at LVDI and LMIC, please call the Department of Radiology front desk at Cedar Crest & I-78 at 610-402-8080.

Radiologists are available in the hospital 24 hours a day, 7 days a week to review cases and answer questions. The main front desk numbers are as follows:

LVH-Cedar Crest & I-78: 610-402-8080
LVH-Muhlenberg: 484-884-2271
LVH-17th & Chew: 610-402-2214
LVDI: 610-435-1600 - Option 0
LMIC: 610-740-9500

If you have any questions regarding this information, please contact Howard D. Rosenberg, MD, in the Department of Radiology at 610-402-8088.

Research Corner

Trauma and Critical Care Research

Trauma and Critical Care Research is currently enrolling patients into the following studies:

Traumatic Brain Injury

This trial provides the opportunity to study patients with cerebral contusions following traumatic brain injury (TBI). The primary objective is to determine the incidence and volume of cerebral hemorrhagic progression at 24 hours after injury. Secondary objectives include measurements of cerebral contusion progression at 72 hours, evaluation of the relationship between progression of cerebral contusion and severity of clinical outcome, identification of potential predictors for patients with cerebral contusions and to monitor complications occurring in the acute phase following TBI. A key assessment for the success of this trial is obtaining the initial CT scan of the head as soon as possible and rapid interpretation of contusion volume. **Mark D. Cipolle, MD, PhD**, Chief, Section of Trauma Research, is the Principal Investigator. **Patricia Martin, MD,** Section of Neuroradiology**,** serves as sub-investigator along with the team of neuroradiolgists to assure patients are able to meet the six-hour window to participate in this trial.

Polyheme

This trial addresses the need for oxygen-carrying therapy within the initial resuscitation period (the golden hour) for trauma patients, thus decreasing mortality and multiple organ failure (MOF). Once inclusion and exclusion criteria are determined by study-trained pre-hospital personnel, the patients are randomized to receive either Polyheme® or standard therapy (crystalloids in the field and RBC once they reach the Emergency Department) at the scene of the accident, which continues through a 12-hour post injury hospital setting. The future use of oxygen-carrying therapy, particularly in rural settings where blood is not rapidly available, may improve survival and outcomes for bleeding patients in shock. **Mark D. Cipolle, MD, PhD,** is the Principal Investigator.

Epoetin Alfa for Blunt Trauma

Concern about the safety and supply of RBC transfusions has lead to a conservative hemoglobin trigger (<7gm/dl) for blood replacement. This trial is designed to study the how the use of epoetin alfa may impact on the physical functional outcomes in anemic, critically ill trauma patients. Secondary objectives include time to hemoglobin response, hemoglobin change over time, evaluation of return to usual activities, neurocognitive function and time on mechanical ventilator. Subjects will be followed for a 12-week post-hospital treatment phase, followed by a non-treatment phase for a total of 24 weeks post discharge. **Michael D. Pasquale, MD,** Chief, Division of Trauma-Surgical Critical Care, is the Principal Investigator.

For more information regarding these studies, please contact Susan O'Neill, RN, CCRN, Clinical Research Coordinator, at 610-402-1625.

Congratulations!

John P. Fitzgibbons, MD, Chair, Department of Medicine, has been appointed to the Residency Review Committee for Internal Medicine. He was appointed as one of the nominees from the American College of Physicians and will serve a three-year term beginning in January, 2006. The Residency Review Committee of the Accreditation Council for Graduate Medical Education (ACGME) maintains compliance with Graduate Medical Education standards in Internal Medicine.

Marna R. Greenberg, DO, Department of Emergency Medicine, was nominated and elected as the 2005 Pennsylvania Emergency Physician of the Year at the Annual Assembly of the Pennsylvania Chapter of the American College of Emergency Physicians held on April 19 in Harrisburg. This award recognizes her contributions to the Commonwealth citizenry not only as an important member of the public safety net, but also as an excellent example of how the emergency medicine profession reaches out to the community. Dr. Greenberg's research and advocacy for smoking cessation, identification of alcoholism, influenza prevention through vaccination, and critical disease recognition through the Women's Heart Initiative define her commitment to a healthier community.

William F. Iobst, MD, Residency Program Director, Department of Medicine, was elected President of the Association of Program Directors in Internal Medicine, Pennsylvania-Delaware Subgroup, at the national meeting held in San Francisco in April. His one-year term will begin in July. Founded in 1977, the Association of Program Directors in Internal Medicine (APDIM) is a professional and educational organization dedicated to the promotion of excellence in the training of internal medicine. APDIM has a membership of over 1,450 individuals from more than 400 institutions, representing 95 percent of the accredited residency programs in internal medicine within the United States, Puerto Rico and Canada.

Mikhail I. Rakhmanine, MD, Division of Colon and Rectal Surgery, was elevated to Fellowship in the American Society of Colon and Rectal Surgeons at the Society's Annual Meeting held April 30 to May 5, in Philadelphia. Dr. Rakhmanine is in practice with Khubchandani-Stasik-Rosen, PC. He completed a Colon and Rectal Surgery Fellowship at Lehigh Valley Hospital, and has been a member of the Medical Staff since July, 2001.

Luther V. Rhodes III, MD, Chief, Division of Infectious Diseases, was the recipient of the Physician Friends of Nursing Award which was presented at this year's Professional Nurse Council Friends of Nursing Award Dinner held on May 5 at the Holiday Inn Conference Center in Fogelsville. The purpose of this award is to recognize a physician who demonstrates collaborative practice with nurses to promote the best practices and associated optimal patient outcomes. Dr. Rhodes is a member of the Division of Infectious Diseases and has been Chief of the Division since 1979. He is in practice with Allentown Infectious Diseases Service and has been a member of the Medical Staff since March, 1979.

Lester Rosen, MD, Division of Colon and Rectal Surgery, was elected to the position of President-Elect of the American Society of Colon and Rectal Surgeons at the Society's Annual Convention on May 4, in Philadelphia. The American Society of Colon and Rectal Surgeons (ASCRS) is the organization for colon and rectal surgeons and other surgeons dedicated to advancing and promoting the science and practice of the treatment of patients with diseases and disorders affecting the colon and rectum. Dr. Rosen has been a Fellow of the American Society of Colon and Rectal Surgeons for 24 years and has been on numerous committees, chairing the Standards Committee for seven years. Dr. Rosen is in practice with Khubchandani-Stasik-Rosen, PC, and has been a member of the Medical Staff since July, 1981.

Papers, Publications and Presentations

Robert D. Barraco, MD, MPH, Chief, Section of Pediatric Trauma, presented his paper – "Eldertrauma: Are We Making a Difference?" – at the 32nd National Trauma Conference, held April 29 to May 1, in Arlington, Va. Co-authors of this study include **Michael M. Badellino, MD**, **Mark D. Cipolle, MD, PhD**, and **Michael D. Pasquale, MD**, all members of the Division of Trauma-Surgical Critical Care/General Surgery.

In addition, Dr. Barraco presented his poster – "Age Differences In Do Not Resuscitate Status of Trauma Center Mortalities" – at the 2005 American Geriatric Society Annual Meeting, May 11-15, in Orlando, Fla. Co-authors of this study were Drs. Badellino, Cipolle, and Pasquale.

Mark A. Gittleman, MD, Division of General Surgery, Section of Surgical Oncology, was a course director and invited lecturer on "Breast Scanning and Normal Anatomy" at the Annual Meeting of the American Society of Breast Surgeons held in Los Angeles, Calif., in March. At the same meeting, Dr. Gittleman lectured on "Coding and Reimbursement." In addition, he was co-director and invited lecturer for the "Basic Breast Ultrasound Course" at the Spring meeting of the American College of Surgeons held in Hollywood, Fla., in April.

Peter A. Keblish, Jr., MD, Division of Orthopedic Surgery, Section of Ortho Trauma, was a co-editor of a book titled "Primary Knee Arthroplasty." The book focuses on basic science, personal surgical experiences, clinical, functional and radiographic outcomes of primary total knee arthroplasty (TKA) with special focus on challenging knees such as severe varus and valgus deformities with associated bone defects, fixed flexion deformities, soft tissue contractures, and arthrodesed knees. Dr. Keblish co-authored a number of the chapters in the book with support from Sally Lutz, Editor for the Department of Surgery, and Carol Varma, Manager, Multimedia Communications.

Indru T. Khubchandani, MD, Division of Colon and Rectal Surgery, in his capacity as Director General of the International Society of University Colon and Rectal Surgeons, was invited to Rabat, Morocco, on April 9-10, to help set up colon and rectal care in conjunction with "Operation Smile." The concept of "Operation Smile" offers volunteered diagnoses and treatment of various disorders by surgeons from around the globe.

Jeffrey R. McConnell, MD, Division of Orthopedic Surgery, Section of Ortho Trauma, was a guest on the radio program, ***Taking Charge of Your Life***, hosted by Eleanor Bobrow of WDIY on May 6. His segment dealt with his Charité Disc Replacement article that was featured in the latest issue of ***Healthy You*** and was actually given from the conference floor of the Global Spine Symposium in New York City.

Robert X. Murphy, Jr., MD, MS, Medical Director, LVH-Muhlenberg, and Division of Plastic Surgery/Hand Surgery, Section of Burn, presented his paper – "The Utility and Reliability of Digital Imaging in the Remote Assessment of Wounds" – at the 84th Annual Meeting of the American Association of Plastic Surgeons, held May 8-11, in Scottsdale, Ariz. Co-authors of this paper were Michael A. Bain, MD, MS, Plastic and Reconstructive Surgery resident; Thomas Wasser, PhD, Health Studies; and **Eric P. Wilson, MD**, Chief, Division of Vascular Surgery.

Nina J. Paonessa, DO, Division of Colon and Rectal Surgery, gave a podium presentation – "Twelve Years of Colorectal Surgery in the Commonwealth of Pennsylvania: Do Trends Show a Change in Outcome?" – at the Annual Meeting of the American Society of Colon and Rectal Surgeons held April 30 to May 5, in Philadelphia. Dr. Paonessa presented an analysis of data from the Health Care Cost Containment Council on 187,000 patients who underwent colorectal surgery in the Commonwealth. Co-authors were **Lester Rosen, MD**, Division of Colon and Rectal Surgery, and Thomas Wasser, PhD, Health Studies.

Also at the meeting, Dr. Rosen gave a podium presentation on "Patient Safety in Colorectal Surgery." He was also the moderator for the symposium discussions on Deep Vein Thrombosis and Pulmonary Embolism, Criteria for Center of Excellence, Prevent or Treatment of Postoperative Ileus, and Reprocessing of Operative Equipment.

"Under diagnosis and treatment of Osteoporosis: What's happening at an academic community hospital," a poster co-authored by Sallie Urffer, Coordinator, Vascular and Metabolic Bone Program, and **Albert J. Peters, DO**, Chief, Division of Reproductive Endocrinology & Infertility, was presented at the Sixth International Symposium on Osteoporosis: Current Status and Future Directions conference held April 6-9, in Washington, D.C.

Daniel E. Ray, MD, Division of Pulmonary/Critical Care Medicine, and Ruth Fillebrown, RN, CHPN, Director of Hospice, made a presentation at this year's Pennsylvania Hospice Network meeting held on May 3 in King of Prussia. The title of the discussion was "Building Bridges Between Hospice and ICU: It Can Be Done!"

Upcoming Seminars, Conferences and Meetings

Rules and Regulations Info Session

To discuss proposed changes to the Medical Staff Rules and Regulations, a **Rules and Regulations Informational Session** will be held on **Thursday, June 9**, beginning at **5:30 p.m.**, in **Conference Room 1A of the John & Dorothy Morgan Cancer Center** at Lehigh Valley Hospital, Cedar Crest & I-78.

General Medical Staff Meeting

The annual meeting of the General Medical Staff will be held on **Monday, June 13**, beginning at **6 p.m.**, in the hospital **Auditorium, Cedar Crest & I-78**, and via videoconference in the **First Floor Conference Room** at **LVH-Muhlenberg**. Elections will be held for five at-large members of the Medical Executive Committee. All members of the Medical Staff are encouraged to attend.

GLVIPA Quarterly Membership Meeting

The quarterly General Membership meeting of the Greater Lehigh Valley Independent Practice Association will be held on **Monday, June 27**, beginning at **6 p.m.**, in the hospital's **Auditorium at Cedar Crest & I-78**.

John W. Bachman, MD, Family Medicine practitioner from the Mayo Clinic and nationally renowned speaker on Electronic Medical Records, will present "Welcome to the Digital World."

If you have any questions, please contact Eileen Hildenbrandt, Coordinator, GLVIPA, at 610-402-7423.

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 June will include:

June 2 – LVH-M 4th Floor Classroom
- "Save the Brain"
- M&M
- "Radiology Pitfalls"
- "Acute Female GU Problems"

June 9 – LVH-M 4th Floor Classroom
- "Critical Uncommon Causes of Headaches"
- "Endocrine Emergencies"
- M&M
- Rosen's

June 16 – EMI, 2166 S. 12th Street
- Third Thursday Educational Series

June 23 – LVH-M 4th Floor Classroom
- Pediatric Topic Conference
- TBA
- "Acute Male GU Problems"
- Rosen's

June 30 – No Grand Rounds

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 June is as follows:

- 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.

Geriatric Trauma Education Conference

The Geriatric Trauma Education Conference for June will be held at noon 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 "Diastolic Dysfunction in the Elderly Heart."

Have a nice summer. Geriatric Trauma Education Conferences will resume in September.

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

Medical Grand Rounds

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

- June 7 – "High Altitude Medicine"
- June 14 – Resident CPC Presentations

Medical Grand Rounds will resume in September. 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. Grand Rounds scheduled for June include:

- June 3 – No Grand Rounds – 13th Annual Resident Research Day
- June 10 – OB M&M
- June 17 – No Grand Rounds – All OB/GYN Residents to participate in Neonatal Resuscitation Certification
- June 24 – "Mindfulness Based Stress Reduction"

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 June will include:

- June 7 – "Management of Migraines"
- June 14 – "CAPOE and Pediatrics: How We Got Here and Where We Are Going"
- June 21 – Case Conference – LOCATION CHANGE – Cedar Crest & I-78 Auditorium
- June 28 – "Late Effects of Therapy"

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, June 16, from noon to 1 p.m., in the Banko Family Center at LVH-Muhlenberg. The topic of discussion will be "Preventing Suicide in Bipolar Disorder."

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

Schwartz Center Rounds

The next Schwartz Center Rounds will be held on Wednesday, June 1, beginning at noon in the Educational Conference Room #1. The topic of discussion will be "Beyond the White Coat and the Johnny (gown): What Makes for a Compassionate Patient-Caregiver Relationship?"

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

Surgical Grand Rounds

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

- June 7 – Resident Paper Presentations

This will be the last Surgical Grand Rounds until September 13, when weekly conferences will resume.

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

News from the Libraries

Recently Acquired Publications

Library at Cedar Crest & I-78

- Jenkins. *Manual of Emergency Medicine.* 2005
- Brunicardi. *Schwartz's Principles of Surgery.* 2005

Library at 17th & Chew

- Koopman. *Arthritis and Allied Conditions.* 2005
- Bartlett. *Johns Hopkins Hospital 2004 Guide to Medical Care of Patients with HIV.* 2005

Library at LVH-Muhlenberg

- Soltoski. *Cardiac Surgery Secrets.* 2004
- DeVita. *Cancer.* 2005

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.

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

Alexander S. Belman, MD
Medical Imaging of Lehigh Valley
Lehigh Valley Hospital
Cedar Crest & I-78
P.O. Box 689
Allentown, PA 18105-1556
(610) 402-8088
Fax: (610) 402-1023
Department of Radiology-Diagnostic Medical Imaging
Division of Diagnostic Radiology
Provisional Active

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

Gary W. Clauser, MD
Lehigh Neurology
1210 S. Cedar Crest Blvd.
Suite 1800
Allentown, PA 18103-6208
(610) 402-8420
Fax: (610) 402-1689
Department of Medicine
Division of Neurology
Provisional Active

Michael E. Gonsky, DDS
(Solo Practice)
1029 Fairview Avenue
Stroudsburg, PA 18360-8899
(570) 421-3443
Fax: (570) 421-8442
Department of Dental Medicine
Division of Endodontics
Provisional Active

Jorge V. Perez De Armas, MD
LVH Department of Medicine
Lehigh Valley Hospital
Cedar Crest & I-78
P.O. Box 689
Allentown, PA 18105-1556
(610) 402-5200
Fax: (610) 402-1675
Department of Medicine
Division of General Internal Medicine
Provisional Limited Duty

Nanette M. Schwann, MD
Allentown Anesthesia Associates, Inc.
1245 S. Cedar Crest Blvd.
Suite 301
Allentown, PA 18103-6243
(610) 402-9080
Fax: (610) 402-9029
Department of Anesthesiology
Division of Cardiac Anesthesiology
Provisional Active

Ranju Singh, MD
East Penn Rheumatology Associates
701 Ostrum Street, Suite 501
Bethlehem, PA 18015-1155
(610) 868-1336
Fax: (610) 882-1133
Department of Medicine
Division of Rheumatology
Provisional Active

Practice Change

Brent L. Millet, MD
(No longer with Good Shepherd Physician Group)
Orthopedic Associates of Allentown
1243 S. Cedar Crest Blvd.
Second Floor
Allentown, PA 18103-6268
(610) 433-6045 Fax: (610) 433-3605

Address Change

Joseph A. Silvaggio, DMD
Joseph A. Silvaggio, DMD, PC
415 Business Park Lane
Allentown, PA 18109-9120
(610) 820-8338 Fax: (610) 820-8374

New Telephone and Fax Number

Robert J. Rienzo, MD
Wen Young, MD
(Medical Imaging of LV, PC)
(610) 402-5017
Fax: (610) 402-7590

Status Changes

Gary A. Costacurta, MD
Department of Medicine
Division of Cardiology
From: Provisional Active
To: Affiliate

Ross E. Ellis, MD
Department of Medicine
Division of General Internal Medicine
From: Provisional Active
To: Associate

Ian M. Gertner, MD
Department of Pediatrics
Division of Neonatology
From: Active To: Associate

Anne M. Helwig, MD
Department of Pediatrics
Division of General Pediatrics
From: Active To: Associate

David J. Meehan, MD
Department of Pediatrics
Division of General Pediatrics
From: Active To: Associate

Renee D. Morrow-Connelly, DO
Department of Pediatrics
Division of General Pediatrics
From: Active To: Associate

Addition to Departmental Assignment

T. Kumar Pendurthi, MD, PhD
Department of Surgery
Division of General Surgery
Section of Surgical Oncology

Resignation

Robert O. Atlas, MD
Department of Obstetrics and Gynecology
Division of Maternal-Fetal Medicine/ Obstetrics

Jerome M. Grossinger, DDS
Department of Dental Medicine
Division of Endodontics

Steven M. Kaplan, MD
Department of Radiology-Diagnostic Medical Imaging
Division of Diagnostic Radiology
Section of Trauma-Emergency Radiology

Eun J. Oh, MD
Department of Medicine
Division of General Internal Medicine

Shaukat Rashid, MD
Department of Medicine
Division of Nephrology

Rovinder Sandhu, MD
Department of Surgery
Division of Trauma-Surgical Critical Care/General Surgery

Allied Health Staff

New Appointments

Carolyn Gaffney, PA-C
Physician Assistant-Certified
(Mental Health Clinic–Susan D Wiley, MD)

Maria Mamounas, PA-C
Physician Assistant-Certified
(Orthopaedic Associates of Bethlehem and Easton – Douglas D. Ditmars, MD)

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

Andrew P. Warrington
Intraoperative Neurophysiological Monitoring Specialist
(Surgical Monitoring Associates, Inc. – Stefano Camici, MD)

Change of Supervising Physician

Justine Fierman, CRNP
Certified Registered Nurse Practitioner
(Helwig Diabetes Center)
From: Matthew H. Corcoran, MD – LVPG-Endocrinology
To: Larry N. Merkle, MD – Merkle & Barilla

Tara L. Namey
Genetic Counselor
(Breast Health Services)
From: Robert O. Atlas, MD – LVPG-Maternal Fetal Medicine
To: Gregory R. Harper, MD, PhD

Resignations

Steven C. Ford, CRNA
Certified Registered Nurse Anesthetist
(Lehigh Valley Anesthesia Services, PC)

Marie Y. Jean, PA-C
Physician Assistant-Certified
(Orthopaedic Associates of Allentown)

Chandra A. Ruyak, PA-C
Physician Assistant-Certified
(Lehigh Valley Heart & Lung Surgeons)

Amy J. Wescott, CRNP
Certified Registered Nurse Practitioner
(Scott A. Rice, MD Pediatrics)

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

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

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

John W. Hart
Vice President, Medical Staff Services

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

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Michael J. Consuelos, MD
Elizabeth A. Dellers, MD
Michael Ehrig, MD
John P. Fitzgibbons, MD
Larry R. Glazerman, MD
L. Wayne Hess, MD
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Michael Scarlato, MD
Raymond L. Singer, MD
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Ronald W. Swinfard, MD
John D. Van Brakle, MD
Michael S. Weinstock, MD
James C. Weis, MD
Patrice M. Weiss, MD
Matthew J. Winas, DO

We're on the Web!

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

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

Articles should be submitted by e-mail to janet.seifert@lvh.com or sent to Janet M. Seifert, Medical Staff Services, Lehigh Valley Hospital, Cedar Crest & I-78, P.O. Box 689, Allentown, PA 18105-1556 by the 15th of each month. If you have any questions about the newsletter, please contact Mrs. Seifert by e-mail or phone at (610) 402-8590.