

# Medical Staff PROGRESS NOTES



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## New Chair of Pathology Arrives



On November 1, **Peter E. Fisher, MD, MBA**, began his position as the new Chair of the Department of Pathology.

Born in London, England, Dr. Fisher comes to LVHHN from Palisades Medical Center in North Bergen, N.J., where he served as Chairman of Pathology and Laboratory Medicine. He was also an Associate Professor of Clinical

Pathology at the College of Physicians & Surgeons of Columbia University.

Dr. Fisher received his medical degree from Middlesex Hospital Medical School of the University of London and completed his residency and his postdoctoral clinical fellowship in Advanced Pathology at the College of Physicians & Surgeons of Columbia University. He earned a Master's Degree in Business Administration from Columbia Business School.

Dr. Fisher is a Diplomate of the American Board of Pathology with certification in Anatomic Pathology.

Dr. Fisher and his wife, Kathy, have three sons – Mark, Henry and Ben. Please extend a warm welcome to Dr. Fisher and his family, who plan to join him in the Lehigh Valley following the end of the school year.



## From the President

In last month's column, I discussed the definition of humor and some historical notes regarding the scientific study of humor. I also described the various functions that humor serves in the healthcare setting, including the communication, social and psychological functions. This month's column will address the direct impact that humor has on physicians and other healthcare workers, and how to develop and use humor in the healthcare setting.

## Humor in Healthcare (Part II)

### Humor and the healthcare professional

The physician's need for humor is as great as that of the patient. Humor has been a major mechanism for coping with the stresses of professional education, the reality shock experienced in initial clinical experience, as well as the ongoing stresses and hassles of the day-to-day practice. Humor serves the same communication, social and psychological functions described

for the patient. Humor is used to establish and maintain collegial relationships, for group solidarity and team productivity. It is also used for creating change, defusing resistance to change, and for survival of the healthcare organization.

For the staff, humor serves as a way to distance themselves from the feelings, from the pain and grief, but not to distance themselves from the patient. By releasing these feelings through laughter, they can continue providing compassionate care to their patients. The black humor does not minimize the situation or provide a solution, but it "transports our spirits" and moves ourselves to get on with the business at hand. The TV show *M\*A\*S\*H* walked this fine line very well. The show demonstrated the staff's need for humor as a way to survive; they had in no way put down, deprecated or laughed at the patient. The staff still maintained the qualities of concern, caring and competency, despite their zaniness.

William Hazlett: *"Man is the only animal that laughs and weeps. To explain the nature of laughter and tears is to account for the condition of human life."*

### Differences in situation and age of patients

There appears to be more humor observed in high stress areas (i.e., the operating room, Emergency Department, critical care) with more gallows humor and sexual content. In these areas, there are more interactions between staff

rather than with patients. Humor is used to reduce the tension, ease the reality shocks and decrease burnout. In lower stress areas (i.e., medical, surgical and obstetric units) more silliness and jocular talk occurs. More humor between patients and staff occurs, with patients initiating slightly more humor than the staff.

There is a difference in the kind of humor used when there is an age gap between staff and patients. The elderly may feel the younger staff is being sarcastic. Humor should be used carefully, allowing for individual differences, the patient's state of well-being, and his ability to comprehend. Humor can bring warmth and cheer or raise the patient's self-esteem. Humor can also allay many feelings of embarrassment and anger at their incapacity.

An elementary school child is asked by his mother what he learned from the AIDS education class. "Well, I don't really know, but I think we are supposed to buy condominiums and stay out of intersections."

During office visits, introduction of humor has been shown to change the overall complexion of the visit in observable ways. There is often a sudden increase in high contact, smiles, and laughter, and a sharing of personal anecdotes. The formal style of an institutional exam is often transformed into the more relaxed, familiar style of friendly conversation.

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### Developing a sense of humor

Should every physician try to be humorous with their patients? Clearly, this is not for everyone, and certainly not for every situation. Studies have shown that healthcare professionals are unanimous in the conviction that patients who maintain positive attitudes feel better and heal more quickly. Patients describe their favorite caregivers as the ones who smile and joke around with them.

There are some general guidelines for creating an environment conducive to humor and for its appropriate use. Creating a non-threatening environment for the patient facilitates the use of humor to show empathy for the patient's condition. Avoiding technical jargon and clinical terms helps to create a warm and caring environment that is receptive to humorous banter. Despite the need to complete potentially uncomfortable procedures, the caregiver must never be perceived as an adversary. The use of humor in these situations can be quite helpful. The ability to make light of life-threatening situations can comfort the patient and preserve their sense of dignity.

In 1986, Burton offered three guidelines for appropriate humor: do not use it in the middle of a crisis situation, be sensitive to other people's preferences and willingness to engage in humor, and be wary that people may overhear laughter and think you're laughing at them.

Goethe once said, "Men show their character in nothing more clearly than by what they think laughable." What it boils down to is that a sense of humor is an attitude -- an attitude that allows us to see the absurdity in life, in events and situations, in others, and most importantly in ourselves. How we express this attitude becomes an individual matter.

Have a safe and healthy holiday and New Year!

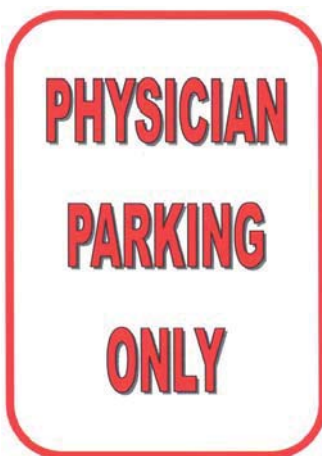
Don

Donald L. Levick, MD, MBA  
Medical Staff President

#### *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

## Physician Parking Expansion at Cedar Crest & I-78 Complete



Great News! The expansion of physician parking at Cedar Crest & I-78 is now complete. The expansion includes a new access from inside the current Physicians' Lot (Lot 6) to Lot 8 (adjacent to Lot 6 and behind the helipad and Engineering building). A chain has been placed at the outside entrance to Lot 8 to eliminate parking by non-physicians.

The resulting new Physician Parking Lot has added 82 spaces for a total of 179 spaces.

To allow ease of access and egress for physicians who come and go throughout the day, those physicians who plan to stay at the hospital for the entire day are encouraged to park in the new section behind the helipad or Engineering building.

In addition, since there are many occasions when Lot 5 (physician overflow) becomes full, Medical Staff members are encouraged to park in Lot 6 – the expanded Physician Parking Lot.

Thank you for your understanding and patience regarding the parking issue.

## Vaginal Deliveries - Dictated Delivery Notes

Approved by the Medical Executive Committee at its meeting on November 1, 2005, the Department of Obstetrics and Gynecology now mandates that all delivery notes be dictated, including normal spontaneous deliveries as well as operative vaginal deliveries, using the format of an operative report. This change is brought forth as a method of risk management and performance improvement. This new policy stems from QBQA review of several cases in which woefully inadequate documentation of delivery hindered adequate review of significant maternal, fetal, or neonatal complications. Substandard documentation places the individual obstetrician and the hospital at increased medico-legal risk and may contribute to potentially suboptimal care and outcome.

While it is recognized that some providers are better at documentation than others, the problem of inadequate documentation appears to be increasingly pervasive, necessitating this universal protocol. Please remember that adequate delivery notes should document the indication for the procedure, the nature of the procedure

and/or repair, and any complications to mother or baby. Use the format of the operative notes with which you are all familiar. The resident staff has been educated as to the proper format for such dictation, which can be done by either the resident or attending physician. A brief written op note should be typed into the QS system, just as is the case with C Sections and any other operations.

This change is **effective immediately**. Thank you for your understanding as the Department of Obstetrics and Gynecology continues to seek system-wide improvements that may help each member of the Department accomplish their mission of safe delivery for mom and baby.

If you have any questions or concerns regarding this issue, please contact Thomas A. Hutchinson, MD, Vice Chair, Performance Improvement, Department of Obstetrics and Gynecology, and Chief, Division of Obstetrics, at 610-437-1931 or pager 610-402-5100 9120.

## New Physician Software Educators on Board



New Physician Software Educators (left to right): Lori Piltz, Barbara Baumann, and James Miller.

Three new Physician Software Educators – **Barbara Baumann**, **James Miller**, and **Lori Piltz** – have recently joined the Information Services team to instruct physicians in the use of a number of software applications such as IDX Lastword (including CAPOE), e-Prescriptions, MetaVision, RIS/PACS and T-System.

Barbara Baumann worked as a Systems Administrator/Practice Manager for a local surgical practice. After years of educating clinicians on software applications at the VNA of St. Luke's, she obtained her Associates Degree in PC/Network Technology from Lehigh Valley College.

James Miller worked as a Forensic Scientist with the Pennsylvania State Police Crime Laboratory. He currently serves as an Adjunct Professor in Forensic Chemistry/Criminal Justice at West Chester University and DeSales University.

Lori Piltz has extensive experience as an educator in private practice, home care, and long term care. She received a Bachelor of Science degree in Nursing from the Pennsylvania State University.

If you are interested in scheduling training for any of the applications listed, please contact Information Services at 610-402-1703.

## News from CAPOE Central

### Changes to the Toolbar Are Coming – Because You Asked for It

In response to requests from the physicians and other users, we will be moving the “Prev Pt” and “Next Pt” buttons (located near the top of the Last-Word window) over to the right side of the screen, and exchanging their position with the “Left” and “Right” buttons. This is being done to eliminate the potential for accidentally clicking on the “Prev Pt” or “Next Pt” buttons, thus changing the selected patient before viewing or entering orders. This will significantly decrease the risk of entering orders on the incorrect patient. This change will occur overnight on December 17. Please look for it later this month.

### CAPOE Compliance Trip Drawing News

Due to popular demand, the monthly CAPOE Compliance Trip Drawings will continue through calendar year 2006. With 2006 being the year of Universal CAPOE (it is actually the Year of the Dog), it seems appropriate to continue to recognize those physicians and extenders who have contributed to our success. Consequently, the monthly drawings will continue, with the winners receiving a travel voucher redeemable at AAA East Penn valued at \$2,000. The voucher must be redeemed within one year of the issue date. The only change for January, 2006 will be that the threshold compliance to be entered into the drawing will be increased to 70%.

### Blood Bank Orders

Please remember when ordering blood products that there are two orders that need to be entered. The Blood Bank order (which begins with “BB”) is the order to Blood Bank to prepare the blood product to be given. This will instruct Blood Bank as to how many units or ml’s to “set up.” The second order is the Nursing order (which begins with “NURSH”), which instructs the Nursing unit as to how much to actually transfuse. Both orders are required for the blood product to be prepared in a timely manner and to be transfused accurately. Any instructions regarding preparation of the blood product (irradiated or leukoreduced, etc.) should be entered into the appropriate fields on the Blood Bank order.

### Who Cancelled My Order?

Occasionally, the situation arises where an order you have placed is not carried out, and the system shows that the order was cancelled. The order will appear in the status column as “ID/DC'D”. If you need to determine who cancelled the order, there is a button on the screen that can help you. On the Order Profile screen is the “Review Audit” button. The “Review Audit” button will show a screen that lists each action associated with the order, including who placed the order and who cancelled or changed the order.

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.

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## New Testing for Narcolepsy

Recent studies have demonstrated that a specific HLA-DQ allele (DQB1\*0602) is carried by over 90% of patients with narcolepsy-cataplexy, regardless of ethnic background. This marker is more specific than the old markers, HLA-DR15 (a subgroup of HLA-DR2) and HLA-DQ1.

The Lehigh Valley Hospital HLA laboratory has recently acquired the capability to perform high resolution DQB1\*0602 testing by DNA PCR. Because the DQB1\*06 allele is a subgroup of DQ1, it should be pointed out that if serology is performed and the patient is DQ1 negative, DQB1\*0602 testing is not necessary. This test would also be negative.

It should also be noted that some patients with narcolepsy do not carry the DQB1\*0602 allele. The presence of this subtype only indicates a predisposing factor for developing the disorder.

If you have any questions, please call the HLA laboratory at 610-402-8014. References are available upon request.

## Communication of Critical Test Results

One of the goals included in the 2005 National Patient Safety Goals is the communication of Critical Test Results. This goal is designed to assure that patients with a life threatening test result will receive timely treatment.

What does this safety goal mean to you as the physician? When a result is deemed critical, you will receive a call alerting you to the abnormal test and value. The nursing units are required to alert you to these results, unless you have provided them with an order not to call (using the "Notify Physician" or "Communication to Nurse" orders) or the critical result is covered by a protocol. Please note that calls will still occur for STAT results and other abnormal results where it is clinically appropriate to notify the physician. Following is a list of the lab, radiological, and electrocardiogram results that are deemed critical at LVHNN and that comply with the National Patient Safety Goals.

Lab Test	Result low	Result High
Potassium	< 3 mEq/L	> 6 mEq/L
Glucose	< 40 mg/dL	> 400 mg/dL
Hemoglobin	< 8 g/dL	> 20 g/dL
CO <sub>2</sub>	< 15 mEq/L	> 40 mEq/L
INR		>= 5.0
PTT		>=101.0 seconds
MI Profile		> 1.5 ng/mL

### Radiological Results

- Acute carotid/vertebral dissection
- Life Threatening Intracranial Mass or Hemorrhage
- Acute Unexpected pneumoperitoneum
- Acute Tension Pneumothorax
- Acute pulmonary embolism
- Acute Aneurysm rupture

### Electrocardiogram Results

- Acute myocardial infarction (new)
- Severe ischemia (new)
- Complete heart block (without PPM)
- Sustained ventricular tachycardia
- Pacemaker malfunction
- Rule out hyperkalemia
- Significant prolonged QT

If you have any questions regarding this issue, please contact Lisa Coleman, Director of Support Services, Diagnostic Care Center, at 610-402-8066, or Beth Karoly, Senior Clinical Information Analyst, Quality and Care Management, at 610-402-1706.

## Clinical Nutrition Adopts the Nutrition Care Process Model

The American Dietetic Association (ADA) published a strategic plan for implementation of a defined nutrition care process for use by Registered Dietitians and Technicians in the August 2003 issue of the *Journal of the American Dietetic Association*. Since that time, numerous articles and support publications have been written for profession-wide implementation of the Nutrition Care Process. Beginning in July of 2004, a focus team of LVHNN dietitians began reviewing the literature and planning for network-wide implementation of the ADA Nutrition Care Process Model. Since August 2005, this focus team has taken the clinical nutrition network dietitians through a training phase and is currently in the midst of a 10-week implementation phase which began November 4, and will run through January 14, 2006.

The Nutrition Care Process consists of four distinct, but interrelated and connected steps: (1) Nutrition Assessment, (2) Nutrition Diagnosis, (3) Nutrition Intervention, and (4) Nutrition Monitoring and Evaluation.

Medical chart documentation will be updated to reflect the nutrition care process. You will first notice Nutrition Diagnosis statements included in the nutrition assessments. It is expected that the charting format will soon change to be more representative of the nutrition care process. Stay tuned for more information as additional progress is made.

For more information regarding the American Dietetic Association Nutrition Care Process and Model, contact Kimberly Procaccino (Pettis), RD, Director of Clinical Nutrition, at 610-402-8609.

## LVHHN to Institute a Total Smoke-Free Work Environment in 2007



On November 17, Lehigh Valley Hospital and Health Network (LVHHN) announced it will become a totally smoke-free work environment beginning January 1, 2007. The new policy will prohibit smoking by employees, physicians, patients and visitors

outside all owned and leased LVHHN buildings, including business and physician offices and parking lots. Smoking currently is prohibited inside all LVHHN owned and leased properties. The smoke-free environment will be phased in over the course of 2006 during which smoking will be permitted only in designated smoking areas.

“One of the best ways to ensure the well-being of our community is by confronting the nation’s leading cause of preventable deaths: smoking,” said Elliot J. Sussman, MD, LVHHN’s President and CEO. “Committed to building a healthier community, it is imperative that we, as the region’s leading healthcare organization, set an example for other industries throughout the Lehigh Valley to help curb the use of tobacco and protect others from secondhand smoke.”

Dr. Sussman said LVHHN is the first major employer in the region to announce a completely smoke-free work environment at all its sites. LVHHN is the area’s largest employer with more than 8,000 workers. During a news conference held at Lehigh Valley Hospital – Cedar Crest

& I-78, Dr. Sussman indicated that ‘volumes of scientific research’ show smoking is a major risk factor for cancer, heart and lung disease, causing an estimated 440,000 premature deaths in the U.S. each year. He said each worker who smokes costs employers \$1,760 in lost productivity and \$1,623 in excess medical expenses. Acknowledging the emotional, physical and psychological addictions of tobacco, Dr. Sussman said LVHHN is prepared to help employees quit by giving them the time and tools to do so. He said the health network’s insurance plan would offer tobacco cessation services free of charge starting in January, 2006 and continuing throughout the year. These services previously were offered under a special wellness benefit, which employees can now spend on other fitness and health related activities, while still taking advantage of the free tobacco cessation help. LVHHN also is offering nicotine replacement therapy, including the patch, gum or medication free of charge in 2006 for employees attempting to quit smoking.

Dr. Sussman was joined in making the announcement by members of a special employee task force comprised of smokers and non-smokers, which was formed over the summer to help ensure employee input into the initiative. He said LVHHN also sought advice from other hospitals that have instituted smoke-free policies, of which there are about 200 nationwide.

## New Telephone Numbers Coming April 1, 2006

In order to be able to accommodate the projected growth requirements at Cedar Crest & I-78 over the next several years, it has become necessary for LVHHN to purchase additional telephone numbers from the telephone company. However, since there are no additional numbers available in the “402” exchange, new numbers will be available in a new exchange – **“610-969.”** In order to keep all of the numbers at the Cedar Crest & I-78 campus in the “402” exchange, beginning April 1, 2006, all of the “402” numbers at 17<sup>th</sup> & Chew and 2166 S. 12<sup>th</sup> Street will be replaced with numbers from the new “610-969” exchange.

All departments and physician practices located at 17<sup>th</sup> & Chew and 2166 S. 12<sup>th</sup> Street have been assigned new

numbers with the new “610-969” exchange. When available, the last four digits of the new number will be the same as the current number. For example, the current number for the Center for Healthy Aging is 610-402-3390. On April 1, the new number for the Center for Healthy Aging will be 610-969-3390. However, not all numbers will be able to be the same.

On April 1, new Telephone Hotlists and Medical Staff directories will be available on-line with the updated telephone numbers.

If you have any questions regarding this issue, please contact either Paul Dombrosky, Telecommunications, at 610-402-1466, or Pat Kutz, Manager, Telecommunications, at 610-402-1999.

## Papers, Publications and Presentations



**William F. Bond, MD**, Director, Research, Department of Emergency Medicine, and Thomas E. Wasser, PhD, Director of Health Studies, were two of the co-authors of an article – “Symptom-Based, Algorithmic Approach for Handling the Initial Encounter with Victims of a Potential Terrorist Attack” – which was published in the September-October, 2005 issue of *Prehospital and Disaster Medicine*. Italo Subbarao, DO, and Christopher Johnson, DO, former Emergency Medicine residents, were also co-authors on this project.



**Daniel D. Lozano, MD**, Chief, Section of Burn, was a featured speaker at the Tenth Annual Penn State Trauma Symposium held on September 9, in Harrisburg, Pa. Dr. Lozano's topic of discussion was “No Skin Off My Nose!: Options for Burn Wound Closure.”

In addition, Dr. Lozano was a participant at a conference sponsored by the Hospital & Healthsystem Association of Pennsylvania and the Pennsylvania Trauma Systems Foundation. The conference, *Disaster Response and Burn Trauma: How to Function in a Mass Casualty Incident Involving Multiple Burn Victims*, was held on November 15, in Harrisburg, Pa. Dr. Lozano's topic of discussion was “San Diego Wildfires: Management of National Disasters.”



Ahmad M. Tarakji, MD, General Surgery resident, and **Peter F. Rovito, MD**, Division of General Surgery, co-authored an article, “Free Perforation of Gallbladder with Pneumoperitoneum,” which was accepted for publication in the *Journal of the American College of Surgeons*.



**Naser Tolaymat, MD**, Division of Pediatric Subspecialties, Section of Gastroenterology, co-authored an article, “The Diagnostic Accuracy of Serologic Markers in Children with IBD: The West Virginia Experience,” which was published in the September, 2005 issue of the *Journal of Clinical Gastroenterology*.



**Patrice M. Weiss, MD**, Vice Chair of Education and Research and Residency Program Director, Department of Obstetrics and Gynecology; Craig A. Koller, Education Analyst, Department of Obstetrics and Gynecology; and **L. Wayne Hess, MD**, Chair, Department of Obstetrics and Gynecology, had their poster – “The Effects of the 80 Hour Work Week at Pennsylvania's Busiest Hospital” - presented at the 29th Innovations in Medical Education Exhibits at the Annual Meeting of the Association of American Medical Colleges, which was held November 4-9, in Washington, DC. Kelly Best, MD, former OB/GYN Administrative Chief resident, was also a contributing author.

## News from the Libraries

The electronic medical information market is exploding. Aggregators are frantically trying to align themselves with the few independent publisher/producers that remain. The prices of the electronic databases are going up as they are gobbled up by these aggregators. They are doubling or tripling the institutional rate as they feel they are losing individual subscriptions. This year, the library will be focusing on the following databases, since these are the ones in the library budget: Dynamed (recently taken over by EBSCO), UpToDate, Medical Letter, and MD Consult (owned by Elsevier). The usefulness and effectiveness of these products must be determined as their projected price rate renewal far exceeds what the library has budgeted.

### Recently Acquired Publications



#### *Cedar Crest & I-78*

- ... Moore. Clinically Oriented Anatomy. 2006
- ... Tufte. Envisioning Information. 1998

If you have any questions regarding library services, please contact Barbara Iobst, Director of Library Services, at 610-402-8408.



## Congratulations!



**Richard D. Battista, MD**, Division of Orthopedic Surgery/Hand Surgery, Section of Ortho Trauma, was recently notified that he passed the Certificate of Added Qualification in Surgery of the Hand Examination, given by the American Board of Orthopaedic Surgery. Dr. Battista has been a member of the Medical Staff since October, 2004. He is in practice with Orthopaedic Associates of Allentown.



**Aaron D. Bleznak, MD**, Vice Chair for Operations, Department of Surgery, was one of three recipients of the State Chair Outstanding Achievement Award presented at the Clinical Congress of the American College of Surgeons meeting held October 17 in San Francisco, Calif. Dr. Bleznak received the award for his support and initiation of Commission on Cancer activities at the state or regional level. Dr. Bleznak has served as a Cancer Liaison physician since 1995, and was appointed as the Commission on Cancer State Chair to the Keystone Pennsylvania Chapter of the American College of Surgeons in 1999. He was appointed as a member to the Committee on Cancer Liaison in 2002, and was recently appointed as a member of the Commission in October, 2004. Dr. Bleznak has been a member of the Medical Staff since September, 2004. He is in practice with Lehigh Valley Surgical Oncology.



**Brian A. Nester, DO**, Senior Vice President, Physician Practice and Network Development, was recently designated as a Certified Physician Executive by the Certifying Commission in Medical Management. The designation as a Certified Physician Executive indicates that a physician has achieved superior levels of professional excellence and management education, while also demonstrating effective knowledge and leadership skills. The Certifying Commission in Medical Management currently lists more than 700 Certified Physician Executives. Dr. Nester has been a member of the Medical Staff since August, 1998, and practices with LVPG-Emergency Medicine.

### Documentation Improvement Tip of the Month

Beginning with October 2005 discharges, several changes to the Cardiovascular DRG's have occurred. Twelve new DRG's were created to reflect severity. A hospital's success with maintaining or improving revenue is dependent upon how many patients have a diagnosis that is considered a major cardiovascular condition. These diagnoses were determined by CMS to make a difference in LOS/Charges by a significant amount. Documentation by physicians of any and all cardiovascular diseases in the medical record is important to insure correct DRG assignment. If you have questions regarding this issue, please contact Lynne Richard, Inpatient Coder Trainer, Health Information Management, at 610-402-2421.

## Upcoming Seminars, Conferences and Meetings

### General Medical Staff Meeting

The regularly scheduled General Medical Staff meeting will be held on **Monday, December 12**, beginning at **6 p.m.**, in the **Auditorium** of Lehigh Valley Hospital – Cedar Crest & I-78. The meeting will be videoconferenced to **Rooms C and D of the Educational Conference Center**, located on the first floor of the LVH-Muhlenberg Tower.

All members of the Medical Staff are encouraged to attend.

### 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 December will include:

#### **December 1—EMI—2166 S. 12th Street**

... Small Group Educational Series

#### **December 8—LVH-M 4th Floor Classroom**

**NOTE—8-9 a.m.—Residents only**

... Residency Update

... Challenging ECG's

... Rosen's Club

#### **December 15—LVH-M 4th Floor Classroom**

... Deadly Respiratory Viral Infections: Influenza, Avian flu, and SARS

#### **December 22—LVH-M 4th Floor Classroom**

... Pediatric Topic Conference

... Blunt Facial Trauma

... Rosen's Club

#### **December 29-LVH-M 4th Floor Classroom**

... Don't Breathe That!

... Alcohol Poisoning

... Physician Wellness

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 December will be:

... December 6, 2005 - "Asthma"

Please note, there will be No Grand Rounds on January 2, 2006.

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 December will include:

... December 6 — "New Vaccines"

... December 13 — "Carotid Artery Stenting"

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, and videoconferenced to the First Floor Conference Room at LVH-Muhlenberg. Topics to be discussed in December will include:

... December 2 – "Update in Psychiatry"

... December 9 – "Mindful Meditation"

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

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## OB/GYN Grand Rounds

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

- ... December 2 – Gynecologic Tumor Board
- ... December 9 – “Root Cause Analysis”
- ... December 16 – Journal Club
- ... December 23 – No Grand Rounds – Happy Holidays!
- ... December 30 – No Grand Rounds – Happy New Year!

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

## Pediatric 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 December will include:

- ... December 6 – Case Conference
- ... December 13 – “Celiac Disease”
- ... December 20 – TBA
- ... December 27 – No Grand Rounds

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, December 15**, beginning at noon, in the Banko Family Center, Conference Rooms 1 and 2, at LVH-Muhlenberg.

The topic of discussion will be “Cultural Competence.”

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

## Surgical Grand Rounds

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

- ... December 6 – No Grand Rounds
- ... December 13 – “Communications”
- ... December 20 – TBA
- ... December 27 – No Grand Rounds

Please note, there will be No Grand Rounds on January 3, 2006.

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



## General Medical Staff Meetings for 2006

Following are the dates for the General Medical Staff meetings for 2006. Please mark your calendar.

March 14      June 13      September 12      December 12

The meetings will begin at 6 p.m., and will be held in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78, and videoconferenced to Rooms C and D of the Educational Conference Center located on the first floor of the LVH-Muhlenberg Tower. All members of the Medical Staff are encouraged to attend.

## 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*



**Stewart G. Allen, MD**

Afterhours Physician Coverage Group

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Department of Medicine Division of General Internal Medicine

Provisional Limited Duty



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Section of Transplantation Surgery  
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### ***Address Changes***

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Allentown, PA 18103-6205

**Bonnie E.B. Osterwald, MD**

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### ***Change of Practice***

**Amy E. Kelleman, DO**

(No longer with LVPG-Emergency Medicine)

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Allentown, PA 18103-7982

(610) 402-9230 Fax: (610) 402-9293

Department of Emergency Medicine

Section of Occupational Medicine

### ***Status Changes***

**Dennis M. Moss, DO**

Department of Family Medicine

From: Active To: Affiliate

**Daniel I. Ross, MD**

Department of Surgery

Division of Ophthalmology

From: Affiliate To: Provisional Active

### ***One-Year Leave of Absence***

**Steven L. Zelenkofske, DO**

Department of Medicine

Division of Cardiology

### ***Resignations***

**Prasad R. Ancha, MD**

Department of Medicine

Division of Neurology

**Suzette V. Barreto, MD**

Department of Medicine

Division of General Internal Medicine

**Michael A. Carol, DMD**

Department of Dental Medicine

Division of General Dentistry

**Becky M. Fox, DMD**

Department of Dental Medicine

Division of General Dentistry

**Dale Howe, MD**

Department of Surgery

Division of Orthopedic Surgery

(Honorary)

**Eric Mayer, MD**

Department of Surgery

Division of Urology

**Michael L. Orowitz, DPM**

Department of Surgery

Division of Podiatric Surgery

**Benjamin J. Quintana, MD**

Department of Medicine

Division of Endocrinology

**Meinardo R. Santos, Jr., DPM**

Department of Surgery

Division of Podiatric Surgery

**Armand A. Saragovi, MD**

Department of Radiology-Diagnostic Medical Imaging

Division of Diagnostic Radiology

Section of Mammography

**Christopher J. Schoenherr, MD**

Department of Medicine

Division of Physical Medicine-Rehabilitation

**Eric Schoeppner, MD**

Department of Medicine

Division of General Internal Medicine/Geriatrics

*Continued on next page*

**David P. Scoblionko, MD**

Department of Medicine  
Division of Cardiology

**Venugopal Thirumurti, MD**

Department of Medicine  
Division of Cardiology

**Pradip K. Toshniwal, MD**

Department of Medicine  
Division of Neurology

**Marc A. Vengrove, DO**

Department of Medicine  
Division of Endocrinology

**Allied Health Staff*****New Appointments*****Feona Campbell**

Dental Assistant  
(Marsha A. Gordon, DDS)

**Jason A. Dos Santos, PA-C**

Physician Assistant-Certified  
(Aesthetic Surgery Associates – W. Michael Morrissey, Jr., DMD, MD)

**Natalie A. Gutleber, PA-C**

Physician Assistant-Certified  
(Neurosurgical Associates of LVPG – P. Mark Li, MD, PhD)

**Sherry L. Maikits, CRNP**

Certified Registered Nurse Practitioner  
(Bethlehem Medical Center – Noel D. Brouse, DO)

**Kimberly A. Soleymani, PA-C**

Physician Assistant-Certified  
(Muhlenberg Primary Care, PC – Clinton C. Holumzer, MD)

***Change of Supervising Physician*****Lorraine O. Dillon, PA-C**

Physician Assistant-Certified  
(Lehigh Valley Surgical Oncology)  
From: Herbert C. Hoover, Jr., MD  
To: Paul J. Mosca, MD, PhD

**Amy L. McConaughy, PA-C**

Physician Assistant-Certified  
(LVH Department of Surgery)  
From: Gary G. Nicholas, MD  
To: Scott W. Beman, MD

***Additional Supervising Physician*****Judith Brooks, CRNP**

Certified Registered Nurse Practitioner  
(LVPG-Medicine – Marc Shalaby, MD)  
Additional Supervising Physician:  
Anticoagulation Management Service – Mark D. Cipolle, MD, PhD





Cedar Crest & I-78  
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### ***Medical Staff Progress Notes***

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President-elect, Medical Staff

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Past President, Medical Staff

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Vice President, Medical Staff Services

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

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***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.