

# Medical Staff PROGRESS NOTES



## Universal CAPOE — Coming in January 2006

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At the General Medical Staff meeting on June 13, 2005, Donald L. Levick, MD, Medical Staff President and Physician Liaison, Information Services, announced that **Universal CAPOE** will begin in January 2006. **Universal CAPOE** is defined as “**all orders that can be entered via CAPOE will be entered via CAPOE.**” As a result of the great efforts and cooperation of the Medical Staff, over 70% CAPOE compliance has been achieved on a voluntary basis. Moving toward **Universal CAPOE** is the natural extension of these efforts. As CAPOE utilization continues to increase, the dual system requiring nursing to look both online and in the paper chart for orders is becoming increasingly difficult and potentially error-prone. Achieving these compliance levels has put our Medical Staff in very elite company – less than 7% of hospitals in the U.S. have successfully implemented CAPOE, and the majority of those have been full teaching hospitals. Congratulations and thank you to members of the Medical Staff for their efforts and cooperation in making this happen.

CAPOE is just one of the many patient safety efforts underway at LVH, including electronic charting of medication administration and vital signs, barcode medication administration, PACS, the Advanced ICU and MetaVision Critical Care Information System.

All of the inpatient units and Emergency Departments at the three sites are live with CAPOE, including the critical care units. Over 800 total users have been trained, including over 400 attending physicians, almost 300 residents, and 120 physician extenders.

Internal and external studies have documented the reduction in errors associated with physician computer order entry. Brigham and Womens' Hospital published a study in which it was estimated that CPOE could prevent 84% of medication related dose, frequency, and route errors. Studies done at LVH have shown a statistically significant decrease in adverse drug events associated with ordering and dispensing of medications pre- vs. post-CAPOE.

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David M. Caccese, MD, Division of General Internal Medicine/Geriatrics, enters patient orders into his Lifebook.



## From the President

There is a famous folktale from the airline industry about Captain Asoh, a well-respected and experienced pilot for a Japanese airline with a stellar record. An event occurred during a flight in the 1980s from Japan to California. The weather was cloudy, but not stormy. His plane was on approach when inexplicably, Captain Asoh landed the plane 100 yards short of the runway into the San Francisco Bay. Fortunately, no one was hurt.

As is the routine, a thorough investigation was launched. Equipment malfunction and air traffic controller error were ruled out. Ultimately, the pilot was called to question. Asoh was summoned to appear before the investigatory panel of the FAA, airport and airline personnel. "Captain Asoh," they inquired, "we've been unable to identify any mechanical failure or error by the tower. Can you shed any light on how this happened?" Captain Asoh paused for a short moment and then replied with a straight face, "Captain Asoh %@!#ed up." The panel was shocked by his response and asked for clarification. Asoh continued, "I missed the runway."

Asoh was suspended and never flew again.

There are several lessons to be learned from this story. It is unusual for people to so clearly take personal accountability for their actions. As refreshing as it is, people often do not know how to react when someone steps forward and takes responsibility for their actions when there is a bad outcome. Interestingly, the response may be more severe when accountability is hidden or not ascertained. My children have learned this lesson when something goes wrong. If none of them steps forward to take responsibility, all suffer equally (and more severely than if one person had 'fessed up.')

Not all apologies or explanations are sincere, however. There's the apology that's not really an apology, as Bob Hope has explained with this story. "The hotel room where I'm staying is so small that the rats are round-shouldered," he cracked in a show. The hotel owner was so upset by the joke that he threatened to sue for damages, so Hope agreed to retract the insult. At his next show, Hope told his audience, "I apologize for saying that the rats in my hotel were round-shouldered. They're not."

And sometimes we sincerely apologize and still it's not enough. Newspaper editor Baron Beaverbrook ran into a young British Member of Parliament in his London club's washroom soon after printing an insulting editorial in his newspaper. "I've been thinking it over, and I was wrong," said Beaverbrook contritely. "Here and now, I apologize." "Very well," said the official. "But next time, please insult me in the washroom and apologize in your newspaper."

One of the case studies on the AHRQ web site that can be used to obtain one hour of CME (of the three hours of required patient safety/risk management CME) relates to this topic. ("The Wrong Shot: Error Disclosure; <http://www.webmm.ahrq.gov/spotlightcases>) A 10-year old was given the wrong immunization during a well-child visit (Hep A vaccine instead of Hep B). The discussion states the following. "When a harmful error takes place, patients first want an explicit, jargon-free statement that an error occurred and a basic description of what the error was and why it happened. Second, patients want to understand the implications of the error for their health and how their healthcare workers will deal with the consequences. Third, patients want to know how the physician, other healthcare workers, and the healthcare system will learn from the error; understanding how future errors will be prevented is more important to patients than many physicians appreciate. Fourth, patients want their physician to apologize, which demonstrates that the physician genuinely cares about what happened."

An article from the AP newswire in November, 2004, cited several examples of the growing importance of apologies in healthcare. Dr. Michael Woods, a Colorado surgeon and author of "Healing Words: The

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Power of Apology in Medicine,” said his own experience a decade ago illustrates the impact of the traditional way doctors have handled mistakes. Woods was overseeing surgery to remove a patient's appendix. A minimally invasive surgery was planned, but a medical resident accidentally punctured an artery, which led to a more extensive operation. The patient was unhappy with how Woods handled the aftermath, including one visit during which he propped his feet up on the desk and, in her opinion, acted as if he didn't care. Woods said he wanted to apologize but legal advisers recommended breaking off contact with the patient when she threatened to sue. Now a consultant to doctors and the malpractice insurance industry, Woods said his research has shown that being upset with a doctor's behavior often plays a bigger role than the error itself in patients' decisions to sue.

At the University of Michigan Health Systems, encouraging doctors to apologize for mistakes is part of a broader effort to help doctors “feel comfortable in being honest with their patients,” said Rick Boothman, a former trial attorney who launched the practice there in 2002. The system's annual attorneys fees have since dropped from \$3 million to \$1 million, and malpractice lawsuits and notices of intent to sue have fallen from 262 filed in 2001 to about 130 per year, Boothman said.

Considerable debate currently exists about whether full disclosure of medical errors makes malpractice claims more or less likely. The National Patient Safety Foundation supports the idea of full disclosure to patients (<http://www.npsf.org/html/statement.html>). Skeptics argue that the reason few injured patients actually sue is because they were unaware that the error occurred, and that more open disclosure could actually precipitate lawsuits. Here at LVH, in accordance with Act 13 (MCARE – Medical Care Availability and Reduction of Error Act), our Patient

Safety Plan requires that disclosure and written notification be provided to a patient who has been affected by a serious event. At LVH, the Patient Safety Officer, or his/her designee, will provide written notification to a patient affected by a serious event.

Besides the communication learnings, there are systems issues at work here. As we have all experienced, most errors are the result of systems breakdowns and not individual malfeasance. A major part of the learning from a mistake is to ascertain where the process broke down and how to implement a system to prevent further occurrences. This idea of ‘double-loop learning’ – learning not only about why something happened, but the underlying processes and systems that allowed it to happen at all – will be discussed in a future column. The ‘Time-Out’ process prior to surgery or invasive procedure, which ensures the correct surgery or procedure is being done on the correct patient on the correct side, is an example of such a system in practice.

This is certainly a somewhat controversial topic, and one that I would strongly encourage discussing with legal counsel. Efforts to improve physician communication skills are well underway in LVPG, the Departments of Family Medicine, Obstetrics and Gynecology and others. All of these resources can help guide us through the process and help us make appropriate decisions.

The “A” in the ABC's also stands for being “accountable” for our behavior and its consequences. There is something to be learned from Captain Asoh.



Donald L. Levick, MD, MBA  
Medical Staff President

### Documentation Improvement Tip of the Month

Cardiac Catheterization may be performed in the evaluation of patients with ischemic heart disease, congenital heart disease, valvular heart disease, and cardiomyopathy. Information on the type of procedure performed can be found in the typed catheterization report, physician progress notes, and/or discharge summary. The coder needs to know the type of cardiac catheterization performed (right, left, or right and left) and any other procedure completed during the cardiac cath (angiography, arteriography, and/or ventriculogram).

## Medical Executive Committee Welcomes New Members At-Large

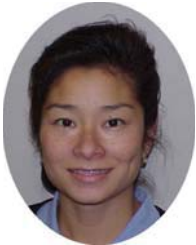
Congratulations are extended to the following members of the Medical Staff who were recently elected to serve three-year terms as members at-large of the Medical Executive Committee, beginning July 1, 2005:



**Scott W. Beman, MD**  
Department of Surgery  
Division of General Surgery



**Wayne E. Dubov, MD**  
Department of Medicine  
Division of Physical Medicine-  
Rehabilitation



**Deborah W. Sundlof, DO**  
Department of Medicine  
Division of Cardiology



**Gary W. Szydlowski, MD**  
Department of Surgery  
Division of Cardio-Thoracic Surgery



**Robert E. Wertz II, MD**  
Department of Anesthesiology  
Division of Pain Medicine

A special "Thank You" to **Ravindra R. Kandula, MD**, Division of General Surgery; **Glenn S. Kratzer, MD**, Division of General Internal Medicine/ Geriatrics; **Michael A. Rossi, MD**, Division of Cardiology; **Raymond L. Singer, MD**, Division of Cardio-Thoracic Surgery, Section of Cardiac Surgery/ Thoracic Surgery; and **James C. Weis, MD**, Division of Orthopedic Surgery, Section of Ortho Trauma, for their dedication and service to the Medical Staff as members of the Medical Executive Committee for the past three years.

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The move toward **Universal CAPOE** was unanimously supported at the Chairs/Troika meeting in March, and received an overwhelmingly positive vote at the Medical Executive Committee meeting in May.

As of January, 2006, all order sheets will begin to be removed from the units. Support will be increased on each unit as it moves toward **Universal CAPOE**. To facilitate use of the system, order sets based on requests from divisions or individual groups will continue to be developed. Verbal orders will still be accepted under specific circumstances (orders from home or the car, or under emergency/code situations).

If you have not yet been trained, please contact Sherry Oels at 610-402-1400 to schedule training. As in the

past, training will be scheduled at the convenience of the physician. If you are not an experienced user of the system, please take the time to use the system and become familiar with it. As you enter orders, please provide feedback regarding orders that are missing or difficult to find or use. There are orders that still require development or fine-tuning (RENEW functionality, TPN orders, etc.). Your feedback is the best way for the CAPOE team to make improvements to the system and make sure it is ready when **Universal CAPOE** begins.

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



## LVHVN Installs Advanced CT Scanner

Lehigh Valley Hospital and Health Network (LVHVN) has installed the latest computed tomography (CT) scanner that is both faster, and more accurate than its predecessor.

The new machine, to be installed at Lehigh Valley Hospital (LVH) Cedar Crest and I-78, is a Toshiba Aquilion 64-Slice CT.

“The 64 slice computed tomography scanner means more coverage of body parts, and less time in the machine for the patient,” says Patricia Martin, MD, Chief, Section of Neuroradiology. “The powerful computer of the 64 detector CT also generates clearer images much faster than ever before.”

The scanner takes pictures of 64 very thin slices of the body, 0.5 mm in diameter, simultaneously. The computer then takes this information and makes 3-D images that can be rotated and viewed at any angle.

“The new 64 scanner can help to diagnose a variety of diseases of the lungs, liver, abdomen, and pelvis, and other internal organs faster and more accurately,” says James A. Newcomb, MD, Chief, Section of Trauma-Emergency Radiology. “It will also help to diagnose problems with arteries, such as vascular lesions, more accurately than before.”



The result of the new technology is precise imaging of any region of the body during a breath-hold under ten seconds. Shorter breath hold times are important because children, elderly or trauma patients may not be able to hold their breaths and stay still for the 20-30 seconds required for other scanners.

If you have any questions or would like additional information about the new CT scanner, please contact Andrea Burkhardt, CT Radiology Manager, at 610-402-8241.

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## Construction Update

The road looping around LVH-Cedar Crest has changed. To prepare for the new seven-story tower (which will be adjacent to the current Anderson Wing), the former loop road in front of the loading docks is closed indefinitely. Traffic is now being routed on the south side of the Children's Early Care and Education Center and through Parking Lot 11. Also, work is continuing on the new medical office building and five-story parking deck on the east side of the campus.



Bulldozers and other construction vehicles prepare the site on the east side of the Cedar Crest & I-78 campus for the new medical office building and five-story parking deck.

## Medical Futility

Medical futility is a concept that is discussed frequently in the bioethics literature and is bandied about a great deal in clinical medicine and patient care. The Ethics Committee is asked frequently to consult about patients who someone believes are getting medical treatments that are futile. Sometimes these requests come from families or surrogates and sometimes from the professional caregivers. The requests for consultation come when there is disagreement about withholding or withdrawing medical treatments.

The Oxford English Dictionary defines futility as useless, pointless, or ineffective. When and how does this apply to medical treatment for individual patients? It is not so simple and straightforward in most cases.

Medical futility might mean that scientifically or physiologically the treatment being offered cannot be effective, e.g. treating a *Pseudomonas* infection with an antibiotic to which the organism is resistant. But most of the time the treatment being offered can have a positive physiologic or clinical effect, although it will not change the outcome of death or extreme disability or long-term dependence on life support measures. On the other hand, is it futile (useless, pointless) to keep someone alive for days awaiting visits from family or some important family event? Is it worthless or useless if the next of kin is emotionally distraught and unable to cope with the finality of death or recognize the severely impaired quality of life that will result from thwarting death?

Some ethicists have defined futility as a therapy or medical intervention which has been successful less than one percent of the time. Others consider a medical treatment futile if it will not help meet the patient's goals of care even if death is not the outcome. Consider a situation like multiple system organ failure, defined as three organ systems failing for more than three days. The literature suggests that the mortality in this situation is 100%, that is, the survival is zero. Should any active medical treatment be offered or is treatment futile (ineffective, pointless)? If active

treatment is pursued, should the patient be given CPR if cardiopulmonary arrest occurs? Should it be offered for the surrogate to accept or reject, or should the caregiver have the option of making the patient DNR unilaterally? Caregivers, it is generally agreed, are not required to offer or give futile therapy. But then the question remains, what is futile therapy?

Lehigh Valley Hospital has a futility policy attached to the policy on withholding and withdrawing therapy. It is a policy of process, not of substance. In algorithmic form, it outlines a series of decision points where discussion and clarification of the situation may lead to a negotiated agreement among the persons involved in the decision making. Often, the ethics teams find that there are misunderstandings or misinterpretations of the patient's prognosis or the therapies being considered. Sometimes there are cultural or religious reasons why there are different interpretations among the caregivers and decision makers. By having a family/clinical team meeting, these misunderstandings can be clarified for everyone. If not, an ethics consultation might be useful, bringing in outside, third-party, and hopefully objective observers to hear the various points of view and concerns and then to make recommendations to the clinical team who in turn negotiates the plan of care with the surrogate(s) and writes the appropriate orders. The process does not guarantee a consensus or a solution to the dilemma, but often it does result in changes in the plan of treatment(s). During this process, legal services and pastoral care should be involved to offer advice and council.

For more information, please refer to **Attachment B – Futile Care** – of the **Administrative Policy on Withholding/Withdrawing Treatment**, or contact Joseph E. Vincent, MD, Chair, Ethics Committee, at 610-439-8856.

## Outpatient Palliative Care

The Palliative Care Services of the Lehigh Valley has been providing home-based palliative care for almost two years. During that time, this service has assisted physicians in managing almost 200 patients with chronic illnesses. In addition, it has had a role in increasing the patients' length of stay at Lehigh Valley Hospice by focusing on patients' goals of care. Utilizing technology such as telemonitoring as well as visits from a variety of disciplines, the goal is not only to manage the patients' physical symptoms alongside their physicians, but to also focus on psychosocial issues affecting their quality of life.

Three options are available to order Outpatient Palliative Care Services for your patients:

1. Through CAPOE:
  - " Go to "add orders"
  - " Select on "consults"
  - " Select either "Ancillary—Cedar Crest" or "Ancillary—Muhlenberg"
  - " Select "d/c planning" option
  - " Click on **"Home with Palliative Care"**
    - Use the comment sections to indicate reason
2. By Phone: Call 610-402-2109
3. By Fax: Fax a request to 610-402-7352

Outpatient Palliative Care is NOT an emergent service. Patients are usually seen within a week of referral.

### Features of Outpatient Palliative Care Services

- " Focuses on quality of life issues for people with a life-threatening or chronic illness
- " Provides visits from nurse practitioners in the home
- " Utilizes team members such as social work, physical therapy, occupational therapy, and pastoral care as needed to address psychosocial issues associated with chronic illnesses
- " Discusses goals of care and end of life issues including advance directives
- " Monitors daily vitals signs, as appropriate, with telemonitoring system
- " Creates continuity of care between home, hospital, and medical providers

For more information or if you have any questions regarding this issue, please call Lehigh Valley Home Care/Lehigh Valley Hospice at 610-402-7300.

## News from the Libraries

### Recently Acquired Publications

#### Library at Cedar Crest & I-78

- " Otto. *Textbook of Clinical Echocardiography*. 2004
- " Riordan-Eva. *Vaughan & Asbury's General Ophthalmology*. 2004

#### Library at 17<sup>th</sup> & Chew

- " Forciea. *Geronology/Geriatrics*. 2004
- " Tallia. *Swanson's Family Practice Review*. 2005

#### Library at LVH-Muhlenberg

- " Green. *Washington Manual of Medical Therapeutics*. 2004
- " Kahn. *Joslin's Diabetes Mellitus*. 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.



Peter A. Keblish, Jr., MD, Division of Orthopedic Surgery, Section of Ortho Trauma, presents a copy of his book, *Primary Knee Arthroplasty*, to Barbara Iobst, Director of Library Services. Dr. Keblish was a co-editor of the book. In addition, he co-authored a number of chapters in the book.

## Congratulations!



**Edward E. Geosits, DO**, Division of Primary Obstetrics and Gynecology, received the 2005 National Faculty Award for Excellence in Resident Education from the Council on Resident Education in Obstetrics and Gynecology based on LVH residents' nominations. He received the award at the Department of Obstetrics and Gynecology's Resident Research Banquet, held on June 3, 2005. Dr. Geosits is in practice with College Heights OB-GYN Associates and has been a member of the Medical Staff since July, 1992.



**Masayuki Kazahaya, MD**, Chief, Division of Ophthalmology, was recently informed that he passed the 2005 Certificate Renewal Written Examination of the American Board of Ophthalmology, thereby completing the requirements for the Maintenance of Certification process. Dr. Kazahaya is in practice with Lehigh Eye Specialists, PC, and has been a member of the Medical Staff since July, 1995.



**Albert J. Peters, DO**, Chief, Division of Reproductive Endocrinology and Infertility, received the 2005 Excellence in Teaching Award from the Association of Professors of Gynecology and Obstetrics. He received the award at the Department of Obstetrics and Gynecology's Resident Research Banquet, held on June 3, 2005. Dr. Peters is in practice with LVPG-Reproductive Endocrinology & Infertility and has been a member of the Medical Staff since January, 1997.



On May 21, **Douglas R. Trostle, MD**, Chief, Division of General Surgery, received his Master's degree in Business Administration from DeSales University. He was also inducted into the Delta Mu Delta Honor Business Society. Dr. Trostle is in practice with General Surgical Associates and has been a member of the Medical Staff since July, 1983.

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At this year's Graduate Medical Education Celebration, which was held on Friday, June 10, the following members of the Medical Staff received Teacher of the Year awards:

**Jeffrey A. Debuque, DO**

***Osler Award in Internal Medicine***

**Gregory W. Dimmich, DMD**

***Clinical Teacher of the Year  
in Dental Medicine (LVH)***

**L. Wayne Hess, MD**

***Semmelweis Award in Obstetrics & Gynecology***

**Bryan G. Kane, MD**

***Mills Award in Emergency Medicine***

**Robert X. Murphy, Jr., MD**

***Clinical Teacher of the Year in Plastic Surgery***

**Gary G. Nicholas, MD**

***Halstead Award in Surgery***

**Bernard D. Servagno, DMD**

***Clinical Teacher of the Year  
in Dental Medicine (LVH-M)***

**Brian Stello, MD**

***Asclepius Award in Family Medicine***

**Deborah W. Sundlof, DO**

***LVH-M Clinical Teacher of the Year***



Gary G. Nicholas, MD (center), former Program Director, General Surgery Residency Program, was this year's recipient of the Halstead Award in Surgery. The award was named for William Stewart Halstead who is considered the father of the surgical residency in America. Pictured with Dr. Nicholas are (left to right): Herbert C. Hoover, Jr., MD, Chair, Department of Surgery; David Melniczek, MD, Dale Dangleben, MD, and Louis Balsama, DO, Chief Surgical Residents.



Bryan G. Kane, MD (second from left), Department of Emergency Medicine, was this year's recipient of the Mills Award in Emergency Medicine. The award was named for James D. Mills, MD, who is remembered as one of the founding fathers of Emergency Medicine. Pictured with Dr. Kane are (left to right): Michael S. Weinstock, MD, Chair, Department of Emergency Medicine; Blake Kendall, DO, and Robert Cannon, DO, Chief Emergency Medicine Residents.

In addition, the following members of the Medical Staff received a Penn State College of Medicine Medical Student Teacher of the Year Award:

**Scott W. Beman, MD**  
***Surgery***

**Jeffrey A. Debuque, DO**  
***Medicine***

**Laurence P. Karper, MD**  
***Psychiatry***

**Jeffrey S. Mathieu, MD**  
***Family Medicine***

**Richard J. Mazzaccaro, PhD, MD**  
***Pediatrics***

**Albert J. Peters, DO**  
***Obstetrics & Gynecology***



## Papers, Publications and Presentations

" **Aras O. Ali, MD**, and **Nanette M. Schwann, MD**, members of the Division of Cardiac Anesthesiology, co-authored an abstract, "Right Atrial Surgery Without Caval Snaring : Animal Model," which was presented as a poster presentation at the 8th Annual Scientific Meeting of the International Society for Minimally Invasive Cardiothoracic Surgery held in New York City from June 1 to 4.

" Four abstracts, co-authored by a number of members of the Department of Emergency Medicine, were presented at the Society of Academic Emergency Medicine Annual Meeting, which was held in New York, NY, May 22-25. The first, "Is Early Analgesia Use Associated with Delayed Diagnosis of Appendicitis?", was co-authored by **Steven P. Frei, MD**, **William F. Bond, MD**, **David M. Richardson, MD**, all from the Department of Emergency Medicine; Robert K. Bazuro, DO, Senior Resident in Emergency Medicine (at the time of his participation in the project); Gina M. Sierzega, MA, Emergency Medicine (at the time of her participation in the project); and Thomas E. Wasser, PhD, Department of Health Studies.

The second abstract, "The Effect of Increased CT Scan Usage on Appendicitis Outcomes," was co-authored by **Dr. Frei**, **Dr. Bond**, **Dr. Bazuro**, **Dr. Richardson**, Ms. Sierzega, and Dr. Wasser.

The remaining two abstracts – "Using Simulation as a Cognitive Debiasing Strategy" and "Establishing Inter-rater Reliability for Cognitive Debiasing Simulation Cases" – were co-authored by **Dr. Bond**, **Gavin C. Barr, Jr., MD**, **Bryan G. Kane, MD**, and **Charles C. Worrilow, MD**, all members of the Department of Emergency Medicine; and Lynn M. Deitrick, RN, PhD, and Darryl C. Arnold, from the Department of Health Studies.

" **Mark A. Gittleman, MD**, Division of General Surgery, Section of Surgical Oncology, was an invited speaker at the 13<sup>th</sup> Annual Japanese Breast Cancer Meeting held June 12-13 in Kurashiki City, Japan. At the meeting, he lectured on "Clinical Experience of New Technology for Vacuum Assisted Biopsy."

" **Barry H. Glassman, DMD**, Division of General Dentistry, presented a two-day seminar in Oxford, England, on "Dental Sleep Medicine." The seminar was offered as the first event for the newly formed British Dental Sleep Medicine Society. The program covered basic sleep medicine principles with an emphasis on the specifics of oral appliance therapy for obstructive sleep disorders as well as the coordinated role of physicians and dentists for patients with sleep disturbed breathing. While in Oxford, Dr. Glassman also presented a one-day seminar on "In Introduction to the Diagnosis and Treatment of TMD Symptoms."

In addition, Dr. Glassman was the Keynote speaker at the BioRESEARCH Annual Conference held in Milwaukee, Wis., in May. He addressed the conference on "The Model Changed Required for Treating Joint Dysfunction and Chronic Pain." He also presented a workshop on "BioPAK Integration into Diagnosis and Treatment."

" **Nelson P. Kopyt, DO**, Division of Nephrology, was a member of the Planning Committee and the Faculty of a one-day conference, "Is Your Office Ready? Meeting the Challenge of Early CKD Care," which was held in New York, NY, on May 21.

In addition, Dr. Kopyt was the author of two published articles. The first, "Decreasing the Renal Threat in Diabetes: The Role of Angiotensin Receptor Blockers," was published in the September, 2004 issue of *Family Practice Recertification*. The second article, "Slowing Progression along the Renal Disease Continuum," was published in the April, 2005 issue of the *Journal of the American Osteopathic Association*.

" **Pamela F. LeDeaux, MD**, Residency Program Director, Family Medicine, gave two lectures at the Society for Teachers of Family Medicine Annual Meeting held in New Orleans, La., in May. Her topics included "Non-Traditional Training: Exploring Part-time and Shared Residency Positions," and "Open Access Scheduling Systems," which was presented at a pre-conference workshop on Developing FFM New Model Practices in Residencies: Learning from Experience.

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“ **Thomas D. Meade, MD**, Division of Orthopedic Surgery, Section of Ortho Trauma, presented two topics – “Clavicle ORIF in High Caliber Athletes” and “Evidence-Based Alternatives to NSAIDs” – at the 2005 Orthopaedic Alumni Conference – “Focus on Orthopaedic Sports Medicine,” sponsored by Hamot Medical Center and held in Clymer, NY, on June 11.

“ **Larry N. Merkle, MD**, Chief, Division of Endocrinology, and Deborah Swavely, RN, MSN, Administrator, Institute for Vascular Medicine/Surgery, were co-authors of a study, “Understanding Effectiveness of Medical Group Visits in Sustaining Outcomes after an Intensive Primary Care Intervention for Patients with Type 2 Diabetes.” An oral presentation of the study was made at the American Diabetes Association 65<sup>th</sup> Scientific Sessions held in San Diego, Calif., in June.

“ **William L. Miller, MD**, Chair, Department of Family Medicine, co-authored an editorial, “New Knowledge For and About Primary Care: A View Through the Looking Glass of the *Annals of Family Medicine*,” which was published in the May/June 2005 issue of the *Annals of Family Medicine*.

In addition, Dr. Miller co-authored a chapter, “Chapter 24: Clinical Research,” which was recently published in *The Sage Handbook of Qualitative Research*, 3<sup>rd</sup> Edition.

“ **Michael J. Pistoria, DO**, Associate Program Director, Internal Medicine Residency Program, presented a talk on “Hospital Medicine as a Career” at the Association of Program Directors in Internal Medicine Spring Education Pre-course on April 10 in San Francisco, Calif. The theme of the pre-course was “The Role of Hospitalists in Residency and Beyond.”

In addition, Dr. Pistoria presented a workshop titled “The Core Curriculum for Hospital Medicine” at the Society of Hospital Medicine Annual Meeting in Chicago. He co-presented this workshop with hospitalists from Emory University Hospital, Brigham and Women's Hospital and the University of California-Irvine. He also served as a facilitator for the Education Special Interest Forum at the Annual Meeting. The Society of Hospital Medicine is the national organization of hospitalists and has almost 5,000 members. Approximately 1,000 people attended the Annual Meeting.

“ Three abstracts, co-authored by several members of the Medical and Hospital staff, were presented at the American Heart Association 6<sup>th</sup> Scientific Forum on Quality of Care and Outcomes Research in Cardiovascular Disease and Stroke, held in Washington, D.C., in May. The first, “Comparison of Reperfusion Times in Patients Transferred for Primary Angioplasty for ST-Elevation Myocardial Infarction: Prior To and After Instituting a Regional MI Alert Protocol,” was co-authored by **Michael A. Rossi, MD**, Chief, Division of Cardiology, and Medical Director, Regional Heart Center; **Michael J. Durkin, MD**, Division of General Internal Medicine; **J. Patrick Kleaveland, MD**, Medical Director, Cardiac Cath Lab; **Richard S. MacKenzie, MD**, Vice Chair, Department of Emergency Medicine; **Bruce A. Feldman, DO**, Division of Cardiology; Jo Ann Wells, RN, MSN, Clinical Information Analyst; Vincent J. Tallarico, Vice President, Regional Heart Center; Tamara Masiado, MS, Senior Research Coordinator, and Thomas Wasser, PhD, Chief, Division of Health Studies.

The second abstract, “Effectiveness of a Progress Note on Quality of Care Indicators in a Get With the Guidelines Program,” was co-authored by **Dr. Rossi**; **Zubina M. Mawji, MD**, Acting Senior Vice President, Quality and Care Management; Patricia Parker, RN, BSN, BC, Cardiac Quality Clinical Research Coordinator; Katrina Fritz, RN, BC, Cardiac Quality Clinical Research Associate; Ms. Masiado; Sherrine Eid, MS, Biostatistician, and Dr. Wasser.

The third abstract, “Impact of a Multifaceted Quality Improvement Initiative to Implement JCAHO Core Measures for AMI and CHF,” was co-authored by **Dr. Rossi**, **Dr. Mawji**, Ms. Parker, Joshua Skibba, MD, Senior Internal Medicine Resident; Ms. Fritz, Ms. Masiado, and Dr. Wasser.

“ **Patrice M. Weiss, MD**, Vice Chair of Education and Research and Residency Program Director, Department of Obstetrics and Gynecology, and Medical Co-Director of Risk Management for LVPG, made two presentations during the 53<sup>rd</sup> Annual Clinical Meeting of the American College of Obstetricians and Gynecologists, held in San Francisco, Calif., in May. On May 10, Dr. Weiss presented a clinical seminar titled “Disclosure of Unanticipated Outcomes and Medical Errors,” and on May 11, she presented a luncheon conference titled “Communicate or Litigate: The Importance of Physician-Patient Communication in Preventing Lawsuits.”



# Research Corner

## Department of Medicine – Research

The Department of Medicine – Research office is currently enrolling patients into the following study:

### Fungal Infection Trial – micafungin vs. caspofungin

This is a phase 3, randomized, multicenter, double-blind, comparative, parallel group, non-inferiority trial to determine the efficacy and safety of two dose levels of micafungin (Mycamine)—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. Marcelo G. Gareca, MD, Division of Infectious Diseases, is the Principal Investigator. For more information, please contact Matthew Kunkle, RN, BSN, Department of Medicine – Research, at 610-402-7195.

## Neurosciences and Pain Research

Neurosciences and Pain Research is currently enrolling patients into the following study:

### Lumbosacral Radiculopathy

Qualified participants must be at least 18 years of age, have experienced back pain that radiates to the leg and/or foot as a result of disc herniation or spinal stenosis (narrowing of the inside of the spinal canal or the spinal nerve pathways), have experienced this pain for at least three months but not longer than four years, and not be involved in any disability or Workman's Compensation claims. Qualified participants

will receive, at no cost, study-related examinations and medications. Bruce D. Nicholson, MD, Chief, Division of Pain Medicine, is the Principal Investigator. For more information, please contact Maryjane Cerrone, RN, Neurosciences and Pain Research, at 610-402-9003.



## Trauma and Critical Care Research

Trauma and Critical Care Research is presently enrolling patients into the following study, sponsored by the National Institutes of Allergy and Infectious Disease and the NIH. **Dr. Marcelo G. Gareca** is the Principal Investigator.

A Phase I/II randomized, placebo-controlled trial to assess the safety and efficacy of Intravenous Immunoglobulin G (Omr-IgG-am<sup>TM</sup>IV) containing high anti-West Nile Virus antibody titers in patients with or at high risk for progression to West Nile Virus Encephalitis and/or Myelitis (CASG 210).

West Nile Virus (WNV) was first identified in Africa in 1937 and is now an emerging disease in the United States with the first case identified in New York in 1999.

In 2004, 41 of the 50 states reported human cases of WNV to the Centers for Disease Control (CDC). There were 15 cases in Pennsylvania: 9 neuroinvasive, 5 fever, 1 unclassified. Two of the cases resulted in death.

This is the third season for the NIH study, with our hospital participating last year and again this year. WNV has a wide range of invasiveness, from asymptomatic to life threatening (particular for the elder or immunosuppressed patients). There is no cure or vaccine. Care is supportive.

This study offers our community an option to study the disease process and an investigational product called Omr-IgG-am<sup>TM</sup>, enriched for antibodies against WNV, manufactured in Israel.

For more information about this study, please call Susan O'Neill, RN, CCRN, Clinical Research Coordinator, at 610-402-1625.



## Upcoming Seminars, Conferences and Meetings

### 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 July will include:

- “ July 1 – “Musculoskeletal Dysfunctions in the Pregnant and Post-Partum Patient”
- “ July 8 – “Evidence at the Point of Care”
- “ July 15 – No Grand Rounds – OB/GYN Education Retreat (7 a.m. to noon – Auditorium at 17<sup>th</sup> & Chew)
- “ July 22 – “Breast Cancer: Past, Present, and Future”
- “ July 29 – “Root Cause Analysis”

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

### Department of Pediatrics

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

- “ July 5 – Cancelled
- “ July 12 – “Obesity and Poverty”
- “ July 19 – “Adolescent Cancer”
- “ July 26 – “Toxic Shock Syndrome”

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

### Schwartz Center Rounds

The next Schwartz Center Rounds will be held on Wednesday, July 6, beginning at noon in the Educational Conference Room #1. The topic of discussion will be “Dealing with Self Doubt.”

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

### Mark Your Calendar!

Irwin M. Rubin, MS, PhD, internationally renowned author and lecturer, will be the featured speaker at the **General Medical Staff meeting on Monday, September 12**, beginning at **6 p.m.**, in the hospital's Auditorium at Cedar Crest & I-78.

**“Communication and the Caring Profession”** will be the topic of his presentation.

For the past 30 years, Dr. Rubin's work has focused on working with health care organizations who share a simple but powerful premise: “Staff infections in the board room culture of a health care organization are as potentially lethal as ‘staph’ infections in the culture of the organization's treatment room.”

Dr. Rubin received his MS and PhD in Organizational Behavior from the Sloan School of Management at the Massachusetts Institute of Technology. While an Associate Professor there, he was co-director of M.I.T.'s Project in Health Care Management. The focus of that project was on the transfer of managerial technology to the health care industry.

His many writings about health care have received wide acclaim. In reviewing his book, ***My Pulse Is Not What It Used to Be: The Leadership Challenges in Health Care***, JAMA noted: “[his] sensitivity to organizational issues would facilitate the transformation of the health care system!”

A major focus of Dr. Rubin's current work is on the relationship between performance management, feedback systems, and the creation of healthy, non-toxic, caring organizational cultures. This work includes both organizational development and training interventions and the development of computer technologies to support such culture change efforts.

In addition to his presentation at the General Medical Staff meeting, Dr. Rubin will be the guest speaker at **Medical Grand Rounds** on Tuesday, **September 13**. His topic will be **“Communication: Say What You Mean, Mean What You Say, Without Being Mean.”**

## 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



**Stephen A. Brigido, DPM**  
Coordinated Health Systems  
505 Independence Road, Suite A  
East Stroudsburg, PA 18301-7916  
(570) 420-8080  
Fax: (570) 420-1704  
Department of Surgery  
Division of Podiatric Surgery  
Provisional Active



**Paul J. Kaulius, DPM**  
(Solo Practice)  
Health Center at Trexlertown  
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(610) 481-9455  
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Department of Surgery  
Division of Podiatric Surgery  
Provisional Affiliate



**Shannon Kearney, DO**  
Allergy and Asthma Associates  
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(610) 437-0711  
Fax: (610) 437-9265  
Department of Medicine  
Division of Allergy  
Provisional Active



**John B. Maggioncalda, PhD, MD**  
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1240 S. Cedar Crest Blvd., Suite 310  
Allentown, PA 18103-6218  
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Fax: (610) 437-4320  
Department of Surgery  
Division of Urology  
Provisional Active



**Vipul D. Makwana, MD**  
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3735 Easton-Nazareth Highway  
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Easton, PA 18045-8347  
(610) 252-7410 Fax: (610) 252-7380  
Department of Medicine  
Division of General Internal Medicine  
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**Ashraf M. Oloufa, MD**  
LVPG-Psychiatry  
Lehigh Valley Hospital-Muhlenberg  
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(484) 884-6503 Fax: (484) 884-6504  
Department of Psychiatry  
Division of Adult Inpatient Psychiatry/  
Psychiatric Ambulatory Care  
Provisional Active



**Vinky S. Pathak, DDS**  
Parkland Dental Center, PC  
4525 Spring Hill Drive  
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Department of Dental Medicine  
Division of General Dentistry  
Provisional Active



**Jarret R. Patton, MD**  
LVPG-Pediatrics  
Outpatient Pediatric Clinic  
Lehigh Valley Hospital  
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Allentown, PA 18105-7017  
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Department of Pediatrics  
Division of General Pediatrics  
Provisional Active



**Suzanne L. Widmer, DO**  
Hellertown Family Health  
1072 Main Street  
Hellertown, PA 18055-1508  
(610) 838-7069 Fax: (610) 838-7060  
Department of Family Medicine  
Provisional Active

***Practice Changes*****Alan Berger, MD**

(No longer with Vascular Surgery)  
 Peripheral Vascular Surgeons, PC  
 1259 S. Cedar Crest Blvd., Suite 301  
 Allentown, PA 18103-6260  
 (610) 439-0372  
 Fax: (610) 439-8807

**Kelly L. Costello, MD**

(No longer with LVH Pediatric Clinic)  
 Scott A. Rice, MD, Pediatrics  
 Allentown Medical Center  
 401 N. 17<sup>th</sup> Street, Suite 311  
 Allentown, PA 18104-5050  
 (610) 821-4920  
 Fax: (610) 821-1358

***Address Change***

Colon-Rectal Surgery Associates, PC

**Linda L. Lapos, MD****Robert D. Riether, MD****Robert J. Sinnott, DO**

1255 S. Cedar Crest Blvd., Suite 3900  
 Allentown, PA 18103-6250  
 (610) 402-1095 – Dr. Lapos  
 (610) 402-1700 – Drs. Riether and Sinnott  
 Fax: (610) 435-5003

***Status/Practice Change*****Jason D. Fragin, DO**

Department of Medicine  
 From: Division of General Internal Medicine  
 To: Cardiology  
 From: Limited Duty  
 To: Provisional Active  
 The Heart Care Group, PC  
 Jandl Pavilion, Suite 500  
 1202 S. Cedar Crest Blvd., Suite 3880  
 Allentown, PA 18106-0880  
 (610) 770-2200  
 Fax: (610) 776-6645

***Status Changes*****Brian L. Fellechner, DO**

Department of Medicine  
 Division of Physical Medicine-  
 Rehabilitation  
 From: Provisional Active  
 To: Associate

**Pradeep S. Ghia, MD**

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

**Zirka M. Halibey, MD**

Department of Obstetrics and  
 Gynecology  
 Division of Gynecology  
 From: Provisional Active  
 To: Affiliate

**David P. Scoblionko, MD**

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

**Pradip K. Toshniwal, MD**

Department of Medicine  
 Division of Neurology  
 From: Active  
 To: Affiliate

**Noi Walkenstein, DO**

Department of Medicine  
 Division of General Internal  
 Medicine  
 From: Provisional Active  
 To: Associate

***Addition to Departmental Assignment*****Mark A. Gittleman, MD**

Department of Surgery  
 Division of General Surgery  
***Section of Surgical Oncology***

**Allied Health Staff*****Change of Supervising Physician*****Kristen M. Buchman, PA-C**

Physician Assistant-Certified  
 (Surgical Specialists of the Lehigh Valley)  
 From: Rovinder S. Sandhu, MD  
 To: Michael M. Badellino, MD

**Donna F. Petruccelli, CRNP**

Certified Registered Nurse  
 Practitioner  
 From: The Heart Care Group, PC –  
 James A. Sandberg, MD  
 To: Inpatient Heart Specialist  
 Program – Michael A. Rossi, MD

**Maria A. Slog, PA-C**

Physician Assistant-Certified  
 From: John D. Harwick, MD, PC –  
 John D. Harwick, MD  
 To: Allen Ear Nose & Throat  
 Associates – Niketu M. Patel, MD

**Meggen A. Walsh, PA-C**

Physician Assistant-Certified  
 From: Surgical Specialists of the  
 Lehigh Valley – Rovinder S.  
 Sandhu, MD  
 Medical Imaging of LV, PC – James  
 W. Jaffe, MD  
 To: Neurosurgical Associates of  
 LVPG – Chris A. Lycette, MD



# LEHIGH VALLEY HOSPITAL AND HEALTH NETWORK

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## ***Medical Staff Progress Notes***

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John W. Hart  
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Janet M. Seifert  
Coordinator, Communications & Special Events  
*Managing Editor*

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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](mailto: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.