

# Medical Staff PROGRESS NOTES

## Back from Iraq

### Trauma Surgeon Michael Badellino, MD, Recalls Seven Tough Months of War by Gary Kimball, Public Affairs



Even the life and death battles he faces daily as a trauma surgeon at LVHVN couldn't fully prepare Michael Badellino, MD, for his seven months in Iraq last year. A colonel in the U.S. Army Reserves, Dr. Badellino commanded a 20-member Forward Surgical Team during the invasion and occupation of Iraq.

These mobile medical units shadowed infantry divisions as they crossed into Iraq and snaked across the desert, rolling into Baghdad and other Iraqi cities and towns. "Our mission was to care for wounded soldiers who could not survive transport back to a hospital for treatment," Dr. Badellino said. "Their gunshot and explosion injuries were devastating – very different from the injuries we treat here."

He remembers caring for one young soldier who died never knowing his wife had just delivered a new baby boy – but such moments just strengthened his resolve to care for these young men and women.

"I joined the reserves 10 years ago because as a trauma surgeon I have skills that are needed in war," he said. "We ask these kids to do amazing things, and I'm really awestruck by what I saw. I have a whole new respect for this generation of young people."

## 158 Degrees in the Sun

Along with the day-to-day combat and casualties, U.S. soldiers and surgeons also battled an unforgiving climate. Dr. Badellino and his team performed life-saving surgery in tents where the temperature could reach 130 degrees. Outside it was 158 degrees in the sun. Wind blew fine sand into eyes, ears and teeth, while mortar fire fell around their camp.

"We trained as a team for two weeks at Fort Dix before we went over, but you can't prepare for conditions like this," he said.

Dr. Badellino had arrived in Kuwait on April 12 and two weeks later crossed into Iraq. Before leaving he was able to call his wife and then 12-year-old son, but that would be the last contact for a while. From April to mid-July, there was no phone or Internet access at his camp, located north of Baghdad. After mid-July, he could make a 10-minute phone call once every six days, and with spotty Internet access, he could exchange only a few e-mails with his colleagues.

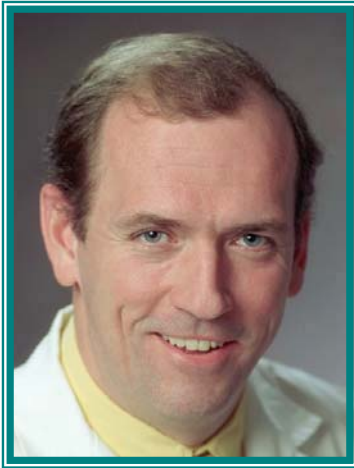
After seven long months, Dr. Badellino returned home to family, friends and colleagues in November. His perspective on life was changed by war, his thoughts still focused on those he had cared for thousands of miles away. "There isn't a day that goes by that I don't think about the people in the infantry brigade we supported," he said. "They're the real heroes."

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**Happy Doctors' Day—March 30**

See page 3 for details!



## From the President

So the groundhog has seen his shadow! It's six more weeks of winter, rotten luck that it is. Too bad his shadow wasn't obscured; in that case, it would only have been 42 days. Winter is a good time to survey how we are doing, and since we have lots of winter left, Troika and Mr. Lou Liebhaber commissioned the Jackson Organization to help us survey how things are going in the eyes of the Medical Staff. Their report ran to over 116 pages, so we have plenty to review before spring arrives.

The Jackson Organization is a reputable survey organization who has surveyed many (>50) medical staffs for their thoughts, concerns and suggestions. They were hired last fall and conducted a survey of our Medical Staff during that time, preparing a report that we received in January of this year. Of the 375 physicians who were sampled, 195 participated in the phone or Internet survey, an excellent 55% response rate. Our sincere thanks go to those physicians who helped with this valuable survey. We know how precious your time is, and take seriously your commitment.

Given that the survey is so deep and rich in material, it's really too much to review briefly in **Medical Staff Progress Notes**. We plan to report out aspects of the survey in a variety of

ways, and the Medical Executive Committee has already been briefed on this report. After a thorough review of the materials, our commitment is to develop an action plan based on your observations and recommendations. We hope that this helps make life just a bit better for the Medical Staff and improves the atmosphere of care for your patients.

The demographics of the survey participants reflect that of the Medical Staff. Eighty-seven percent of respondents were male, the average age was 48, the average duration of service was 14.6 years, and nine out of 10 were on active staff. Seventy-six percent of the physicians were in private practice.

Of major importance is the fact that 68% of these physicians believed that information would be used to improve physician satisfaction. More than nine out of 10 expressed satisfaction with the hospital and health network. The Jackson Organization suggested that we celebrate the many areas that were ranked above their peer group of hospitals. These included Laboratory and Pathology, Radiology, Intensive Care, physicians in the Emergency Department, Information Services, technology in the OR, nurses in the OR, overall nursing staff quality, the Senior Vice President for Nursing, the availability of equipment on the units, the nurses' professional skill and level of respect for the Medical Staff. The management team's involvement of Medical Staff in hospital-related decisions, the management's responsiveness to Medical Staff needs, and the overall quality of the Medical Staff leadership were also ranked above peer responses for the Jackson Organization. Of particular interest was the ranking of how well the management was preparing the organization to meet community needs, which was well above peer rankings.

As one might suspect, areas for concern continued to include the availability of Anesthesia coverage, turnover times in the OR, and communication between Emergency Department staff and other physicians. A management area of concern was how well the management team "fosters an atmosphere of trust among the Medical Staff". This one, parenthetically, was an area that the Jackson Organization identified as one most highly correlated with physician satisfaction.

Overall, kudos need to go to the Nursing department. On many parameters, the Nursing department scored well above their peers in physician satisfaction. Well done, nurses and nurse managers!

Surgeons, in particular, were less satisfied than other physician groups. The Jackson Organization was unable to identify one reason for this, but did state that this physician group should be a target for "bonding" in the future. I leave it to your imagination to consider what this might consist of.

What kinds of services did the surveyees rate highly? These included PHO-negotiated preferred vendor agreements for goods and services, as well as assistance in growing or sustaining their practices. Continued quarterly training and educational seminars for office staffs, as well as provision of the 402-CARE referral line were ranked highly.

The Jackson Organization made a number of recommendations. These included addressing issues in the Emergency Department, addressing OR turnover between cases at Cedar Crest & I-78, addressing Anesthesia availability, and addressing issues of mentoring the new physicians joining staff, particularly at LVH-Muhlenberg.

*Continued on next page*

Medical Staff leadership will ensure that an action plan is developed which takes into account your concerns, observations, and wishes. This will be shared with you and with those in leadership positions who will be involved in its implementation. One of the specific tasks that I will be undertaking in the last few months of

my tenure will be to ask different groups how Troika and the Medical Staff Services Office can serve them better in the future, to help us to improve in serving the Medical Staff.

Thank you for participating in this look into the mind of the Medical

Staff. Your thoughts are appreciated, noticed, and will be acted upon.



Alexander D. Rae-Grant, MD  
Medical Staff President

# Doctors' Day Celebration

**In honor of Doctors' Day, there will be a brunch buffet for members of the Medical Staff on Tuesday, March 30, from 11 a.m. to 1:30 p.m., in the Medical Staff Lounges at Cedar Crest & I-78 and LVH-Muhlenberg. Please mark your calendar!**

## Express Admit Unit Expansion

Beginning March 1, 2004, there will be another Express Admissions Unit (EAU) opening. The new unit will be located in the Surgical Staging Area (SSA) on the second floor of the Pool/Anderson Pavilion and will contain eight beds – rooms SS10 through 17. This new unit will be known as EAU South/SSA, while the current EAU will be renamed EAU North.

EAU North (the current EAU) will primarily take direct admissions and some telemetry Emergency Department (ED) admissions. EAU South/SSA will be admitting medical/surgical ED admissions and some direct admissions. It will focus on medical/surgical admissions that have been assigned to a bed pending a confirmed discharge of the patient occupying the bed. The goal is to facilitate an efficient admission process for ED patients. Admission paperwork and orders will be initiated; however, completion of the admission process will not delay transfer of the patient into a ready inpatient bed.

There are some restrictions to the types of patients being admitted through the EAU South/SSA. They must be medical/surgical with no droplet or respiratory isolation precautions. They must have admission orders, stable vital signs, and cannot be combative or a 1:1 patient.

Assignments to the EAU North and EAU South/SSA will be coordinated through Patient Logistics by the Direct Admission Scheduler (DAS) during the hours of 7 a.m. to 11:30 p.m.

Hours of operation for the Express Admissions Units are as follows:

### EAU North

Monday through Friday – 9 a.m. to 9:30 p.m.  
(no weekends or holidays)  
Phone – 610-402-0190

### EAU South/SSA

Monday through Friday – 2 p.m. to Midnight  
(no weekends or holidays)  
Phone – 610-402-8810

If you have any questions or concerns regarding the Express Admissions Units, please contact either Tami Lee, RN, BSN, Clinical Services Director, at 610-402-8777 or pager 610-830-1373, or Michael Pistoria, DO, Medical Director of both units, at 610-402-8045.

## Medical Staff Reappointment Process to Begin March 3

On March 3, this year's biennial reappointment process will be put into motion when Reappointment Packets will be mailed to over 1,000 members of the Medical Staff. The deadline to return reappointment applications is March 22. Your prompt attention in facilitating the return of your application is both requested and appreciated. If you have any questions regarding the reappointment process, please contact the Medical Staff Services Office at 610-402-8900.

## Lehigh Valley Hospital-Muhlenberg and Aetna

Lehigh Valley Hospital-Muhlenberg (LVH-M) ended its hospital contract with Aetna on February 29, 2004. Despite the termination, LVH-M will continue certain treatment obligations to Aetna enrollees.

### Emergency Services

LVH-M will continue to offer emergency services to Aetna enrollees despite the end of the contract. Enrollees presenting with an emergency medical condition will receive a medical screening examination and, as necessary, stabilizing treatment or appropriate transfer to a qualified medical facility. After stabilization and if continued care is needed, Aetna will determine to which of their network providers the patient will be transferred.

### Inpatients

LVH-M will provide care to Aetna enrollees who are admitted as inpatients on or before February 29, 2004. In turn, Aetna

will pay for services rendered until the enrollee is no longer an admitted inpatient (even if the date of discharge extends past the date of the contract).

If admitted on March 1, 2004 or later, Aetna will not pay for the admission even if pre-authorized. Therefore, no elective admissions of Aetna patients to LVH-M should occur on March 1, 2004 or later. The only exception to this is the limited number of people who are enrolled in Aetna's two Medicare products offered in Pennsylvania – Golden Choice Medicare HMO and Open Access Medicare. As outlined in federal regulations, LVH-M participates with all Medicare sponsored plans.

If you have any questions regarding this issue, please contact Sandra Colon, Director of Patient Accounting, at 610-402-0866.

## Staff Publications Yearbook: 2003

Again this year, the Health Studies Department will be compiling a staff publication yearbook. If you are interested in having your publications included in this project, please send a reprint or clear copy of the publication and any other relevant author information to Nancy Andrews in the Health Studies Department, Lehigh Valley Hospital (LVH), 17th & Chew – 6T.

The yearbook will include clinical studies or investigations, case reports, book and journal reviews, book chapters, editorials, and letters to the editor. To be eligible for inclusion, the material must have been published between January 1 and December 31, 2003, in a peer-

reviewed publication or journal listed in *Index Medicus*. The author or at least one co-author must be a LVH staff member, and the work must have been completed while on staff at LVH.

The goal is to conclude this project by May 31, 2004. If interested, please provide Health Studies with the necessary publication information and reprint/copy no later than **April 15, 2004**.

If you have any questions regarding this issue, please contact Nancy Andrews in the Health Studies Department at 610-402-2549.

## News from the Libraries

### Recently Acquired Publications

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

- × Bain. Treatment Planning in General Dental Practice. 2004
- × Sloane. Essentials of Family Medicine. 2002

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

- × Tintinalli. Emergency Medicine. 2004
- × Fleisher. Atlas of Pediatric Emergency Medicine. 2004

#### Library at LVH-Muhlenberg

- × Hillard. Emergency Psychiatry. 2004
- × Lemmer. Handbook of Patient Care in Cardiac Surgery. 2003



If you have any suggestions for new books, please send them to Barbara Iobst in the Library at Cedar Crest & I-78.

### 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.

## News from CAPOE Central

### CAPOE goes Critical . . . Care, that is

On February 16, the MICU/SICU/TNICU at Cedar Crest & I-78 went live with CAPOE. This was preceded by a tremendous amount of preparation by Critical Care attendings, residents, nursing and the ancillary departments. Unique approaches to titratable drips, ventilator protocols and Critical Care protocols were developed to facilitate electronic order entry. Ongoing feedback by the users will guide continual improvements to the system as we gain experience in the Critical Care area. If you would like a quick demonstration of the unique critical care orders, please contact me or anyone on the CAPOE team.

Currently, medication administration and orders are on-line. It is expected that all orders in the unit will be entered electronically by the residents and critical care attendings, unless it is a life-threatening situation. Vital signs and the trauma flowsheet will remain on paper as we prepare for the implementation of the trauma documentation system.

### Ring up a Resident in the ICU

Effective communication between consultants and the physicians on the primary service has been a recurring issue at LVH over the years. Everyone is busy, and it can be a challenge to determine which physician or resident to call or page. To facilitate communication in the MICU/SICU/TNICU, we have deployed

companion phones to the senior residents from each of those teams. The phone numbers are posted throughout the unit and are listed below. As required by the residency training programs, the expectation is that consultants in the ICU will communicate with the primary service prior to entering orders. Recommendations should be communicated to the residents either by calling the companion phones, or can be written in the progress notes/consultant report. Certainly, it is appropriate for consultants to enter orders if there is a life-threatening situation. This will help our residents, and more importantly, will improve the quality and continuity of care by increasing communication among members of the team.

**MICU Resident** – Call 0428

**SICU Resident** – Call 0419

**Trauma Resident** – Call 0351

7 a.m. to 5 p.m. – Monday through Friday

7 a.m. to Noon – Weekends and holidays

All other times – Call SICU Resident at 0353

### General Internist Wins Fourth CAPOE Compliance Trip Drawing

Michael Zager, MD, was the lucky winner of the December CAPOE compliance trip drawing, which was held January 30, 2004 in the Medical Staff Lounge at Cedar Crest & I-78. This was the first GIMS attending to win the trip. Dr. Zager has had consistently high compliance with CAPOE and has made several excellent

suggestions for improvements. Although Dr. Zager was not present for the drawing, he was rounding in the hospital at the time. When contacted, Dr. Zager expressed his typical quiet enthusiasm.

### So Few Boots, So Many Names

In reviewing the orders, we have found that there are various names in the system for compression boots: SCD's (serial or sequential compression devices), SCB's (serial compression boots), pneumatic compression devices, Flowtron boots, and others. In speaking with the physicians and the Supply Department, it was determined that there are only three devices that are actually in use. We are in the process of simplifying the orders and menus to list these accurately. All of the above listed orders will eventually be replaced by the following:

- × **Foot Pumps** (these only cover the feet)
- × **Compression Boots** (these cover the calves); these will also be listed as Sequential Compression Boots
- × **Compression Boots – Thigh** (these cover the thigh)

If you have any questions regarding any of these issues, please contact me.

Don Levick, MD, MBA  
Physician Liaison, Information Services  
Phone: 610-402-1426  
Pager: 610-402-5100 7481

## Safety Pearl of the Month

**Do not make changes to previous medication orders once they have been taken off by the nurse. Orders will be missed if late changes occur.**

## Palliative Care Initiative

Hospital policy mandates that all patients admitted to Lehigh Valley Hospital (LVH) be asked whether they have an Advance Directive, such as a Living Will or Durable Power of Attorney for Health Care. Terrence Grady, DO, PhD, Internal Medicine resident and member of the Ethics Committee, has often seen the unfortunate circumstances resulting from situations where an Advance Directive was not documented, or worse, not ever considered by a patient and their family until the time of crisis.

A study published in the *Archives of Internal Medicine* (162:1611-18, 2002) found that only 15-20% of Americans have completed an Advance Directive. While most polls reveal that Americans would prefer to die in their own home surrounded by loved ones and free of pain, the reality is quite different. Excellent end-of-life services such as palliative care programs and hospice are underutilized. Unfortunately, people are uncomfortable talking about death and dying or are simply unaware of these services and thus do not request them.

Currently, LVH has a small pamphlet for patients and their families describing Advance Directives. While this pamphlet provides definitions and descriptions of possible treatment options, it does lack guidance to help a person evaluate his/her personal beliefs, principles and ideals. These intrinsic characteristics are crucial to making an informed and sincere Advance Directive. Therefore, the Ethics Committee and the Palliative Care Advisory Board have proposed a revision to the Advance Care Planning pamphlet. The addition of a section to assist the patient in a survey of his/her beliefs and values will make this new booklet more suitable to the outpatient setting. The proposed booklet, to be printed in large type on a heavy stock paper, would be an attractive and welcome asset to the community. Members of the Pastoral Care team expressed an interest in

using these booklets for community education programs on end-of-life issues. These booklets could also be placed in physician waiting rooms.

Since LVH is eventually moving toward an electronic medical record, Information Services was approached to inquire if the Advance Directive could be incorporated into CAPOE. Surely, a menu screen or an order prompt in Lastword would facilitate end-of-life discussions or confirm a previous Advance Directive. Finally, a proposal has been made to display the booklet on the LVH Internet web site for on-line access.

A draft of the proposed booklet is available through Diane Biernacki, Administrative Assistant to both the Ethics Committee and the Palliative Care Advisory Board, at 610-402-5200. In addition, please contact Diane if you would be interested in using this booklet in your practice.

Any comments and/or suggestions regarding this booklet are appreciated. If you have any comments, please email Dr. Grady at [terrence.grady@lvh.com](mailto:terrence.grady@lvh.com) or contact Diane Biernacki at 610-402-5200.

### Fast Fact of the Month

**Title: Fast Fact and Concept #012; Myths about Advance Directives**

**Author(s):** Warm, E.; Weissman, D.

Written advance directives are legal in every state; however, laws of each state can vary widely. You can find information at <http://www.choices.org>. There are two types of advance directives:

**Health care power of attorney** (aka: durable power of attorney for health care, health care agent, etc.) – a document in which the patient appoints someone to make decisions about his/her medical care if he/she cannot make those decisions.

**Living Will** – a written document in which a patient's wishes regarding the administration of medical treatment are described if the patient becomes unable to communicate at the end of life.

**Following are eight common myths regarding advance directives:**

**MYTH 1:** There is only one type of power of attorney. False – many patients (and their families) believe that if they have power of attorney for financial matters, they also, by default, have power of attorney for health care. These are typically separate legal documents, but sometimes are combined into one comprehensive document prepared by an attorney.

**MYTH 2:** It is not appropriate to begin advance directive planning on an outpatient basis. False – many studies have shown that patients want their doctors to discuss advance care planning with them before they become ill. Many others have shown a positive response from patients when advance directive discussions are held during outpatient visits.

**MYTH 3:** An advance directive means "don't treat". False – Too often advance directives are triggers for disengagement by the medical staff. Advance directives do not say "don't treat me". They say, "treat me the way I want to be treated".

**MYTH 4:** Once a person names a proxy in an advance directive they lose control of their own care. False – as long as a person retains decision-making capacity, he/she retains control of their medical destiny.

**MYTH 5:** A lawyer is required to complete an advance directive. False – a lawyer may be helpful, but is not required. Again, check your own state requirements for the number of witnesses or need for a notary public seal.

**MYTH 6:** Doctors and other health care providers are not legally obligated to follow advance directives. False – doctors

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and other health care providers are obligated to follow advance directives; however, they often do not. The SUPPORT trial concluded only about half of all physicians in the study even knew what their patients wanted at the end of life.

**MYTH 7:** Advance directives are legal tools for old people. False – the stakes may actually be higher for younger people if tragedy strikes (think Nancy Cruzan or Karen Ann Quinlan).

**MYTH 8:** The doctor can be the named agent in a durable power of attorney for health care document. False – no mem-

ber of the health care team can be the agent named by the patient in a durable power of attorney for health care document.

**References:**

Aitkin PV, American Family Physician 1999;59(3):605-612 (SUPPORT) JAMA 1995;274:1591-1598  
 Sabatino CP, [www.abanet.org/aging/myths.html](http://www.abanet.org/aging/myths.html), 10 Legal Myths About Advance Medical Directives

**Fast Facts and Concepts** are developed and distributed as part of the National Internal Medicine Residency End-

of-Life Education project, funded by the Robert Wood Johnson Foundation.

**Disclaimer:** Health care providers should exercise their own independent clinical judgment. Accordingly, official prescribing information should be consulted before any product is used.

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

## News from the HIM Department

### Dictation System Upgrade

The centralized dictation system, with the added feature of speech recognition, will be upgraded at all hospital locations during the month of March. To minimize delays in transcription turnaround time, the implementation process will occur in the following three phases:

- Phase I - March 4 – LVH, 17<sup>th</sup> & Chew
- Phase II - March 15 – LVH, Cedar Crest & I-78
- Phase III - March 29 – LVH-Muhlenberg

*Note: Dictation numbers will remain the same during the implementation phase, with the telephone system controlling access to the appropriate dictation system. For your convenience, after the dictation system has been fully implemented, you will be provided with one central dictation number for all sites.*

### New Dictation Phones

- ... Dictation phones are being replaced with standard telephones to provide flexibility of a dictate station as well as a telephone.
- ... Dictation phones will be equipped with a speed dial button that states "dictate" to directly connect you to the dictation equipment.
- ... Dictation may also occur from any touch tone telephone by dialing the entire dictation number directly.

- ... Verbal prompts will instruct you to enter your:
  - four-digit user number, followed by the # key
  - two-digit work type followed by the # key
  - eight-digit medical record number followed by the # key
- ... A job number will be assigned at the completion of the dictation, which you may document in the medical record for future reference.

### New Dictation Instructions

- ... Available at the dictate stations on the day of implementation.
- ... Dictation cards will also be mailed to members of the Medical Staff as well as being available in the HIM Department at Cedar Crest & I-78. Instructions will contain the new single dictate number for all sites.

### Physician Training

- ... Although there are few changes to the new system, HIM staff will be available to assist you in the Medical Staff Lounge and in the Health Information Management Department at Cedar Crest & I-78 and LVH-M on the days that the dictation system upgrade is phased in at each site.

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

## Coding Tip of the Month

Pathological findings must be validated or documented by the attending physician somewhere in the medical record in order for the coder to code the diagnosis. If this information is not available, coding guidelines require the coder to query the attending physician to confirm the pathological findings. If a query is generated, the physician should dictate an addendum note reporting the pathological findings so proper code assignment can be completed.

## Upcoming Seminars, Conferences and Meetings

### General Medical Staff Meeting

A General Medical Staff meeting will be held on **Monday, March 8**, beginning at **6 p.m.**, in the hospital **Auditorium, Cedar Crest & I-78**, and via videoconference in the **First Floor Conference Room at LVH-Muhlenberg**. All members of the Medical Staff are encouraged to attend.

### Greater Lehigh Valley Independent Practice Association

There will be a **Political Forum/Town Meeting** held on **Monday, April 19**, beginning at 6 p.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78. A panel discussion regarding malpractice insurance issues and tort reform will be held with Pennsylvania State Representatives. Your attendance is encouraged. Please plan to attend.

Due to the political forum scheduled on April 19, the GLVIPA general membership meeting scheduled for Tuesday, March 23, at 6 p.m., has been cancelled.

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

### Computer-Based Training (CBT)

Computer-based training (CBT) programs are once again available through the Information Services department.

Topics covered by the CBT program include:

MS Word 97	MS PowerPoint 97	MS Access 97
MS Excel 97	GUI Email	

Currently, computer-based training is available in the Information Services Educational Room at 1245 S. Cedar Crest Blvd., First Floor.

Sessions are available from 8 a.m. to noon on the following dates: March 23, April 27, May 25, June 22, July 27, August 24, September 28, October 26, November 23, and December 28

If you have any questions or for more information regarding course descriptions or registration, please contact the Information Services Help Desk at 610-402-8303 and select option "1." Tell the representative that you need assistance with I/S education.

### MS Awareness Month

In recognition of MS Awareness Month, the MS Center is sponsoring a series of lectures to be held each Friday in March, from noon to 1 p.m., in Classroom 1 located in the Anderson Wing. Topics to be discussed will include:

- × March 5 – "Cases in MS" – Alexander D. Rae-Grant, MD, Division of Neurology
- × March 12 – "White Matter Disease" – Joshua A. Bempod, MD, Section of Neuroradiology

- × March 19 – "Cortical Lesions in MS and Microarray Analysis of Type I Cortical Lesions" – John Peterson, PhD, Mellon MS Center, Cleveland Clinic
- × March 26 – "New Directions in MS" – Alexander D. Rae-Grant, MD

For more information, please contact Nancy Eckert, RN, Clinical Coordinator, MS Center, at 610-402-9001.

### Department of Family Medicine

The Department of 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. Upcoming topics include:

- × March 2 – "Sentinel Lymph Node Biopsy in Breast Cancer"
- × April 6 – Cancelled

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

### Medical Grand Rounds

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

- × March 2 – "Colon Cancer – The Relevance of Cancer Surveillance"
- × March 9 – "Update in Neurology 2004"
- × March 16 – "Rediscovering the Meaning of Medicine"
- × March 23 – "American Heart Association: Get With the Guidelines"
- × March 30 – "Update in Physical Medicine and Rehabilitation"

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

### 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 March will include:

- × March 5 – Tumor Board
- × March 12 – "Reproductive Endocrinology and Infertility"
- × March 19 – "Do Physicians Have the Courage to be Leaders"
- × March 26 – "Sexuality and the Female Patient"

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

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## 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 March will include:

- × March 2 – “Topical Treatment of Otitis Media”
- × March 9 – “Pediatric Psychiatry”
- × March 16 – “Diabetes Insipidus in Children”
- × March 23 – “Radiologic Evaluation of Abdominal Masses”
- × March 30 – “Pectus Deformity”

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

## Surgical Grand Rounds

Surgical Grand Rounds are held every Tuesday 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 to be discussed in March will include:

- × March 2 – “History of Colon Rectal Surgery in the Lehigh Valley”
- × March 9 – “Chest Wall Reconstruction”
- × March 16 – “Diagnosis and Management of Adrenal Neoplasms”
- × March 23 – “Chest Wall Deformity”

- × March 30 – “New Frontiers in Endoscopic Sinus Surgery – The Use of Image Guided Sinus Systems”

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

## Stahler-Rex Lecture

Save the date—**Tuesday, April 6**—for this year’s Stahler-Rex Lecture! The featured speaker will be Donald Palmisano, MD, JD, President of the American Medical Association, who will present “The Medical Liability Crisis: Facts Don’t Cease to Exist Because They Are Ignored.” Stay tuned for more details!

## LVH-Muhlenberg Campus Update

Mark your calendar! On Wednesday, April 7, beginning at 6 p.m., in the Banko Center, Rooms 1 and 2, there will be a meeting to update members of the Medical Staff on the LVH-Muhlenberg campus.

The meeting will include an update about the network, an overview of Physician Practice Network Development, and an LVH-M campus update.

For more information regarding the meeting, please contact Robert X. Murphy, Jr., MD, Medical Director, LVH-M, at 484-884-2266, or Stuart S. Paxton, Senior Vice President, Operations, LVH-M, at 484-884-2208.

## Papers, Publications and Presentations

**Cristina Guerra, MD**, Chief Surgery Resident, presented her poster – “Snowboarding and Skiing Injuries: Not Just an Orthopedic Problem Anymore” – at the annual meeting of the Eastern Association for Surgical Trauma in Amelia Island, Florida in January. Co-authors of this project included **Rovinder S. Sandhu, MD**, Division of Trauma-Surgical Critical Care/General Surgery; **Stanley J. Kurek, Jr., DO**, Chief, Section of Pediatric Trauma; **Mark D. Cipolle, MD, PhD**, Chief, Section of Trauma Research; **Michael D. Pasquale, MD**, Chief, Division of Trauma-Surgical Critical Care; and **Sharon Kimmel, PhD**, of the Health Studies Department.

**Geoffrey G. Hallock, MD**, Associate Chief, Division of Plastic Surgery, recently had an article – “Restoration of Quadriceps Femoris Function with a Dynamic Microsurgical Free Latissimus Dorsi Muscle Transfer” – published in the *Annals of Plastic Surgery*. The article describes the transfer of the latissimus muscle from the back to provide not only wound coverage where the quadriceps muscle had been destroyed by shotgun blast, but simultaneously had a nerve repair so that function was restored with knee extension and independent ambulation achieved.

## 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



**John M. Davidyock, 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



**Dorothea T. Direso, DO**  
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 Lehigh Valley Hospital  
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*Continued on next page*



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**Patrick F. Walsh, DO**  
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 Division of General Internal Medicine  
 Provisional Limited Duty



**Melissa A. Geitz, DO**  
 Lehigh Valley Hospitalist Services  
 Lehigh Valley Hospital-Muhlenberg  
 2545 Schoenersville Road, Third Floor  
 Bethlehem, PA 18017-7384  
 484-884-9677 Fax: 484-884-9297  
 Department of Medicine  
 Division of General Internal Medicine  
 Provisional Active



**Benjamin J. Wilcox, 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



**Kristin M. Ingraham, DO**  
 LVH Department of Medicine  
 Lehigh Valley Hospital  
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 Allentown, PA 18105-1556  
 610-402-5200 Fax: 610-402-1675  
 Department of Medicine  
 Division of General Internal Medicine  
 Provisional Limited Duty

**Practice Changes**

**Maryann P. Hartzell, DPM**  
 (No longer in practice with Allentown Family Foot Care)  
 Advanced Wound Therapies  
 240 Union Station Plaza  
 Bethlehem, PA 18015  
 610-954-2440 Fax: 610-954-2444



**Edgardo G. Maldonado, 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 S. Krassen, DO**  
 (No longer in practice with Good Shepherd Physician Group)  
 Valley Sports & Arthritis Surgeons  
 798 Hausman Road, Suite 100  
 Allentown, PA 18104-9116  
 610-395-5300 Fax: 610-395-5551

**Address Changes**

**Eric D. Becker, MD**  
 Gateway Professional Center Bldg  
 2045 Westgate Drive, Suite 402  
 Bethlehem, PA 18017-7476  
 610-882-2050 Fax: 610-882-3633



**Armand A. Saragovi, MD**  
 Breast Health Services  
 1240 S. Cedar Crest Blvd., Suite 203  
 Allentown, PA 18103-6218  
 610-402-0690 Fax: 610-402-0695  
 Department of Radiology-Diagnostic Medical Imaging, Division of Diagnostic Radiology, Section of Mammography  
 Provisional Active

**Craig R. Christine, DO**  
 Christine & Bren Family Practice  
 Orefield Medical Center  
 5074 Kernsville Road  
 Orefield, PA 18069-2320  
 610-395-1993 Fax: 610-395-2516



**Robert J. Sinnott, DO**  
 Colon-Rectal Surgery Associates, PC  
 1230 S. Cedar Crest Blvd., Suite 303  
 Allentown, PA 18103-6212  
 610-402-1700 Fax: 610-435-5003  
 Department of Surgery  
 Division of Colon and Rectal Surgery  
 Provisional Active

**Elizabeth A. Dellers, MD**  
 Health Network Laboratories  
 Lehigh Valley Hospital-Muhlenberg  
 2545 Schoenersville Road  
 Bethlehem, PA 18017-7384  
 484-884-4267 Fax: 610-867-7318

**Elizabeth Goff, MD****Anne M. Helwig, MD**

ABC Family Pediatricians  
Health Center at Trexlertown  
6900 Hamilton Blvd., P.O. Box 60  
Trexlerstown, PA 18087-0060  
610-402-6474 Fax: 610-402-0409

**Abel A. Gonzalez, MD**

2299 Brodhead Road  
Bethlehem, PA 18020-8908  
610-882-2052 Fax: 610-882-2054

**Geraldo A. Saavedra, MD**

The Endocrine Office  
601 N. 19<sup>th</sup> Street  
Allentown, PA 18104-4333  
484-664-7300 Fax: 484-664-7301

**Harry Z. Suprun, MD**

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610-402-8140 Fax: 610-402-1691

**Scott C. Yeaw, MD**

Easton Warren Urology  
301 Coventry Drive  
Phillipsburg, NJ 08865-1968  
908-859-3303 Fax: 908-859-1677

**Tim M. Zheng, MD, PhD**

Health Network Laboratories  
Lehigh Valley Hospital-Muhlenberg  
2545 Schoenersville Road  
Bethlehem, PA 18017-7384  
484-884-4267 Fax: 610-867-7318

**New Phone and Fax Numbers****Eugene Alexandrin, MD**

610-402-8140  
Fax: 610-402-1691

**Phone Number Correction****Brooks Betts II, DO**

**Gnanaprakash Gopal, MD**  
**Theodore Kowalyszyn, MD**  
Phone: 610-868-4000

**Pager Correction****Kenneth A. Bernhard, MD**

Pager: 610-830-6629

**Status Changes****E. Joel Carpenter IV, MD**

Department of Family Medicine  
From: Affiliate To: Honorary

**Joel D. Portnoy, MD**

Department of Pediatrics  
Division of Critical Care Medicine  
From: Limited Duty To: Provisional Active

**Six-Month Leave of Absence****Elleda C. Ziemer, DO**

Department of Family Medicine

**Additional Six-Month Leave of Absence****Sonali Chokshi, MD**

Department of Medicine  
Division of General Internal Medicine

**Additional One-Year Leave of Absence****Steven L. Zelenkofske, DO**

Department of Medicine  
Division of Cardiology

**Resignations****Marzena L. Bieniek, MD**

Department of Medicine  
Division of Rheumatology

**Angelina M. Colton-Slotter, DPM**

Department of Surgery  
Division of Podiatric Surgery

**John M. Kauffman, Jr., DO**

Department of Medicine  
Division of General Internal Medicine

**Shantanu S. Kulkarni, DO**

Department of Medicine  
Division of Physical Medicine-Rehabilitation

**Robert H. Schmidt, DO**

Department of Family Medicine

**Allied Health Staff****New Appointments****Regina M. Chesney, PA-C**

Physician Assistant-Certified  
(LVH Department of Surgery – Barry H. Slaven, MD, PhD)

**Robert W. Grimes**

Orthopedic Technician  
(Valley Sports & Arthritis Surgeons – Dale J. Federico, MD)

**Regina E. Janocko, CRNP**

Certified Registered Nurse Practitioner  
(Lehigh Valley Hospital-Muhlenberg – Fernando M. Garzia, MD)

**Marie Y. Jean, PA-C**

Physician Assistant-Certified  
(Orthopaedic Associates of Allentown – Peter A. Keblish, Jr., MD)

**Robert K. Landis, CRNA**

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

**Michael J. Mudry, PA-C**

Physician Assistant-Certified  
(Nephrology/Hypertension Assoc of LV – Drew S. Harrison, MD)

**Vicki L. Roome, CRNP**

Certified Registered Nurse Practitioner  
(Lehigh Valley Cardiology Assoc – Nadeem A. Ahmad, MD)

**Robert J. Schwoyer, RRT**

Registered Respiratory Therapist  
(Youngs Medical Equipment – Richard J. Strobel, MD)

**Change of Supervising Physician****Kathryn A. Jorgensen, CRNP**

Certified Registered Nurse Practitioner  
(LVP-G-Medicine)  
From: Keith R. Doram, MD  
To: Russell J. Rentler, MD

**Sandra R. Kowalski, CRNP**

Certified Registered Nurse Practitioner  
(Helwig Diabetes Center)  
From: Geraldo A. Saavedra, MD  
To: Larry N. Merkle, MD

**Ginger K. O'Sullivan, CRNP**

Certified Registered Nurse Practitioner  
From: John J. Cassel, MD, PC – John J. Cassel, MD To: Lehigh Neurology – Glenn A. Mackin, MD

**Kathleen A. Paone, CRNP**

Certified Registered Nurse Practitioner  
(Helwig Diabetes Center)  
From: Geraldo A. Saavedra, MD  
To: Larry N. Merkle, MD

**Resignations****Agnes M. Cavalcante, CRNA**

Certified Registered Nurse Anesthetist

**Thaddeus C. Foreman, PA-C**

Physician Assistant-Certified

**Kelly S. Hartshorne, RN, BSN**

Registered Nurse

**Michael J. Joyce, CFA**

Certified First Assistant

**LEHIGH VALLEY**  
**HOSPITAL**  
AND HEALTH NETWORK

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

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Past President, Medical Staff  
John W. Hart  
Vice President, Medical Staff Services  
Brenda E. Lehr  
Director, Medical Staff Services  
Janet M. Seifert  
Coordinator, Communications & Special Events  
*Managing Editor*

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***We're on the Web!***

***If you have access to the Lehigh  
Valley Hospital intranet, you can  
find us on the LVH homepage under  
What's New — 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.