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Medical Staff PROGRESS NOTES

Inside This Issue:

LEHIGH VALLEY HOSPITAL AND HEALTH NETWORK

"He'll Walk Again"

by Dennis Lockard, Public Affairs

High Five! Geoffrey G. Hallock, MD (left), Jerimie Smoak and his mother, Evelyn, have good reason to celebrate.

It happened 500 miles away in Estill, S.C. – 12-year-old Jerimie Smoak was riding his bike near his home when suddenly he was struck by a car and hurled through the windshield. He broke bones, lost skin on his shin and ankle, and was at risk of losing his leg.

Doctors down South tried to help him – but it was one doctor here who made all the difference. Little did this boy and his mother know that a physician who carries a little black doctor's bag (known as his "lunch bag" for the last 22 years) and has an office decorated as a mini-Cooperstown (site of the baseball hall of fame) would save Jerimie's leg.

This physician is Geoffrey G. Hallock, MD, Associate Chief, Division of Plastic Surgery – but how did Dr. Hallock and this family connect? It was because Dr. Hallock had such an influence on one of his former residents, Meghan McGovern, MD, who is now Jerimie's doctor in Savannah, Ga., and often calls Dr. Hallock to say "hello" and ask for advice. "Dr. Hallock is a great teacher and mentor – and he is one of the nation's renowned experts in the surgery that Jerimie needed," she says. "I knew LVHHN was the best place for Jerimie."

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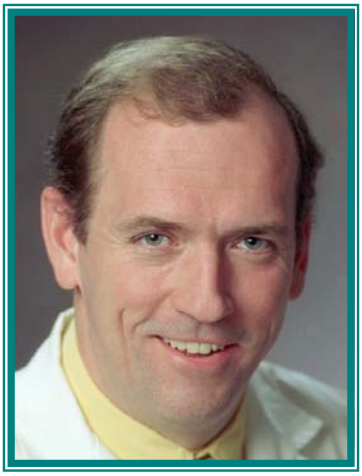

From the President

Dodging cars on the information highway

Here's a question for you. Sit back and think about it before you read any further. The question is: "What's your approach to your own continuing education?"

Did you think about it? Do you have a specific approach? Most of us don't. We just read what gets in front of us. For physicians, it's usually our society journals, the ever distressing New England Journal of Medicine, and a bunch of throw away magazines that seem to emerge from our mailbox as if by spontaneous generation. Do you have a big stack of unread journals that you'll get to someday? Do you actually read the articles? Does anyone?

Let's face it. No one keeps up with the literature. In neurology, with about 60 major journals at last count, if I tried to read them all, I'd be six months behind in a week. It's just impossible. So what's your solution?

You could have the approach of trying to read everything in your area to keep up. In which case you will daily be a failure, from now to the end of eternity. So you need to find some way to cut corners.

Then again, you could solidly read a small number of journals, hoping that a close reading of the literature will get you by. Unfortunately, many of the changes in medicine are published in various places, not all of them related to your specialty, even though they may have a major impact on the future of your area.

What's more, most of the published literature bears little or no resemblance to evidence that should change your practice. Basic science literature is important to the development of science, as well as providing the necessary ballast to float a professorship. But it won't float your boat for what to do for patients. No therapy or medication has been proven to work in humans without the intervention of a randomized trial of therapy versus a reference standard. In fact, the history of medicine is littered with therapies which were used for years until a well-designed trial showed them to be ineffective, if not downright dangerous. It doesn't matter if the molecule has a zwitterion, or diffuses more readily through semi-permeable membranes. If it doesn't make your patients better, it's not worth the packaging and brightly colored pens the drug companies send you.

Speaking of which. The literature sent to you by your friendly pharmaceutical representative, while free, may not give you what you need to use to do a better job of caring for your patient. Aside from being slightly skewed toward the manufacturer's product, it often lacks certain pertinent information about a drug, such as what else is out there and how do they compare, what does the drug do for longevity, what are the side effects, what is the cost, and other crucial data. There's a nice equation that reckons the value of information. Here it is:

Usefulness of any source =
Relevance x Validity/Work

So a source of information that takes a lot of work to get, like trying by yourself to do a full literature search and critically evaluate the methods section of every study so you can individually define the quality of the evidence, is low. The answer is, you just aren't going to do it. It's like reading all those journals; a great idea, but it just ain't gonna happen.

Or, if information is really cool but not relevant to your patient, it's just not useful. Whether a drug has a zwitterion is immaterial to how long your patient is going to live or what quality of life they lead. The fact that hydrochlorothiazide has been proven time and time again to be an effective antihypertensive that is low cost and improves mortality, is.

If information is not valid, it's not useful. If a treatment or medication has not been studied in a randomized and blinded fashion in a well-designed trial, its effect is unclear. Experts in the area who assure you that a treatment is good because they say it's so are particularly suspect. Kindly ask them "Gee, I hadn't heard that. Could you suggest an article I can read on it?" Beware of the local gurus. They are as susceptible to the seductions of pharmaceutical charmers as you are.

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So I challenge you to consider how you manage to keep up on the literature. At the end of the day, you probably want your education to have a positive impact on how you care for patients. Consider resources that bring you the best evidence, with the least bias, in the simplest format, and that focus on evidence that matters to patient care. They might be where you want to look first. Examples of such resources include Clinical Evidence, the Cochrane Databases, Trip database, Dynamic Medical, or Inforetriever. Picking any one of these resources ties you into a wide base of the medical journals, ensures an emphasis on the quality of the evidence, and provides summaries of the relevant literature on many topics.

If you're sitting with a big pile of unread journals beside your desk as you read this, you might think about trying out one of these services. Either that, or continue to chug along in the slow lane of the Information Autobahn. It's your choice.

www.clinicalevidence.com
www.tripdatabase.com
www.dynamicmedical.com
www.infopoems.com
www.cochrane.org

Note: dynamic medical is available on the hospital's Intranet. From the homepage, select Resources, General, Clinical, then click on "DynaMed."

Alexander D. Rae-Grant, MD
Medical Staff President

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The challenge would be getting Jerimie and his mother here, because they didn't have funds for a flight. Dr. Hallock and David Rice, Director of Microsurgery, knew just what to do. They arranged a free flight through Angel Flight East – Mr. Rice is a volunteer pilot for this non-profit group that transports patients and families in need of medical care.

And when Jerimie arrived, the duo went to work again – in the operating room this time, transplanting skin, muscles and blood vessels from Jerimie's back to his damaged leg. "Without the surgery," Dr. Hallock says," Jerimie undoubtedly would have been seriously disabled and even was at risk for losing his leg."

While Dr. Hallock is on staff at all other local hospitals, he chooses to perform this highly complicated surgery "only at LVHHN because it has the best people and best facilities." You could say the procedure (called free-flap reconstruction) is 'magic'," Dr. Hallock says, "because 95 percent of people benefit in ways they or we never imagined.

Just look at Jerimie who is sure to walk again and probably even ride a bike again. "We can never thank Dr. Hallock enough for saving Jerimie's leg," says Evelyn Smoak, Jerimie's mother. "He's a wonderful man."

Geoffrey Hallock, MD, has sutures, gauze, novocaine, and sometimes even lunch in his black bag — and he has a wealth of knowledge in his mind and a lot of caring in his heart.

Stroke Center Earns National Certification from JCAHO

First program certified in region; only the second in Pennsylvania

Lehigh Valley Hospital's Stroke Center at its Cedar Crest & I-78 and 17th & Chew sites has received national certification as a Primary Stroke Center from the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO). LVH is the first hospital in the greater Lehigh Valley to achieve this status and only the second in Pennsylvania. The certification program was developed by JCAHO in collaboration with the American Stroke Association. Nationwide, only 14 hospitals have earned this distinction to date.

"We're proud that our Stroke Center is among the first in the country and the only one in the region to be certified as a Primary Stroke Center," says John Castaldo, MD, Chief of Neurology and Medical Director of the Stroke Center, which also has a branch at LVH-Muhlenberg. "This certification recognizes the ability of our center to provide fast, effective treatment that improves stroke patients' chances of recovery."

LVH's Stroke Center at each hospital campus features a Stroke Rapid Response Team that has full-time physician coverage and is supported by a care team that includes emergency services, neurology, radiology and nursing. It is the only program in the region that can treat stroke patients with the clotbuster tPa any time of the day or night within 80 minutes of arrival at the hospital. The Stroke Center participates in multi-center clinical research studies on promising new therapies for stroke patients.

Each year, about 700,000 people in the United States suffer a new or recurrent stroke, which is the third leading cause of death. On the average, someone has a stroke every 45 seconds, and someone dies of one every three minutes. Stroke is the leading cause of serious disability in the U.S., with about 4.7 million stroke survivors living today.

To earn Primary Stroke Center certification, a hospital must demonstate compliance with the Brain Attack Coalition's recommendations, including:

- Having acute stroke rapid response treatment teams similar to trauma teams in the U.S.
- Operating inpatient stroke care units
- Using pre-written, detailed stroke care protocols
- Having an integrated emergency response system for managing patients experiencing a stroke, with support services including continuously available brain imaging with interpretation and rapid laboratory testing
- Demonstrating a commitment from administration with strong clinical leadership to providing ongoing community education about stroke risks, symptoms and treatment

The Brain Attack Coalition is a national group of professional, voluntary and governmental entities dedicated to reducing the incidence, disabilities and death associated with stroke.

LVH's Stroke Center underwent a full-day, on-site review in early March, which included patient case reviews, the evaluation of its compliance with standards and the emergency care of stroke patients, as well as assessment of qualifications of its stroke caregivers, and examination of the Center's performance standards and improvement processes.

Primary Stroke Centers that meet national criteria are awarded certification for a two-year period, allowing the center to display JCAHO's Gold Seal of Approval to inform the public of this level of care.

In January, the GI Lab changed its name to **GI/Pulmonary Endoscopy Unit**. Procedures performed in the unit, which services both inpatients and outpatients, include Colonoscopy, EGD/EGD with PEG insertion, ERCP and Broncoscopy. The unit is located on the first floor, off the main lobby, and may be reached at (610) 402-8850.

At-Large Members Needed for Medical Executive Committee

The Lehigh Valley Hospital Medical Staff Nominating Committee is soliciting nominations for five at-large seats, each for a three-year term beginning July 1, 2004, on the Medical Executive Committee.

Nominations should be submitted in writing to Donald L. Levick, MD, Chairman of the Nominating Committee, via the Medical Staff Services Office, Cedar Crest & I-78, or verbally to John W. Hart, Vice President, Medical Staff Services. All nominations must be submitted by Thursday, May 13, 2004.

If you have any questions regarding this issue, please contact Dr. Levick or Mr. Hart at (610) 402-8980.

Lehigh Valley Hospital Begins Enrolling Trauma Patients in National Blood Substitute Study

In late March, Lehigh Valley Hospital (LVH) announced that it has begun patient enrollment in a national clinical trial to evaluate the safety and efficacy of PolyHeme®, an oxygen-carrying blood substitute, in treating severely injured and bleeding patients. In this controlled clinical study, patients meeting the eligibility criteria will be randomly assigned to receive infusions of either the blood substitute PolyHeme®, or the current standard treatment, a saline solution. PolyHeme®, manufactured by Northfield Laboratories Inc., of Evanston, Ill., will be investigated to determine if it increases survival of critically injured and bleeding patients.

Treatment will begin before arrival at the hospital, either at the scene of the injury or in the University MedEvac helicopter, and continue during a 12-hour post-injury period in the hospital. Since blood is not presently carried on board MedEvac or in an ambulance, the use of PolyHeme® in these settings has the potential to address a critical need for an oxygen-carrying solution where blood is currently not available. In this trial, it may not be possible to obtain informed consent from the patient or a legally authorized representative due to the urgency of the situation and the extent of the injuries. The study is, therefore, being conducted under a federal regulation that allows research to be conducted in certain emergent, life-threatening situations using an exception from the requirement for informed consent.

Under the direction of its Institutional Review Board (IRB), LVH recently completed a process of community notification and consultation in connection with this study, as required by this federal regulation. Based on its comprehensive review of the protocol and the response of the community to participate in the study, the IRB has given approval for the study to be conducted at LVH. Emergency medical services personnel and hospital staff have completed the necessary training.

"This is a very important study," said Mark D. Cipolle, MD, PhD, Chief, Section of Trauma Research and the study's principal investigator. "It could potentially lead to a change in the initial treatment of critically injured and bleeding patients that might ultimately result in improved survival."

The trial will include male and female patients over age 18 who are severely injured, bleeding and in shock. Patients will not be included if they are known to be pregnant, have severe head or brain injuries, require CPR, have known objections to blood transfusions or have known orders not to resuscitate. Persons wishing to decline participation in this study for religious or other reasons may contact 610-402-CARE, to obtain a wristband expressing this choice.

News from CAPOE Central

CAPOE Trip Winner - A Bit Traumatic

Eric Treaster, Physician Assistant in Trauma, was the winner of the CAPOE Compliance Trip Drawing held April 2 for February data. Eric has been a solid supporter of CAPOE from the first go-live in the TTU, and he continues to be >80% in the TNICU. He is the first mid-level provider to win the trip. Eric was very excited to win and said he would go somewhere nice if Dr. Pasquale ever let him have any time off.

Admitting to the Confusion about Admit Orders

There has been some confusion over the admitting screens in Lastword. When you place an Admit order, Patient Logistics is notified about the impending admission. Your Admit order does not actually create the admission in Lastword; the AP or the staff in Patient Logistics does this. However, your Admit order provides valuable and necessary information regarding isolation and pending procedures for the patient. Also, if the patient is to be admitted to a service other than yours, Patient Logistics will use this Admit order to drive that decision. So, please remember to complete the fields on this screen.

A Note about ordering PCA - trying to make it painless

Please remember that when a patient is placed on PCA, all other pain meds are usually discontinued. This is to ensure that the patient does not receive pain medications that are not appropriate. You will see an order listed, "Administer no additional opioids/sedatives without physician approval," on the PCA order set screen. This is to be ordered when you order PCA and will serve as a reminder to everyone. When it is time to wean the PCA, you can order, "Wean PCA," - this order is located on Nursing >> Notify and Nursing >> IV's lists. You can also order the non-PCA pain meds when you wean the PCA. This way, you won't be called back to order pain meds, once the patient is fully off the PCA.

Quick Links to Clinical Pearls

LVH provides many sources of information for physicians to use during rounds. Literature searches, current recommendations, on-line textbooks are all available through the LVH Intranet. In an effort to make them quickly accessible from within Lastword, we have moved several of these links to the CAPOE Web page. It is accessible by clicking on the CAPOE button in the upper right corner of the screen. This is the same page that links to the CAPOE feedback form. Check it out and click on the various links. If there are any links or sites that you would like to have listed, 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

When using the **Communication To Nurse** order in CAPOE, remember it is not intended to be used for medications or for any parameters/changes related to medication orders. The Communication To Nurse order is not seen by the Pharmacist and orders or changes related to medications could be missed or delayed.

Express Admission Units Update

As you may know, there are now two Express Admission Units (EAUs) at Cedar Crest & I-78. EAU North (the original EAU) is located in the old Surgical ICU and primarily handles direct admissions and telemetry patients. EAU South/SSA (located in the Surgical Staging Area on the second floor of the Pool Pavilion) is primarily an Emergency Department holding area for medical/surgical patients being admitted but awaiting clean beds. Admission paperwork and initial orders are completed in both EAUs.

Following are several reminders regarding use of the EAUs:

- Patients admitted through either EAU should arrive with admission orders, preferably the EAU Streamline Admit Orders (or the "Initial ED Admit Orders" under CAPOE Order Sets)
- Patients should be clinically stable and not require respiratory or droplet precautions
- Procedures should **NOT** be done in the EAUs. Any patient requiring an emergent procedure should be admitted through the Emergency Department or directly to the floor. Any non-emergent procedure should be done when the patient reaches his or her assigned bed.
- When a patient's assigned bed is clean and ready, patients are to leave the EAUs **ASAP** and should **NOT** be delayed in the EAU.
- Any non-urgent consults should either be done when the patient has reached his or her assigned bed, or the consultant can accompany the patient to the assigned bed when the patient is moved from the EAU. Again, the goal is to move patients out of the EAUs as soon as their bed is assigned.

Thank you for your continued use and support of EAU North and EAU South. If you have any questions or concerns regarding the EAUs, please contact Tami Lee, RN, BSN, Clinical Services Director, at 610-402-8777, or Michael J. Pistoria, DO, Medical Director of both units, at 610-402-8045.

Metabolic Bone Team Announces New Patient Referral Service

Over the past several years, the health care professionals on the Metabolic Bone Team have been working diligently to reduce individuals' risk for osteoporosis and fractures. Their efforts have resulted in a new outpatient referral service available to patients at risk for osteoporosis and osteoporosis-related fractures.

Outpatient consultations are now available by appointment on the first Thursday of every month in the Center for Healthy Aging at 17th & Chew. During the outpatient consultation, patients will be evaluated for risk factors, fracture history, and possible secondary causes. Lab tests will be ordered including CMP, Phosphorous, Testosterone, TSH, PTH intact, and Serum 25-hydroxyvitamin D concentration. DXA studies will be ordered, if necessary. Appropriate medications will be prescribed, and patients will be educated regarding calcium and vitamin D supplementation and weight bearing exercises.

A copy of the Metabolic Bone Program Referral Form has been included in the packet sent to each member of the Medical Staff with this month's newsletter. For additional copies of the outpatient referral form, please email Sallie_J.Urffer@lvh.com or call her at 610-402-5015.

Osteoporosis is not an inevitable aspect of aging, if preventive efforts are lifelong. Early identification and implementation of preventive measures can result in minimization of bone loss and reduction in fracture risk. Regardless of age, it is never too soon or too late to think about bone health.

To schedule an outpatient consultation for your patient, please call the Center for Healthy Aging at 610-402-2700.

The Metabolic Bone Team is also available to assist you in the management and treatment of your patients' bone health while they are in the hospital. An inpatient Metabolic Bone Specialty consultation is available through the consults ancillary screen in CAPOE.

Palliative Care Initiative

As part of the palliative care initiative within the MICU/SICU, an analysis was completed on the Critical Care Family Satisfaction Survey. The results prompted the Palliative Care Team to complete a full assessment of the Center for Critical Care Waiting Room.

The waiting room experience of families of critical care patients has been underestimated, particularly in relationship to terminal or very seriously ill patients. Rather than being seen as only a holding area for families, the waiting room should be incorporated into the healing environment of the intensive care units.

A qualitative analysis was performed within the waiting room to explore the domains of palliative care. The methods of evaluation included: an 18-item family survey, observation of the waiting room, and interviews with receptionists and ICU staff. A total of 124 surveys were collected over a two-week period. Physical space and architectural features were documented. Observation and survey data were analyzed using Nvivo software to determine critical themes.

There was a certain impact between the waiting room experience with the overall patient and family satisfaction. These results are being used to redesign the role of the receptionist by expanding the job description (ICU Ambassadors) and integrating waiting room processes into the larger palliative care process design. Architecturally, the location of the receptionist's desk and its proximity to the security system was noted. Insufficient and uncomfortable seating, along with non-dimming overhead lighting were also noted. Access to food and other hospital-based services for visitors was also an issue.

A set of architectural and process changes will be implemented under the heading of the Palliative Ambassador Program. The Chest Foundation is offering grant money for redesigning of waiting rooms within hospitals. A grant application has been completed and submitted with the results from the Center for Critical Care Waiting Room analysis.

Fast Fact of the Month

Title: Fast Fact and Concept #056: What to do when a patient refuses treatment

Author(s): Robert Arnold, MD

A core aspect of the American bioethics is that a competent adult patient has a right to refuse treatment, even when the physician believes that the treatment would be beneficial. At such a time, it is easy to either question the patient's capacity to make the decision or try even harder to convince them to change their mind. The empirical literature - both in decision making and in medicine - suggest that this is a false dichotomy and that there is a third more productive way to proceed. The method described below is applicable to all situations of conflict between clinicians and their patients/families; the astute reader will note the similarity between this approach and that presented in Fast Fact #26: The Explanatory Model, designed to assist mediating conflicts that arise in cross-cultural encounters.

Clarify Decisionality. Distinguish between patients who cannot understand the medical situation (and thus may lack decision-making capacity) and those who understand your viewpoint but do not agree with it. Ask, "I have talked with you about the medical problems you are facing and possible treatments for these problems. Just to make sure we are on the same page, can you describe for me the medical problems you are dealing with now?" "Good. Can you also describe the possible treatments we have discussed?" (See Fast Fact #55: Decision-Making Capacity)

Understand their story. Try to understand the patient/family's story before you try to change their mind. This means suspending your attitude toward their decision and as openly and non-judgmentally as possible, understanding the reasons for their decision. This can be done by asking, "Tell me more about your decision"; and "What leads you to this conclusion?"

Validate concerns. Often when we try to convince others of our position, we forget to acknowledge the reality of their concerns. This makes them feel unheard and under appreciated. More effective, are responses which first let the person know they were heard ("so you are concerned that if you have surgery you will XX") or that normalize their concerns ("it is not that unusual for people to be afraid of XX") before you respond to these issues.

Explore fears. Fears are stronger motivators than positive inducements. Try to understand your patient/family's fears/concerns with

Continued on next page

your plan of action; you can only address their fears if you understand them. Ask, "Can you tell me if there is something about this decision that frightens you".

Establish a win-win position. If the patient's concern is the lack of control in the hospital and your concern is her/his health if s/he leaves the hospital, what can you do to provide more control in the hospital? Negotiate so both of you can achieve what each of you cares about the most.

Want more information? Related Fast Facts include: numbers 16, 17, 24, 26, and 29.

References

Drane, J. F. (1985). "The Many Faces of Competency." Hasting Center Report: 17-19.

Stone, D., Patton, B. et al. (1999). Difficult conversations: How to Discuss What matters Most. New York City, Penguin Group. Appelbaum, P. S., Roth and L. H. (1983). "Patients who refuse treatment in Medical hospitals." JAMA 250: 1296-1301.

Disclaimer: *Fast Facts* provide educational information, this information is not medical advice. Health care providers should exercise their own independent clinical judgment. Some *Fast Fact* information cites the use of a product in dosage, for an indication, or in a manner other than that recommended in the product labeling. Accordingly, the official prescribing information should be consulted before any such 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.

mechanics of the mind at Nite Lites

On Saturday, September 18, Lehigh Valley Hospital and Health Network's ninth annual black-tie fundraising gala – Mechanics of the Mind at Nite Lites – will be held at Mack Trucks World Headquarters in Allentown. Proceeds from this year's Nite Lites will benefit the Neuroscience programs, which lead our region in the multidisciplinary, innovative diagnosis and treatment of illnesses of the brain and nervous system, including stroke, tumors, mental illness, aneurysm, movement disorders, epilepsy, multiple sclerosis, Alzheimer's disease, and other neuromuscular, neurovascular and psychiatric problems.

The proceeds will benefit many patients who have nervous system problems and require the expertise of our various programs in the neurosciences.

Please consider joining your colleagues in celebrating the neuroscience programs on September 18. Invitations for the big event will be mailed in early June, and sponsorship opportunities are still available. To guarantee availability of reservations and advertising benefits, your sponsorship pledge and payment is requested by June 30.

For sponsorship information, please contact Nancy Lloyd, Director of Annual Giving, at 610-402-9126 or by email to nancy.lloyd@lvh.com. For general event information, please contact Sheryl Hawk, Director of Special Events, at 610-402-0816 or by email to sheryl.hawk@lvh.com.

Fluoroscopy Policy

While fluoroscopic imaging is indisputably a valuable diagnostic tool, it has the potential for presenting a significant radiation burden to both patients and personnel. With respect to patient safety, a recent FDA advisory asked hospitals to make physician users of fluoroscopy aware of the potential for serious x-ray induced injuries to patients during fluoroscopy. In response, the Pennsylvania Bureau of Radiation Protection has issued prescriptive requirements, effective January 1, 2004, regarding training and continuing education for physician users of fluoroscopic imaging modalities.

In accordance with these developments, on March 2, 2004, the Medical Executive Committee approved a Safety policy (***Fluoroscopy***) which delineates the process for affected medical staff to become credentialed in the use of fluoroscopy prior to June 30, 2005. The intent of the policy is to ensure that patient and personnel risk resulting from the use of fluoroscopy be minimized to the extent compatible with the clinical objectives of the procedure.

Physicians within affected groups will subsequently receive a copy of the policy along with a letter from the hospital's medical physicist/radiation safety officer providing supplementary information as it pertains to the FDA requirements for fluoroscopy. In the near future, the policy will be available on-line – from the hospital's homepage, select Resources – Applications – Safety Manual.

If you have any questions regarding this issue, please contact Cynthia Goodman-Mumma, Medical Physicist/ Radiation Safety Officer, at 610-402-8386.

News from the Libraries

Recently Acquired Publications

Library at 17th & Chew

- Clark. Handbook of Nitrous Oxide and Oxygen Sedation. 2003
- Sonis. Dental Secrets. 2003

Library at Cedar Crest & I-78

- Winn. Youmans Neurological Surgery, 4 vol. set. 2004
- Hartley. Teaching Medical Students in Primary and Secondary Care. 2003

Library at LVH-Muhlenberg

- Harken. Abernathy's Surgical Secrets. 2004
- Stone. Current Emergency Diagnosis & Treatment. 2004

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.

Congratulations!

I **Margaret Hoffman-Terry, MD**, Division of Infectious Diseases, was recently elected to the National Board of Directors of the American Academy of HIV Medicine. Currently the only organization providing credentialing of HIV specialists, the American Academy of HIV Medicine is dedicated to promoting excellence in HIV care through advocacy and education. Dr. Hoffman-Terry will continue in her role as Chair of the Pennsylvania State Board of Directors as well as serving at the national level on the Finance and International Committees of the Academy.

I **Indru T. Khubchandani, MD**, Division of Colon and Rectal Surgery, was awarded honorary membership to Societa Italiana di Chirurgia ColoRettale at the 8th Biennial Meeting held March 29 to April 1 in St. Vincent, Italy. Only one other honorary member from the United States has been so honored.

I On March 4, **Charles A. Kosteva, DDS**, Chief, Division of General Dentistry, and **John S. Ziegler, DDS**, Division of General Dentistry/Special Care, jointly shared the first *Distinguished Service Award*, which was presented by the Valley Forge Dental Conference and the Second District Dental Society for 18 years of service, planning and running the Valley Forge Dental Conference.

In addition, **Dr. Kosteva** received the Award of the Year from the Lehigh Valley Alumni Club of Notre Dame, which was presented by Rev. Edward "Monk" Malloy, CSC, President of the University of Notre Dame, at the Radisson Hotel Bethlehem on March 25.

I **Jeffrey R. McConnell, MD**, Division of Orthopedic Surgery, Division of Ortho Trauma, has been appointed a faculty member of the Association for the Study of Internal Fixation (AO/ASIF) of North America. The AO/ASIF is an educational organization that teaches the principles and techniques of fracture fixation and reconstruction of the spine and extremities.

I **Brian A. Nester, DO**, Senior Vice President, Physician Practice Network Development, was recently recertified in Emergency Medicine by the American Osteopathic Board of Emergency Medicine.

I **Gary G. Nicholas, MD**, General Surgery Residency Program Director, has been appointed by the American College of Surgeons – Division of Education to the Subcommittee on Continuing Education for a three-year term.

I **Constantina Pippis Nester, DO**, Division of Emergency Medicine, was recently recertified in Emergency Medicine by the American Board of Emergency Medicine.

Coding Tip of the Month

Dermabrasion is the surgical removal of epidermis for treatment of acne scars, keratosis, and burns. A motorized, hand-held machine with a wire brush, emery paper, or other material is moved rapidly over the skin at various depths to remove the lesion or defect. Excisional debridement is the cutting, removal of all devitalized tissue, necrosis, and slough from a wound, infection, or burn of the skin and subcutaneous tissue. When dictating the Operative Report, differentiate between dermabrasion and excisional debridement. Proper documentation of these procedures is necessary for accurate coding.

Papers, Publications and Presentations

I **Indru T. Khubchandani, MD**, Division of Colon and Rectal Surgery, was a guest speaker at the 8th Biennial Meeting of the Societa Italiana di Chirurgia ColoRettale held March 29 to April 1 in St. Vincent, Italy. He spoke on the "Role of ileorectal anastomosis in ulcerative colitis" and performed live telecasted surgery to demonstrate closed hemorrhoidectomy technique with local anesthesia.

I **Paul F. Pollice, MD**, Division of Orthopedic Surgery, Section of Ortho Trauma, served as invited faculty recently at the 2004 Minimally Invasive Hip Arthroplasty Techniques Orthopaedic Learning Center held February 2 and 3 in Rosemont, Ill.

I **John A. Altobelli, MD**, Division of Plastic Surgery, was invited by the Baranzano Society to serve as one of the "guest experts" on a panel discussing "The Bioethics of Beauty: Does Individuality Need Enhancement?" on March 29. This panel discussion took place in Labuda Center at DeSales University in Center Valley. Dr. Altobelli presented on the promise and peril of medical enhancements. Other members of the panel included Candace Otto, reigning Miss Pennsylvania, James Knowles from the University of Pennsylvania, and Don Miller, a burn survivor.

Cancer Prevention Studies Closing

Two national cancer prevention studies for breast and prostate are closing to accrual at the end of May. STAR, the Study of Tamoxifen and Raloxifene, is nearing its goal of 19,000 women at high risk for breast cancer. STAR will decide which drug, tamoxifen or raloxifene, prevents breast cancer better and with fewer side effects.

SELECT, Selenium and Vitamin E Cancer Prevention Trial, has already accrued the 32,400 men needed to determine if Selenium, Vitamin E or a combination of the two, can prevent prostate cancer.

It is because of your interest and participant referrals that these studies met their objectives. A big "Thank You" to all those who participated from the Clinical Trials Office.

Upcoming Seminars, Conferences and Meetings

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:

- May 4 – "Taking a Sexual History – Does it open Pandora's Box?"
- June 1 – "Taking AIM to Improve America's Health – Americans In Motion, The AAFP's Response to Obesity"

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 May will include:

- May 4 – "Metabolic Syndrome – Meeting the Challenge"
- May 11 – "Future of Interventional Vascular Therapy – The Expansive Vision"
- May 18 – "Code Blue – No Panacea: What Patients and Physicians Think They Know"
- May 25 – "Cardiovascular Disease in Renal Failure"

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 May will include:

- May 7 – Tumor Board
- May 14 – "Pre-Eclampsia: What Causes it, can we prevent it, and can we treat it?"
- May 21 – Journal Club
- May 28 – Primary Care Lecture

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

Department of Pediatrics

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

- May 4 – Case Conference
- May 11 – "Antenatal Diagnosis of Fetal Genitourinary Anomalies"
- May 18 – "Allergic Reactions to Bee Stings"
- May 25 – Case Conference

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 May will include:

- May 4 – "Surgical Fires: Causes, Prevention, and Extinguishing"
- May 11 – TBA
- May 18 – "Renal and Urethral Trauma"
- May 25 – Resident Paper Presentations

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

Medical Staff

New Appointments

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.

John D. Dougherty, 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

Kamna Malhotra, MD

(Solo Practice)
1255 S. Cedar Crest Blvd.
Suite 1500
Allentown, PA 18103-6256
(610) 821-2030 Fax: (610) 821-2037
Department of Psychiatry
Provisional Limited Duty

Cynthia D. Martin, DO

Macungie Medical Group
3760 Brookside Road
Macungie, PA 18062-1741
(610) 966-4646 Fax: (610) 965-6201
Department of Family Medicine
Provisional Affiliate

Michelle L. McCarroll, DPM

Allentown Family Foot Care
1633 N. 26th Street
Allentown, PA 18104-1801
(610) 434-7000 Fax: (610) 434-7029
Department of Surgery
Division of Podiatric Surgery
Provisional Active

Stacey J. Smith, MD

LVH Department of Medicine
Lehigh Valley Hospital
Cedar Crest & I-78, P.O. Box 689
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Continued on next page

Practice Name Change

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Sacred Heart Medical Associates
Heart and Lung Surgery
421 Chew Street
Allentown, PA 18102-3490
(610) 770-3130
Fax: (610) 770-3452

Practice Changes

Walter J. Finnegan, MD
(No longer with Orthopaedic Associates of Allentown)
Iron Run Orthopedics
1150 Glenlivet Drive
Suite 21A
Allentown, PA 18106-3112
(484) 664-7700
Fax: (484) 664-7701

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

Address Changes

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4150 Douglas Drive
Bethlehem, PA 18020-9305

Albert J. Peters, DO
Wendy J. Schillings, MD
LVPG-RE&I
401 N. 17th Street
Suite 303
Allentown, PA 18104-5104

Bruce G. Thorkildsen, MD
Bethlehem Medical Associates
2597 Schoenersville Road
Suite 308
Bethlehem, PA 18017-7309

Robert W. Vaughn, MD
Fellowship Community
3000 Fellowship Drive
Whitehall, PA 18052-3343
(610) 769-4305

David S. Warsaw, DO
David S. Warsaw, DO, LLC
701 Ostrum Street
Suite 503
Bethlehem, PA 18015-1152

Fax Number Change

S. Clarke Woodruff, DMD
Fax: (610) 838-6598

Allied Health Staff

New Appointments

Candice S. Packard, PA-C
Physician Assistant-Certified
(Gastroenterology Associates, Ltd – Lawrence W. Bardawil, MD)

Catherine C. Samoylo, PA-C
Physician Assistant-Certified
(Endocrine Associates of the Lehigh Valley, PC – Benjamin J. Quintana, MD)

Practice Name Change

Michael Altrichter
Sacred Heart Medical Associates
Heart and Lung Surgery
421 Chew Street
Allentown, PA 18102-3490
(610) 770-3130
Fax: (610) 770-3452

Status Change

Jeffrey S. Lohmann
From: Intraoperative Neurophysiologic Monitoring Specialist
To: Clinical Neurophysiologist
(Surgical Monitoring Associates, Inc. – Mark C. Lester, MD)

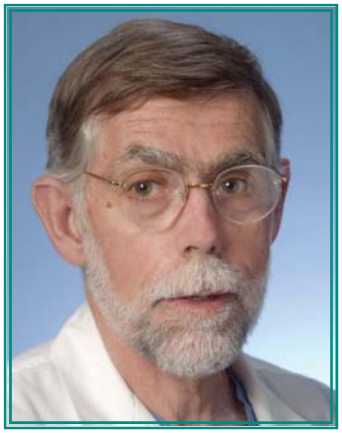
Resignations

Melissa M. Bach, RN
Registered Nurse
(The Heart Care Group, PC)

Thomas D. Giovinazzo, PA-C
Physician Assistant-Certified
(Lehigh Valley Hospital-Muhlenberg)

Gregg A. Miller, PA-C
Physician Assistant-Certified
(Surgical Specialists of the Lehigh Valley)

Renee A. Troyan, RN
Registered Nurse
(The Heart Care Group, PC)



After May 31, 2004, Michael C. Sinclair, MD, will no longer be practicing cardio-thoracic surgery. He is neither retiring nor leaving Pennsylvania. He has made a career change. Beginning in August, Dr. Sinclair will be a fellow in Trauma-Surgical Critical Care at Lehigh Valley Hospital.

LEHIGH VALLEY HOSPITAL AND HEALTH NETWORK

Cedar Crest & I-78
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Medical Staff Progress Notes

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President-elect, Medical Staff

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Vice President, Medical Staff Services

Janet M. Seifert
Coordinator, Communications & Special Events
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Michael S. Weinstock, MD
James C. Weis, MD
Patrice M. Weiss, MD

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.