

Medical Staff PROGRESS NOTES



Stephen Matchett, MD, Named Medical Director of Telehealth Services

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On September 1, Stephen C. Matchett, MD, began his new position as LVHVN's first Medical Director of Telehealth Services.

Dr. Matchett has been a member of LVHVN's Medical Staff since 1995 as a pulmonary and critical care physician with Pulmonary Associates. Dr. Matchett, who is currently Chief of the Division of Critical Care Medicine and Medical Critical Care Director, has

been an integral part of the development and implementation of the Advanced-ICU. In his new position, Dr. Matchett will be responsible for program development and strategic planning for LVHVN's telehealth program. In conjunction with Pulmonary Associates, Dr. Matchett will continue to have clinical time as the MICU attending and as a tele-intensivist in the Advanced-ICU.

Dr. Matchett received his Bachelor of Arts degree from the University of Rochester and his medical degree from the University of Rochester School of Medicine and Dentistry. He completed a residency in internal medicine at St. Luke's Hospital in New York where he also served as Chief Resident. Dr. Matchett was a Fellow with the Robert Wood Johnson Clinical Scholars program at Yale University where he also completed a Pulmonary and Critical Care Medicine fellowship. In 2001, Dr. Matchett was named the Lehigh Valley Hospital Auxiliary Endowed Chair in Critical Care Medicine.

Dr. Matchett's office is currently located in the Administration Office on the Fourth Floor of LVH-Muhlenberg. He can be reached at 610-402-1271 or by pager 610-402-5100 7115.



From the President

Humor in Healthcare (Part I)

A distraught patient phoned her doctor's office. Was it true, the woman wanted to know, that the medication the doctor had prescribed was for the rest of her life? She was told that it was. There was a moment of silence before the woman continued, "I'm wondering, then, just how serious my condition is. This prescription is marked NO REFILLS."

Webster's dictionary defines humor as "that quality which appeals to a sense of the ludicrous or absurdly incongruous." In old medieval physiology, humor referred to the four principal fluids of the body: blood, phlegm, cholor (yellow bile), and melancholy (black bile). The predominance of any of these fluids determines a man's health or temperament. Thus, the expressions, 'good humor,' or 'ill humor.'

Steve Allen contends that "without laughter, life on our planet would be intolerable." Laughter, he says, is so important to us that humanity highly rewards those who make a living by inducing laughter in others.

Humor is a form of communication highly regarded in our society and serves a vital purpose. It has been identified as a major coping mechanism, used by physicians, staff and patients for managing the many stresses encountered in the healthcare system.

Note that humor is a form of communication; laughter is a behavior. There is an interim process that must occur -- a perception of funniness or feeling of amusement, surprise or uncertainty. There are three basic elements in this system: the stimulus (humor, comedy); the emotional response, and the accompanying behavior (laughter, smiling, giggling). Humor includes "conversational humor" (statements and actions that draw a laugh) and "verbal play" (instances of feigned emotion and exaggerated playacting not necessarily punctuated with laughter). Another important part of humor is that which is created by its subjective quality; humor is very individual and situational. Thus, what is funny relies not just on an unexpected stimulus, but on one's orientation to the original expectation. To consider something funny, we must begin with an expectation, perceive a surprising deviation from that expectation, and experience a deviation as pleasurable and liberating. Whether a thing is funny or not lies more with our perceptions than with the thing itself.

"Humor can be dissected, as a frog can, but, the thing dies in the process and the innards are discouraging to any but the pure scientific mind." (E.B. White)

The study of humor and health dates back many years. In 1928, James Walsh described the rela-

tionship of laughter to all the body organs and systems. The principal physical agent is the diaphragm and since all the other organs are just above or below, they are massaged in such a way as to modify their circulation of blood when laughter occurs. In 1986, Fry described laughter as aerobic experience, as internal stationery jogging. Laughter results in an increase in respiratory activity and oxygen exchange, an increase in muscular activity, and stimulation of the cardiovascular system and the sympathetic nervous system. Svebak investigated the effects of humor on brain activity. EEG data revealed that laughter stimulated both hemispheres at the same time, coordinating all the senses and producing a unique level of consciousness. Gardner, in studying brain damaged patients, found that only when both hemispheres of the brain were working together can the punch line of a joke be appreciated. Dillon, Minchoff and Baker (1985) showed that IgA levels increase while participants watch humorous videos. Adams and McGuire (1986) showed that elderly chronic pain sufferers requested less pain medication and reported more positive effects after watching a series of funny video's over a six-week period.

Humor serves three major functions in the health care setting: a communication function, a social function, and a psychological function. Humor starts to communicate important messages, to promote social relations, and to diminish the discomforts and manage the delicate situations which occur in this setting.

Continued on next page

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Communication

The messages which need to be communicated within the health care settings are usually very serious and emotion-laden: anxiety, embarrassment, anger, grief, concern. Their direct expression is not always acceptable or comfortable. Humor conveys these feelings in an indirect fashion and provides a vehicle for moving easily in or out of a serious mode as the situation warrants. In times of illness, strangers are suddenly thrown together into very intimate and somber contacts. There is no time to build the relationship. The patient must trust the health professional and accept his concern and competency almost on faith. The professional also expects the patient, almost without question, to cooperate with and submit to very intimate foreboding procedures, treatments, and life and death decisions. A form of interaction, which very quickly provides a sense of familiarity, does not offend, and is easily facilitated, is needed. Humor meets these criteria and is highly suitable for this kind of interaction. Mild forms of humor, including banter and jocular talk, provide the flexibility for moving into more serious discussions. Humor is often used in health care settings to "test the waters" or as a "trial balloon" to open up the serious discussion. By laughing at the same things, we let each other know we share their views without ever having to say so. This is especially true when dealing with uncomfortable topics.

A patient with cancer of the cervix was admitted and was tense, hostile and unable to express her feelings. The physician walked into the room with a 3-foot plastic inflatable speculum. The patient burst out laughing and then began to cry. This clearly broke the ice and the physician spent the next hour helping her with her feelings and fear of dying.

Communication is relational: a message is not meaningful until it has been interpreted. Thus, the receiver, through feedback, helps to determine the way a statement is ultimately treated. In this way, caregivers can respond humorously to seriously delivered complaints. This is particularly useful when the caregiver wishes to acknowledge the complaint, but not to change the circumstances. This commonly occurs during physical therapy or other painful procedures.

The ambiguity of humor allows a caregiver to acknowledge a grievance and to treat it as a topic for good-natured kidding around. The use of humor is a particularly effective means of managing the delicate balance between hurting and helping.

Social Functions

The health care setting is one in which many of the rules of normal society are disrupted or suspended. The patient is placed in a dependent role, his privacy is invaded, and the normal social relationships and behavior to which he is accustomed are often waived. Humor provides a mechanism for coping with these disrupted social acts and all of the external pressures. It assists in establishing relationships, reduces social conflict, provides social control, solidarity and cohesion, and facilitates change and survival in the system. Humor is also used to break the ice, reducing of the unfamiliar, encourage a sense of trust, and initiate feelings of friendship. It says to the patient, "relax, I'm a friend, you can trust me. This isn't such a terrible place."

Coping with social conflict

Rules about social conduct and behavior are carefully defined within our society: how we dress and cover our bodies, how and where we perform bodily functions, taboos about touching our bodies. Within the health care setting, many of these rules are violated or ignored. Patients are undressed or stripped, they are poked and prodded, and undergo the most intimate of procedures and questions. However, the rules of the game are that no one is to show embarrassment. Patients and staff utilize humor to forestall this embarrassment. Patient and caregiver are so interdependent that neither can succeed alone. Yet the two began as strangers. Promoting group solidarity is a well-known function of humor. Laughter brings people close together. Within the hospital setting, jokes about the noise and activity, the food, getting "shot like a pin-cushion," are common. Humor provides a climate for support between and among patients.

A young student nurse, unaware of the term used for the urinal, hesitated when asked by a patient for a 'vase.' She looked around, bewildered and finally asked, "Well, how big is your bouquet?"

Sources of Information:

- ... Robinson, Vera M., "Humor and the Health Professions." Slack Publishing, Inc., 1991
- ... Du Pre, Athena, "Humor and the Healing Arts." Lawrence Erlbaum Associates, Inc. 1998

Coming Next Month: Humor and the Health Professional and 'Developing' Your Sense of Humor

Don

Donald L. Levick, MD, MBA
Medical Staff President

New Requirement for Medical and Allied Health Staff

At its September 6, 2005 meeting, the Medical Executive Committee approved a requirement that all Medical Staff and Allied Health Staff members would receive annual Tuberculosis skin testing (PPD Mantoux). For those who have a history of a positive test, they must annually provide the date of screening by their private physicians for signs and symptoms of tuberculosis. Practitioners will self-report compliance through directed questions on the initial and reappointment applications to the Medical Staff and Allied Health Staff. The following information will be requested: the date of the test, the results, if corrective action was necessary, when the action took place and if a positive history, the date of screening by their private physician for signs and symptoms of tuberculosis. The new questions will appear on all applications and reappointment applications as of January 1, 2006.

If you are unable to obtain PPD testing in your private practice setting, arrangements can be made through Employee Health during walk-in hours.

News from CAPOE Central

Universal CAPOE: What you can do to help

With Universal CAPOE approaching in January, 2006, it is important that all orders are available in the system. We need your help in identifying orders that are not in the system or those that are difficult or confusing to place. We will work to create any 'missing' orders and will do our best to fine tune any confusing orders. Please email Don Levick or use the CAPOE Web Feedback Form to provide the team with information. Your input is greatly appreciated and will be critical to our continued success.

Do you need CAPOE help?

If you have not yet become CAPOE proficient, now is the time to consider your options.

- ... If you need training or re-training, please call 610-402-1703 to schedule a session.
- ... If you are in the hospital frequently, then it will not take long to become comfortable using the system. Begin by entering daily orders in CAPOE, and then add in admission and more complex orders.
- ... You can access help in several ways. Call the CAPOE helpline by dialing 402-CAPO and the CAPOE support person on-call will be paged. You can also page this person by dialing x8303 and pressing option 9.
- ... If you visit the hospital infrequently, it may take longer to become comfortable using the system. The CAPOE support team is available to round with you when you are in the hospital

(given appropriate advanced notice). Having someone with you while you enter orders will facilitate learning the system and becoming efficient with the orders.

- ... Consultants who are infrequently in the hospital can also request help in the same way. Another option is for the consultant to write their recommendations in the consult note and discuss the plan with the attending or resident, who can then enter the orders into the system.

New command to see who is in the ED – “EDPCP”

There is a new screen that displays very useful information about the ED census. Type the command “EDPCP” into the command box at the bottom of the Base Screen. This screen will show all the patients in the ED, including those that are in the Waiting Room. The screen also shows the Primary Care Physician for each patient (as listed in LastWord). If you click on the PCP header, the screen will sort by physicians, and provides an easy way to see which of your patients are in the ED, or waiting to be seen. Give it a try – it may help you with planning your rounds.

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.

Medical Staff Services Awareness Week—November 6-12, 2005

In 1992, the United States Congress, by House Joint Resolution 399, and George Bush, President of the United States, issued a proclamation designating the first week of November as “National Medical Staff Services Awareness Week.” In the years since this proclamation was issued, the work of Medical Staff Services professionals has increased in complexity and significance.

This year, Medical Staff Services Awareness Week will be observed from November 6 -12. This week honors the Medical Staff Services professionals across the United States whose responsibilities include the credentialing and privileging of physicians and other practitioners who care for our families and loved ones in hospitals, ambulatory surgery centers, and other settings.

Credentialing is the detailed process that verifies the identity, background, education, training, and experience of the individuals seeking to join the Medical Staff or Allied Health Staff. This process is largely regulated by federal and state requirements, as well as standards set by other third-party healthcare agencies. **Privileging** is the next step after credentialing whereby a practitioner’s level of competency is assessed to determine which privileges that practitioner should exercise once appointed to the staff. The “art and science” of credentialing has become an even more critical component in evaluating applicants to the Medical Staff or Allied Health Staff, especially in the aftermath of some very highly publicized cases of individuals claiming to be physicians or other healthcare workers.

After the initial appointment phase, all Medical Staff and Allied Health Staff members are required to go through another detailed review at a minimum of every two years in order to be reappointed to the staff. This review takes another look at the practitioner’s compliance with maintaining current credentials, as well as participation in continuing medical education and an assessment of the clinical activity performed during the review period.

At Lehigh Valley Hospital, the professionals who handle these responsibilities are found in the Medical Staff Services department, under the direction of John W. Hart, Vice President. Combined, the Credentialing Services team has 74 years of Medical Staff credentialing experience and is comprised of the following individuals:

- ... Ruth Davis, Director
- ... Karen Fox, Credentialing Coordinator
- ... Gloribel Nieves, Secretary
- ... Kathy Schaeffer, Credentialing Coordinator
- ... Tammy Winterhalt, Credentialing Coordinator
- ... Rita Mest, Coordinator, Information Technology

Other members of the Medical Staff Services department who support important Medical Staff-related functions include:

- ... Barrie Borger, Coordinator, Information Technology
- ... Linda Eno, Executive Assistant
- ... Janet M. Seifert, Coordinator, Communications & Special Events

If you get an opportunity, take a moment to acknowledge their efforts during National Medical Staff Services Awareness Week – November 6-12.

A Bit of Medical Staff Services Trivia

Did you know . . .

- ... There were **807** Medical Staff and Allied Health Staff applications processed in 2005.
- ... There are currently **1,138** Medical Staff members and **476** Allied Health Staff members.
- ... There are **45** married couples on the Medical Staff.
- ... There are **91** members of the Medical Staff who were born in Allentown, Pa.
- ... **75** members of the Medical Staff received their undergraduate degree from Muhlenberg College.
- ... There are **25** members of the Medical Staff with a PhD.
- ... There are **248** female members of the Medical Staff.

News from the Health Information Department

Electronic Historical Medical Record (EHMR) Upgrade

In February, 2006, the Electronic Historical Medical Record (EHMR) will be upgraded. Some of the features of the upgrade will include:

Upgraded hardware

... Faster access/Faster page turning

SAN technology

... Saving of data on magnetic storage for faster retrieval

Historical view of patient record when completing deficiencies

... All encounters are visible while in the deficiency completion mode

Document Versioning

... Ability to see original reports prior to editing

Bookmarks

... Ability to tag pages for fast referral/access during dictations

Tool tips on deficiency grid

... Guide to the new icons in the toolbar

Text editing

... Ability to edit and make corrections to dictated reports prior to signing

Color coded deficiencies are back (listed in order of oldest deficiency):

- ... Black – Suspension
- ... Red – Pending suspension
- ... Yellow – Delinquent
- ... Tan – Warning
- ... Blue - Incomplete

The screenshot shows a web-based application titled "HPM Deficiency Worksheet". It features a table with columns for Status, Age of Def (Days), Encounter, Admitted, Discharged, Diagnosis, Document, Patient, and Assigned to. The table contains several rows of data, with some rows highlighted in different colors (blue, yellow, red) corresponding to the deficiency status. The interface also includes navigation buttons like "Process All", "Process", "Decline", "Print List", and "Refresh".

✓	✗	Status	Age of Def (Days)	Encounter	Admitted	Discharged	Diagnosis	Document	Patient	Assigned to
<input type="checkbox"/>		Incomplete	170	987654321	01/06/03	01/09/03		CONSULTATION FORM	CUNNINGHAM, RICHIE	ADMINISTRATO
<input type="checkbox"/>		Incomplete	170	987654321	01/06/03	01/09/03		RADIOLOGY REPORT	CUNNINGHAM, RICHIE	ADMINISTRATO
<input type="checkbox"/>		Incomplete	243	987654321	01/06/03	01/09/03		HISTORY AND PHYSICAL	CUNNINGHAM, RICHIE	ADMINISTRATO
<input type="checkbox"/>		Incomplete	244	PPPP	01/04/03	01/06/03		ER REPORT	WATERS, SCOTT	ADMINISTRATO
<input type="checkbox"/>		Incomplete	388	0225489988	08/14/02	08/16/02		HISTORY AND PHYSICAL	GREEN, JANENE	ADMINISTRATO
<input type="checkbox"/>		Warning	172	987654321	01/06/03	01/09/03		DISCHARGE SUMMARY	CUNNINGHAM, RICHIE	ADMINISTRATO
<input type="checkbox"/>		Warning	173	987654321	01/06/03	01/09/03		ER REPORT	CUNNINGHAM, RICHIE	ADMINISTRATO
<input type="checkbox"/>		Delinquent	174	2433	01/31/02	01/31/02		CONSULTATION FORM	KILDARE, JAMES	ADMINISTRATO
<input type="checkbox"/>		Delinquent	174	123001135	10/19/02	10/23/02		CONSULTATION FORM	PATIENT_13	ADMINISTRATO
<input type="checkbox"/>		Delinquent	175	123001126	04/23/02	04/23/02		CONSULTATION FORM	PATIENT_4	ADMINISTRATO
<input type="checkbox"/>		Pending	177	123001123	04/22/02	04/27/02		DISCHARGE SUMMARY	PATIENT_1	ADMINISTRATO

More information and training will be provided as the time gets closer to the implementation date. If you have any questions regarding this issue, please contact Susan Cassium, Operations Coordinator, Health Information Management, at 610-402-3864.

History and Physical Update

According to regulatory agency guidelines and Medical Staff rules and regulations, history and physicals may be performed up to 30 days prior to admission.

History and physicals done prior to inpatient admission will require an update within 24 hours of the admission.

History and physicals done prior to the outpatient encounter will require an update prior to the procedure.

Effective **December 1, 2005**, history and physicals that do not meet this requirement will be added to the deficiency list for completion.

If you have any questions regarding this issue, please contact Zelda Greene, Administrator, Health Information Management, at 610-402-8330.

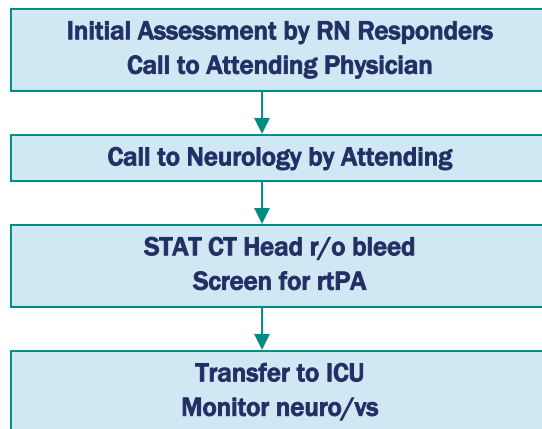
Celebrate Health Information and Technology Week

Health information is a vital resource to the doctors, nurses, and other healthcare professionals who provide treatment and care to patients. It is the role of Health Information Management (HIM) professionals to ensure that patients' health records are complete, accurate, and available when needed most. This year, the week of November 6-12 has been designated as Health Information and Technology (HI&T) Week. This annual event recognizes the work of those professionals who manage patient health information. This year's theme is "Information for a Healthy Nation." During this special week, please take a moment to acknowledge the efforts of the Health Information Management department.

Inpatient Stroke Alert Update

In April, the inpatient Stroke Alert Rapid Response process went live at LVH-Cedar Crest & I-78. After review of the first several months, adjustments have been made to the process. When the registered nurse on the unit observes a change in the patient's status, he/she calls the Stroke Alert. Following is the current Stroke Alert process which was approved at the October 11 Medical Executive Committee meeting:

INPATIENT STROKE ALERT



These changes reflect the need for input by the Attending Physician in inpatient Stroke Alerts. Please note the Neuroscience Nurse Responders will help the bedside staff to confirm findings and initiate the initial call to the Attending Physician. The Attending Physician then directly communicates with the Neurologist via Stroke Phone to discuss clinical information and to establish if a Stroke Alert for acute stroke intervention is warranted. If the patient is not deemed an inpatient Stroke Alert, then Neurology input can be requested per the Medical Staff Bylaws as Consultants: Emergency (within 4 hours), Urgent (within 12 hours), or Routine (within 24 hours).

A similar Inpatient Stroke Alert process/response was implemented at LVH-Muhlenberg in October.

If you have any questions or need additional information regarding the Inpatient Stroke Alert Process, please contact John E. Castaldo, MD, Director Stroke Center, at 610-402-5100 5092.

Patient Wristband Label Change

Effective October 24, the format and data on patient chart/wristband labels was changed in order to adhere to HIPAA regulations and streamline the label format.

The new label contains:

- ... Patient Name
- ... Medical Record Number
- ... Account Number
- ... Sex
- ... Age
- ... Date of Birth

The barcode on the bottom portion of the label is for Medical Records chart scanning. This barcode will NOT work for medication administration wristbands.

Patient insurance information, which was previously displayed on the patient label, is now available on the patient's printed face sheet on the chart or online using the FINR command.

Staff members from Medical Records, Patient Care, and Admitting worked together to implement this change. If you have any questions regarding this issue, please contact Lisa Coleman, Director, Support Services, Diagnostic Care Care, at 610-402-8066; Sue Cassium, Manager, HIM Operations, at 610-402-3864; or Jan Wilson, Manager, Nursing System Development, at 610-402-8477.



Documentation Improvement Tip of the Month

Chronic Kidney Disease is a multi system disease due to a progressive loss of renal function. Beginning with October 1, 2005 discharges, the diagnosis of chronic renal failure and renal insufficiency will be referred to as Chronic Kidney Disease. The National Kidney Foundation and Renal Physicians Associates have proposed a standardized staging of Progressive Kidney Disease. Thus, coders will need documentation in the medical record by the physician, listing the specific Stage of Chronic Kidney Disease (Stage 1 to 5).

Papers, Publications and Presentations

▮ **George A. Arangio, MD**, Division of Orthopedic Surgery, Section of Ortho Trauma/Foot and Ankle Surgery, was a co-author of two papers – “Effect of Balance Exercise on Strength of Peroneal Muscles in Healthy Athletes,” and “Hindfoot Alignment View and Associated Deformities in Adult Acquired Flatfoot: A Study with Weight Bearing Radiographs.” Dr. Arangio presented both abstracts at the International Federation of Foot and Ankle Societies meeting held September 16, in Naples, Italy.

▮ **Roberto C.M. Bergamaschi, MD**, Chief, Division of Minimally Invasive Surgery, was the senior author of an article, “Recurrence Rates After Abdominal Surgery for Complete Rectal Prolapse: A Multicenter Pooled Analysis of 643 Individual Patient Data,” which was published in the June, 2005 issue of *Diseases of the Colon and Rectum*.

▮ **Scott A. Gradwell, DMD**, Division of Periodontics, was an invited speaker at “The Greater Cincinnati Study Club,” held in early October in Cincinnati, Ohio. He presented “The Systemic Implications of Bacterial Pathogens of Periodontal Disease.”

▮ **Indru T. Khubchandani, MD**, Division of Colon and Rectal Surgery, was a featured speaker at the 54th Brazilian Congress of Coloproctology, held October 7-13, in Goinia, Brazil. Dr. Khubchandani performed live sur-

gery demonstrating his technique of hemorrhoidectomy with local anesthesia. In addition, he gave a lecture on surgical techniques under extraordinary circumstances and moderated a panel on “Early Treatment of Rectal Cancer.” During his visit, Dr. Khubchandani was awarded Honorary Membership in the Brazilian Society of Coloproctology.

▮ **William L. Miller, MD**, Chair, Department of Family Medicine, was a contributing author of a report – “Delivery of Clinical Preventive Services in Family Medicine Offices” – which was published in the September/October 2005 issue of *Annals of Family Medicine*. The report may be found online at: www.annfammed.org.

▮ On September 10, **Prodromos A. Ververeli, MD**, Chief, Division of Orthopedic Surgery, was the course chairman for a conference on “Emergency Trends in Total Hip Arthroplasty.” Dr. Ververeli presented lectures on “Uncemented Modular Acetabular Components” and “Total Hip Replacement with Minimized Dissection Techniques.” **Eric B. Lebby, MD**, Division of Orthopedic Surgery, Section of Ortho Trauma, presented lectures on “Acetabular Component Bearing Choices” and “Total Hip Replacement Peri-Operative Pain Management.” The conference was attended by orthopedic physicians and ancillary staff from the mid-Atlantic region.

Reminder—Report All Medical Liability Claims to the State Board of Licensure

On September 30, the Commonwealth Court of Pennsylvania upheld an earlier decision to assess a penalty of \$1,000.00 against a Pennsylvania physician for violating Section 903 of the Medical Care Availability and Reduction of Error Act (MCARE) for failure to report a malpractice complaint that had been filed against him even though he asked his attorney to do so. The Court stated that it was the physician's sole responsibility and not that of any representative acting on his behalf.

Let this serve as a reminder for physicians that it is of the utmost importance to comply with the reporting requirements of Section 903 of MCARE, which reads in relevant part:

Section 903. Reporting:

A physician shall report to the State Board of Medicine or the State Board of Osteopathic Medicine, as appropri-

ate, **within 60 days** of the occurrence of any of the following:

(1) Notice of a complaint in a medical professional liability action that is filed against the physician. The physician shall provide the docket number of the case, where the case is filed and a description of the allegations in the complaint.

Don't take the chance of having an action taken against your license including a civil penalty of up to \$10,000 assessed for violating any provision of the Medical Care Availability and Reduction of Error Act.

If you have any questions, please contact Georgene Saliba, Administrator, Risk Management, at 610-402-3005.

Congratulations!



Jay H. Kaufman, DPM, Division of Podiatric Surgery, was notified by the American Board of Podiatric Surgery that he passed the 2005 Recertification Examination and is now recertified as a Diplomate in Foot Surgery. Dr. Kaufman, who has been a member of the Medical Staff since January, 1997, is in practice with Lehigh Valley Foot & Ankle Surgeons.



Sophia C. Kladias, DMD, Chair, Department of Dental Medicine, was inducted as a Fellow of the International College of Dentists at its 76th Annual Convocation in Philadelphia, Pa., on October 7, 2005. The International College of Dentists is an honorary organization for the recognition of outstanding and meritorious service to the profession and community.

Over 250 dentists from the United States were inducted into the College at this year's cap and gown ceremony and were presented with a gold key symbolic of this Fellowship. The College, with representative chapters in more than 80 countries, has approximately 10,000 members, including 6,200 in the United States.



Michael A. Rossi, MD, Chief, Division of Cardiology, passed the recertification exam given by the National Board of Echocardiography, which was given in June. Dr. Rossi, who has been a member of the Medical Staff since July, 1992, is in practice with Lehigh Valley Heart Specialists.



Dean L. Sorrento, DPM, Division of Podiatric Surgery, was notified by the American Board of Podiatric Surgery that he successfully completed the requirements and has become certified in Reconstructive Rearfoot and Ankle Surgery. Certification in Reconstructive Rearfoot and Ankle Surgery indicates that a podiatrist has demonstrated a cognitive knowledge of podiatric surgery, including the diagnosis of general medical problems and surgical management of foot and ankle diseases, deformities, and/or trauma, and those structures that affect the foot, ankle, and leg. Dr. Sorrento has been a member of the Medical Staff since October, 2000. He is in practice with Lehigh Valley Foot & Ankle Surgeons.



David B. Sussman, MD, Honorary member of the Division of Orthopedic Surgery, has successfully completed the 2005 American Board of Orthopedic Surgery recertification exam. He had previously passed this exam in 1974, 1984 and 1993.

Dr. Sussman, who joined the Medical Staff in July, 1974, was the founder of the predecessor to Valley Sports & Arthritis Surgeons. Earlier this year, he founded Disability Research, an effort by Dr. Sussman and one or two assistants to gather information on the relationship between an injured person, their medical provider, and the legal system.

Medicare Reimbursement for Medical Nutrition Therapy

Medicare Part B covers outpatient Medical Nutrition Therapy (MNT) for diabetes and non-dialysis kidney disease. Counseling is provided by Medicare credentialed registered dietitians for beneficiaries who meet the diagnostic criteria of FBS of >126mg/dl, random BG >200mg/dl, or GFR of 13-50ml/min. Clinicians have observed significant positive outcomes including reduction in HbA1C, FBG and post prandial BG levels, BMI, and lipid levels. Individual and group nutrition educa-

tion improves patient outcomes and saves health care costs by reducing prescription drugs and hospital admissions. Medical Nutrition Therapy is an individualized compliment to the Helwig Diabetes Self-Management Training classes.

For more information on the Medical Nutrition Therapy program or to refer a patient, contact Patricia LaSalle, Registered Dietitian, at 610-402-4802.

Upcoming Seminars, Conferences and Meetings

eMedicine© - The Right Information at the Right Time

A representative for the eMedicine© Clinical Knowledge Base will be at Lehigh Valley Hospital to informally demonstrate how eMedicine© on the LVHHN intranet can expand your knowledge, and SAVE you time in the process, through its

- ... Peer reviewed Knowledge Base of articles for 7,000 diseases and disorders
- ... Drug searches by indication, action, interaction, etc., or any combination of these
- ... Drug recalls and alerts
- ... Practice guidelines in 59 medical specialties
- ... Constantly updated multimedia features (from bladder cancer to postpartum depression)

Informal demonstrations have been arranged for your convenience.

Tuesday morning, **November 15** – Medical Staff Lounge - Cedar Crest & I-78

Wednesday morning, **November 16** – Medical Staff Lounge – LVH-Muhlenberg

Invest just a few minutes to increase your information access and reduce your research time. Watch for coming details on flyers and bulletin boards.

If you have any questions, please contact Staci Kaczmarczyk, Information Services, at 610-402-1450.

Emergency Medicine Grand Rounds

Emergency Medicine Grand Rounds are held on Thursdays, beginning at 8 a.m. (unless otherwise noted), at various locations. Topics to be discussed in November will include:

November 3 – LVH – Cedar Crest & I-78 – Auditorium

- ... Visiting Speaker – TBA
- ... “Pediatric Trauma”
- ... St. Luke’s Case Review

November 10 – LVH-M 4th Floor Classroom

- ... “Rheumatology Potpourri”
- ... M & M
- ... “Pediatric Trauma”
- ... Rosen’s Club

November 17 – EMI – 2166 S. 12th Street

- ... 3rd Thursday Educational Series

November 24

- ... No Grand Rounds – Happy Thanksgiving

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 at Lehigh Valley Hospital – Cedar Crest & I-78, unless otherwise noted. The topic for November will be:

- ... November 1 – “Introduction to Clinical Research at LVH and Current Research Projects”

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

Medical Grand Rounds

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

- ... November 1 – “Rheumatology Update”
- ... November 8 – “The Electronic Medical Record and its Impact on Health Policy”
- ... November 15 – “Update on Renal Transplant”
- ... November 22 – “Capsule Endoscopy”
- ... November 29 – “Neuropharmacologic Management after Traumatic Brain Injury”

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

Neurology Conferences

The Division of Neurology holds conferences on Fridays beginning at noon in Classroom 1 at Lehigh Valley Hospital – Cedar Crest & I-78. Topics to be discussed in November will include:

- ... November 4 – TBA
- ... November 11 – TBA
- ... November 18 – “Advances in Neuro Rehab”
- ... November 25 – No Conference – Happy Thanksgiving

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

Continued on next page

Continued from Page 10

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 November will include:

- ... November 4 – Gynecologic Tumor Board
- ... November 11 – “Antenatal and Intrapartum Physiologic and Psychologic Stressors and the Application of Mindfulness-Based Stress Reduction Skills”
- ... November 18 – “Don’t Look Back . . . Someone is Gaining on You: The Importance of Mentoring in Academic Medicine”
- ... November 25 – No Grand Rounds – Happy Thanksgiving

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

Department of Pediatrics Grand Rounds

The Department of Pediatrics holds Grand Rounds 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 November will include:

- ... November 1 – Case Conference
- ... November 8 – “Microcytic Anemia in Kids”
- ... November 15 – “ADHD”

- ... November 22 – “Post Partum Depression”
- ... November 29 – “Gastroesophageal Reflux Disease”

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, November 17, beginning at noon, in the Banko Family Center, Conference Rooms 1 and 2, 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 610-402-5713.

Surgical Grand Rounds

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

- ... November 1 – “Informed Consent”
- ... November 8 – “Exfoliating Skin Disorders”
- ... November 15 – “Squamous Cell CA of Anal Canal”
- ... November 22 – TBA
- ... November 29 – “Breast Cancer Recurrence”

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

Research Corner

Rheumatoid Arthritis Study

Rheumatoid Arthritis (RA) is a common, severe inflammatory disorder whose distinctive features include a persistent and symmetrical peripheral inflammatory arthritis.

This study is designed to provide treatment to patients with moderate to severe RA who are experiencing an inadequate response to current available therapies. The study drug is a Myeloma Receptor Antibody (MRA). Subjects will receive either MRA or placebo in addition to their current stable therapies for the first 24 weeks and then have the opportunity to receive open label drug for 36 weeks or until the drug becomes commercially available.



James M. Ross, MD, Chief, Division of Rheumatology, is the Principal Investigator for this study. For more information about the study, please call Deborah Herr, RN, MSN, Department of Medicine, at 610-402-1735.

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



Kirsten S.W. Bellucci, MD
Health Network Laboratories
2024 Lehigh Street
Allentown, PA 18103-4798
(610) 402-5855
Fax: (610) 402-1691
Department of Pathology
Division of Anatomic Pathology
Section of Dermatopathology
Provisional Active



Mark Guelfguat, DO
Medical Imaging of LV, PC
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



Paul M. Berger, MD
Urologic Associates of Allentown, Inc.
1240 S. Cedar Crest Blvd.
Suite 310
Allentown, PA 18103-6218
(610) 437-9988
Fax: (610) 437-4320
Department of Surgery
Division of Urology
Provisional Active



Jaideep Gupta, MD
LVPG-Neonatology
Lehigh Valley Hospital
Cedar Crest & I-78
P.O. Box 689
Allentown, PA 18105-1556
(610) 402-7632
Fax: (610) 402-7600
Department of Pediatrics
Division of Neonatology
Provisional Limited Duty



Amy E. Collis-Cowitch, MD
LVPG-Hospitalist
1240 S. Cedar Crest Blvd.
Suite 410
Allentown, PA 18103-6218
(610) 402-5369
Fax: (610) 402-5959
Department of Medicine
Division of General Internal Medicine
Provisional Active



Anthony K. Killian, PhD, MD
LVPG-Neonatology
Lehigh Valley Hospital
Cedar Crest & I-78
P.O. Box 689
Allentown, PA 18105-1556
(610) 402-7632
Fax: (610) 402-7600
Department of Pediatrics
Division of Neonatology
Provisional Limited Duty



Lisa A. Comperatore, MD, PhD
LVPG-Emergency Medicine
Lehigh Valley Hospital
Cedar Crest & I-78
P.O. Box 689
Allentown, PA 18105-1556
(610) 402-8111
Fax: (610) 402-4546
Department of Emergency Medicine
Division of Emergency Medicine
Provisional Active



Stacey L. Lacey, MD
ABC Family Pediatricians
Allentown Medical Center
401 N. 17th Street
Suite 203
Allentown, PA 18104-6805
(610) 821-8033
Fax: (610) 821-8931
Department of Pediatrics
Division of General Pediatrics
Provisional Active

**Martin A. Martino, MD**

Gynecologic Oncology Specialists
Fairground Medical Center
400 N. 17th Street
Suite 201
Allentown, PA 18104-5000
(610) 402-3650
Fax: (610) 402-3673
Department of Obstetrics and Gynecology
Division of Gynecologic Oncology
Provisional Active

**Meredith L. Rochon, MD**

LVPG-Maternal Fetal Medicine
Lehigh Valley Hospital
Cedar Crest & I-78
P.O. Box 689
Allentown, PA 18105-1556
(610) 402-8510
Fax: (610) 402-1283
Department of Obstetrics and Gynecology
Division of Maternal-Fetal Medicine
Provisional Active

**Caroline J. Shedlock, 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

**Joshua B. Skibba, MD**

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

Address Changes**Ross E. Ellis, MD**

HealthWorks
2101 Emrick Blvd.
Bethlehem, PA 18020-8001
(610) 866-9675
Fax: (610) 865-1472

Stephen K. Katz, MD

LVPG-Pediatrics
Lehigh Valley Hospital
17th & Chew, P.O. Box 7017
Allentown, PA 18105-7017
(610) 402-7900
Fax: (610) 402-7932

Lehigh Valley Surgical Oncology

Heiwon Chung, MD**Paul J. Mosca, MD, PhD****Gerald P. Sherwin, MD**

1240 S. Cedar Crest Blvd.
Suite 205
Allentown, PA 18103-6218
(610) 402-7884
Fax: (610) 402-8876

Savitri Padmanabhan, MD

Hematology-Oncology Associates, Inc.
LVH-M Cancer Center
2545 Schoenersville Road
First Floor
Bethlehem, PA 18017-7384
(484) 884-5733
Fax: (484) 884-5735

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

(No longer with Plastic Surgeons Professional Group)
Cosmetic and Reconstructive Specialists of the Lehigh Valley
2597 Schoenersville Road
Suite 206
Bethlehem, PA 18017-7330
(484) 884-1021
Fax: (484) 884-1028

Continued on next page

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The former members of
Lehigh Valley Orthopedic Group
have merged with

Coordinated Health

New practice name is:

**Lehigh Valley Orthopedics at
Coordinated Health**

Leo J. Scarpino, MD

Randy Jaeger, MD

Wei-Shen W. Lin, MD

In addition, the following members
of Coordinated Health will join Drs.
Scarpino, Jaeger and Lin:

Michael F. Busch, MD

Gerald-John M. Rossini, MD

1605 N. Cedar Crest Blvd.

Suite 111

Allentown, PA 18104-2304

(610) 821-4848

Fax: (610) 821-1129

Kathleen O. Ververeli, MD

(No longer with Allergy & Asthma
Consultants of NJ/PA)

Hershey Medical Center

Division of Pulmonary, Allergy &
Critical Care

500 University Drive

Hershey, PA 17033-2360

(717) 531-1310

Practice Name Changes

Toselli & Brusko Surgical Associates,
LTD

will now be known as

Toselli, Brusko & Garcia

Surgical Associates

Gregory Brusko, DO

Gerardo M. Garcia, MD

Pat Toselli, DO

Status Changes

Deborah A. Bren, DO

Department of Family Medicine

From: Affiliate

To: Provisional Active

Craig R. Christine, DO

Department of Family Medicine

From: Affiliate

To: Provisional Active

Joseph F. Ciecko, DO

Department of Family Medicine

From: Affiliate

To: Provisional Active

Eugene B. Nor, MD

Department of Family Medicine

From: Affiliate

To: Provisional Active

Thomas Renaldo, DO

Department of Family Medicine

From: Affiliate

To: Provisional Active

Natalie M. Rice, MD

Department of Family Medicine

From: Affiliate

To: Provisional Active

Larry W. Todd, DO

Department of Family Medicine

From: Affiliate

To: Provisional Active

Gregory S. Tomcho, DO

Department of Family Medicine

From: Affiliate

To: Provisional Active

Wael Yacoub, MD

Department of Family Medicine

From: Active

To: Affiliate

Status Change to Honorary

Herbert C. Hoover, Jr., MD

Department of Surgery

Division of General Surgery/Cardio-

Thoracic Surgery

Section of Surgical Oncology/

Thoracic Surgery

From: Active

To: Honorary

Allen J. Weinstein, DO

Department of Radiology-

Diagnostic Medical Imaging

Division of Diagnostic Radiology

From: Active

To: Honorary

Additional One-Year Leave of Absence

John A. Kibelstis, MD

Department of Medicine

Division of Pulmonary/Critical Care

Medicine

Resignations

Nancy R. Lembo, DO

Department of Medicine

Division of Physical Medicine-
Rehabilitation

Edward G. Liszka II, MD

Department of Medicine

Division of Cardiology

Zubina M. Mawji, MD, MPH

Department of Medicine

Division of General Internal Medicine

In Memoriam

George Tyler, MD

Department of Surgery

Division of General Surgery

8/29/1939 – 8/28/2005

Allied Health Staff

New Appointments

Karen L. Amelang, CRLS

Certified Renal Lithotripsy Specialist

(Keystone Mobile Partners – Daniel
M. Silverberg, MD)

Cathy L. Bailey, CRNP

Certified Registered Nurse Practitioner

(LVPG-Neonatology – Christopher
J. Morabito, MD)

Ruth G. Barker

Administrative Support
(The Heart Care Group, PC – Gerald
E. Pytlewski, DO)

Tammy B. Brenner, CRLS

Certified Renal Lithotripsy Specialist
(Keystone Mobile Partners – Daniel
M. Silverberg, MD)

Frances V. Fasching, CRNP

Certified Registered Nurse Practitioner
(Surgical Specialists of the Lehigh
Valley – Robert D. Barraco, MD,
MPH)

Brenda L. Hay, CRNP

Certified Registered Nurse Practitioner
(College Heights OBGYN Associates
– Kristin S. Friel, MD)

Toni Knappenberger, CRLS

Certified Renal Lithotripsy Specialist
(Keystone Mobile Partners – Daniel
M. Silverberg, MD)

Sandra J. Lackman, RN, CRLS

Certified Renal Lithotripsy Specialist
(Keystone Mobile Partners – Daniel
M. Silverberg, MD)

Todd B. Manley, CP

Clinical Perfusionist
(Perfusion Care Associates, Inc. –
James K. Wu, MD)

Patricia A. McIlhenny, CRLS

Certified Renal Lithotripsy Specialist
(Keystone Mobile Partners – Daniel
M. Silverberg, MD)

Kathleen M. McKeown

Lithotripsy Technician
(Keystone Mobile Partners – Daniel
M. Silverberg, MD)

Charles C. Mertz

Pacemaker/ICD Technician
(Guidant Corporation – Norman H.
Marcus, MD)

April M. Navarra, PA-C

Physician Assistant-Certified
(Orthopaedic Associates of Allen-
town – Paul F. Pollice, MD)

Sharon C. Ravenelle, CRNP

Certified Registered Nurse Practitioner
(Lehigh Valley Center for Urogyne-
cology and Continence Management
– Valerie J. Riley, MD)

Patricia Rooney, CRLS

Certified Renal Lithotripsy Specialist
(Keystone Mobile Partners – Daniel
M. Silverberg, MD)

Kimberly Schaffer, CMA

Certified Medical Assistant
(The Heart Care Group, PC –
Martin E. Matsumura, MD)

Charles J. Sonday, CRNP

Certified Registered Nurse Practitioner
(Allentown Anesthesia Associates,
Inc. – Lisa A. Keglovitz, MD)

Jody L. Williams, CRNP

Certified Registered Nurse Practitioner
(Lehigh Valley Cardiology Associ-
ates – Deborah W. Sundlof, DO)

Change of Supervising Physician**Gina M. Barletta, PA-C**

Physician Assistant-Certified
From: Coordinated Health Systems
– Brett P. Godbout, MD
To: Orthopaedic Associates of
Bethlehem and Easton – John J.
Ialeggio, MD

Cynthia A. Himpler, CRNP

Certified Registered Nurse Practitioner
From: Allentown Associates LLC –
Paul K. Gross, MD
To: Muhlenberg Behavioral Health
– Joel Lerman, MD

Resignations**Dapeng Fan**

Clinical Neurophysiologist
(Surgical Monitoring Associates, Inc.)

Rosa N. Palella

Anesthesia Technical Assistant
(Lehigh Valley Anesthesia Services,
PC)

Construction Update

Construction of the foundation system has begun on the new Medical Office Building which is to be built adjacent to the parking deck (pictured here) on the Cedar Crest & I-78 campus. The 892 space parking deck is expected to be completed by late winter.





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

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Medical Staff Progress Notes

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President, Medical Staff

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

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

John W. Hart
Vice President, Medical Staff Services

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

Medical Executive Committee

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Elizabeth A. Dellers, MD
Wayne E. Dubov, MD
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John P. Fitzgibbons, MD
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Elliot J. Sussman, MD
Ronald W. Swinfard, MD
Gary W. Szydowski, MD
John D. Van Brakle, MD
Michael S. Weinstock, MD
Patrice M. Weiss, MD
Robert E. Wertz II, 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.