

# PROGRESS NOTES

## Medical Staff

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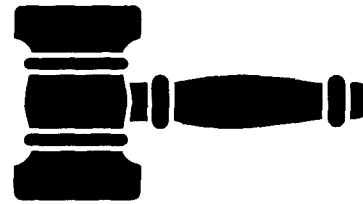
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### From the President

Tell me, I'll forget; show me, I'll remember.  
Involve me, I'll understand. - Dr. Ernst Wynder

### Computer Assisted Physician Order Entry (CAPOE)

The momentum of the LVH medical staff toward CAPOE continues to build. David Caccese and Don Levick have been explaining the process and progress of this project in **Medical Staff Progress Notes** for the past year. David did a demo of the system at the General Medical Staff meeting last year, and we had a presentation of the case for CAPOE at the General Medical Staff meeting on March 12, 2001. Thus, we have already had our discussions and deliberations, and the staff has had adequate chance for input and response on this issue. This change is now coming and it will affect all members of the medical staff – so all will need to understand our stake in this project and get involved. This is about our QUALITY of care in the 21<sup>st</sup> Century.

### So why now? - the case for computer assisted physician order entry

Last year's Institute of Medicine report indicated the U.S. health care delivery system as being responsible for 44,000-96,000 deaths yearly through medical errors. Patient safety has become a major issue for industry, hospital boards and the government. The public is demanding proactive efforts to reduce medical errors, and health care coalitions are prodding hospitals in this direction. A major source of hospital error has been shown to be medication order writing (incomplete orders, illegible orders, wrong chart, misplaced decimals, abbreviations, etc.) and transcription – the order is transcribed to the computer now by the administrative partner or RN. These steps are responsible for 75% of medication errors at LVH. Further, Terry Capuano's work-flow analysis has shown that nurses also spend 4,700 hours/year deciphering illegible handwriting, reconciling inconsistent orders and calling physicians, even when no mistake has occurred. Computer assisted physician order entry will eliminate these mistakes and inefficiencies. It is time for a change in our system.

"Change is the law of life. Those who look only to the past or present are certain to miss the future."

- President John F. Kennedy, 1962

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Advantages of CAPOE

CAPOE will allow the use of automatic drug interaction and allergy checks. It will allow remote ordering from any unit in the hospital or wired offices. It will allow the entry of order sets and ensure clear radiology requests to reduce those errors. It will encourage pop-up screens with additional information on drugs, doses, and tests. It will allow electronic signature of any verbal or phone orders. It is now rolling out in the best hospital systems in the country – the leaders – and this is where we belong.

The present status is the result of a long process including the CAPOE coordinating group, design team, site visit team, supported by the PHO I/S committee, the Care Management Council and now the CAPOE steering committee.

Technology Changes

In the next month or two, we will have an upgrade to the highly successful Imnet system, which allows electronic signature of medical records. The medical staff quickly realized that Imnet would save them time and embraced this new technology. The system now needs increased capacity and will receive a \$1 million upgrade.

In June 2001, the PHAMIS 4.17 upgrade will also roll out at LVH – independent of CAPOE – and we all (perhaps with the exception of the cyber elite – and you know who you are) will need some simple instruction in use of this improved system.

CAPOE is planned to start clinical use on the TTU in June of this year. If you have questions or comments, please direct them to the project coordinator, Dr. Don Levick. We welcome creative thinking and innovation, so even if you think your suggestion is "off the wall," let's hear it. Many of the best ideas started out that way.



A thought to ponder:

Give a man a fish and he will eat for a day.  
Teach him to fish, and he will sit in a boat  
and drink beer all day.



Malpractice Crisis Deepens

**A shortage of obstetricians in Pa. is being created by surging awards in medical malpractice lawsuit and rising malpractice liability insurance premiums, according to the Pennsylvania Medical Society (PMS).**

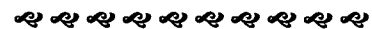
Many Pennsylvania obstetricians are retiring early, choosing to practice in neighboring states, or giving up the delivery of babies altogether in response to the financial burden of soaring malpractice insurance costs, the PMS said. The number of obstetricians at Main Line Health Hospitals has declined by more than 10 percent in the last year due primarily to rising liability insurance costs, according to Gerard Klinzing, M.D., chairperson of the Department of Family Practice at Main Line Health Hospitals. Another Pennsylvania medical practice, devoted solely to obstetrics and gynecology, said its premium for private malpractice insurance tripled this year to nearly \$1 million, putting it on the verge of bankruptcy and causing two of the practice's seven physicians to stop delivering babies just to cut its premium in half. The PMS said it has received numerous reports statewide from obstetricians who have stopped practicing or given up high-risk procedures. In an attempt to address the situation, the PMS is meeting with state senators and representatives to encourage them to reform medical liability laws.

(Pennsylvania Medical Society, March 2, 2001)

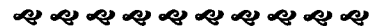
<http://www.pnewsire.com/cgi-bin/stories.pl?ACCT=104&STORY=/www/story/03-02>

Many physicians (including myself) have been reluctant in the past to jump into the political issues, reserving our efforts for more "medical" matters. But, I now agree that the time has come. Our state is one of the last in the country to hold out against meaningful tort reform (for numerous reasons) and it has reached a crisis which endangers the delivery of medical care to our patients. I urge medical staff members to read the call to action from the Pennsylvania Medical Society and support them in this effort. At least call the governor and send a letter.

**Governor Tom Ridge  
225 Main Capitol  
Harrisburg, PA 17120  
(717) 787-2500**



There are some things you learn best in calm,  
and some in a storm. - Willa Cather



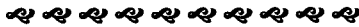
**After ending a five-year contract with Aetna, Lehigh Valley Hospital in Allentown, Pa. reported that up to 80 percent of its patients switched insurers to stay with the hospital. After months without negotiating, Aetna and Lehigh Valley Hospital (LVH) ended a five-year agreement over a reimbursement dispute, prompting an estimated 10,000 to 12,000 patients to switch insurers to keep their LVH doctors,**

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the Morning Call reported, citing Theresa Ryan-Mitlyng, M.D., medical director for the hospital-owned physician practices that ended their contracts with Aetna two months earlier. Aetna said it would continue to cover LVH bills for emergencies such as heart attacks and strokes, and for patients in the middle of extended treatment such as chemotherapy, the Morning Call added. (Morning Call, March 2, 2001)
http://www.mcall.com/html/news/regional/a\_pg001a1\_5aetna.htm



LVH-Muhlenburg

As you may know, the ring road is nearing completion and so is all the construction at the "new and improved" LVH-Muhlenburg campus. The physical appearance is impressive and the mood is upbeat. The pediatric facility is bright and cheerful with its Children's Hospital of Philadelphia tumbler logos prominently displayed. There is sufficient office space for staff as well as space for parents and families. The new ambulatory surgery entrance area is nicely designed for function and appearance. Flanked by the new Behavioral Health Center, it is clear that LVH-M is moving forward to center stage in Northampton County.



Genetics, genomics, and the future

"Until recently, many physicians...considered medical genetics as the province of specialists in tertiary care medical centers, who spent their time evaluating unusual cases of mendelian disorders, birth defect syndromes, or chromosomal abnormalities. Asked whether genetics was a part of their everyday practice, most primary care practitioners would say no. That is all about to change.....The implications for diagnostics, preventative medicine and therapeutics will be profound."
- Francis Collins, Victor McKusick JAMA 2/7/01



Golfer: "Well, I have never played this badly before."
Caddie: "I didn't realize that you had played before, sir!"

Ed

Edward M. Mullin, Jr., MD
President, Medical Staff

Robert X. Murphy, MD: He's an Emerging Leader, AMA says

By Brian Downs, Public Affairs

Robert X. Murphy, MD, says he loves being a plastic surgeon because he can focus on improving lives by caring for one person at a time. But Dr. Murphy feels his work as a physician doesn't end there.

Much of Dr. Murphy's 12-year career also has been spent serving on numerous local, regional and national medical boards, societies and committees. It's his way, he says, to deal with bigger issues and care for the population.

"There are many demands on a physician's time -- most important is caring for our patients," Dr. Murphy said. "But it's also important to me that health care issues that affect us all be addressed."

Dr. Murphy's dedication has been noticed by the American Medical Association (AMA), which invited him to participate in its prestigious AMA/Glaxo Wellcome Emerging Leaders Development Program held in March in Washington, D.C.

Only 50 physicians nationwide are invited each year, and Dr. Murphy was one of three from Pennsylvania selected. The program focuses on providing physicians with skills to more effectively influence health policy.

How has Dr. Murphy led LVHNN? He is past president of the medical staff, during which he oversaw the merger of the LVH and LVH-Muhlenberg medical staffs, and has also served on LVHNN board of trustees and its executive committee. During last November's election, he worked to educate physician leaders about the views of the local congressional candidates on health care issues.

Robert J. Laskowski, MD, LVHNN's chief medical officer, is one of Dr. Murphy's colleagues who highly recommended him for the AMA honor. "Given the challenges posed by the advances in medicine and the constraints in financing them, it is vitally important that talented physicians like Dr. Murphy help guide the health care system into the future -- and are recognized for their efforts."





## **LVHHN to Expand and Enhance Cardiology Program at Lehigh Valley Hospital—Cedar Crest & I-78**

Major renovations will begin this fall to the cardiology facility at Cedar Crest & I-78, resulting in expanded and enhanced programs for patients, visitors and caregivers in the summer of 2003.

The Regional Heart Center of Lehigh Valley Hospital, as this facility was recently named, will occupy the entire third floor and areas on the fourth floor of the Pool Pavilion—where most heart care currently takes place—as well as adjacent space on the third floor of the Fred Jandl Family Pavilion.

The enlarged facility will house expanded programs at the forefront in managing abnormal heart rhythms (arrhythmias) and the use of radiation (brachytherapy) to prevent the re-closing of coronary arteries. LVH is the only hospital in the region participating in innovative brachytherapy research.

The center's four cardiac catheterization laboratories and two electrophysiology laboratories will be relocated, enlarged and outfitted with new diagnostic and treatment equipment.

The facility will be one-third larger than the current facility, where 44 cardiologists on the LVH medical staff provide inpatient and outpatient medical cardiology care to more than 7,000 patients each year.

"The Regional Heart Center will provide an optimal setting for the excellent cardiologists and clinical staff who provide cardiac care at Lehigh Valley Hospital," said D. Lynn Morris, MD, Chief, Division of Cardiology. It will be designed to accommodate the most innovative diagnostic and treatment technology and services, and provide comfort and convenience for patients and their families, with more private rooms, he said.

The Regional Heart Center was approved by the Lehigh Valley Health Network Board of Trustees at its January meeting and was planned with patient, cardiologist and staff advice. Patient care activities will continue uninterrupted during construction. The project's cost will total \$27.9 million; \$15.1 million for renovations and \$12.8 million for new technology and equipment.

"The Regional Heart Center task force developed a patient care process based on the concept of an ideal experience for our patients, their families and our caregivers," said John Fitzgibbons, MD, Chairperson, Department of Medicine and the project's sponsor. "The facility was planned to support that."

## **Elevated Troponins**

By D. Lynn Morris, MD, Chief, Division of Cardiology

Traditionally, the confirmation of acute myocardial infarction is based on an elevation of creatine kinase and creatine kinase myocardial fraction (CK-MB). Thus, CK-MB determinations have been obtained to confirm the diagnosis of acute myocardial infarction. Recently, however, increases in the CK-MB fraction have been shown to be less specific than first believed. This has prompted a search for more sensitive and accurate markers of myocardial injury.

The troponins have become a popular method of assessing cardiac ischemic processes. There are three distinct proteins (Component I, Component C and Component T). These proteins regulate calcium dependent interaction of myosin with actin. The cardiac troponins (I, T) are specific for myocardial cell insult.

CK-MB is usually elevated by four hours after onset of chest discomfort. Thus, it is inadequate for early clinical decision making in the Emergency Department. Also, with what appears to be less specificity than previously thought, it has some limitations in diagnosis. Fortunately, the cardiac troponins appear in the serum within two to three hours of onset of chest discomfort. The presence of cardiac troponins in the circulation above a reference limit is highly specific for some degree of myocardial injury.

Cardiac troponin levels greater than 0.4  $\mu\text{g/L}$  suggest the presence of some degree of myocardial necrosis from unstable angina to aortic infarction. If levels are less than 0.4  $\mu\text{g/L}$ , it is very unlikely that any cardiac damage has occurred. When the cardiac troponin level is greater than 1  $\mu\text{g/L}$ , there is a strong suggestion of acute myocardial infarction.

The cardiac troponins are very sensitive for even small amounts of myocardial necrosis and many investigators have suggested that they are more beneficial from a prognostic point of view than a diagnostic point of view. A borderline troponin level of 0.4  $\mu\text{g/L}$  to 1.0  $\mu\text{g/L}$  is not diagnostic of acute myocardial infarction. However, patients with troponin levels of 0.4  $\mu\text{g/L}$  or above have significantly higher mortality rates at 30 to 45 days than patients who have troponin levels of 0.4  $\mu\text{g}$  or less. Thus, clinicians must recognize that although a patient probably does not have an acute myocardial infarction with a troponin level of less than 1.0  $\mu\text{g/L}$ , the prognosis is impacted when the troponin level is mildly elevated and indicates to the clinician that additional evaluation for potential coronary disease is necessary. This allows the clinician to risk stratify patients based on this laboratory value.

If you have any questions, please contact D. Lynn Morris, MD, Chief, Division of Cardiology, at (610) 770-2200.



## **LVH's Vascular Lab Earns Accreditation for Diagnosing Cardiovascular Disease**

By Robert Stevens, Public Affairs

The Vascular Laboratory at Lehigh Valley Hospital (LVH) has attained accreditation from the Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL), a non-profit organization established with the support of 11 medical societies. This achievement reflects the LVH laboratory's ability to swiftly and accurately diagnose blockages in blood vessels to the brain and other parts of the body using ultrasound and blood pressure measurements in the extremities. The timely diagnosis and treatment of blockages in the arteries can prevent strokes and heart attacks.

Accreditation by the ICAVL is a voluntary process of assessing every aspect of the laboratory's daily operations and its impact on the quality of patient care. Common non-invasive diagnostic techniques that are performed at LVH include duplex ultrasound, extremity and digital blood pressure measurements and leg compartment pressure determinations.

## **Hospital Management of Patients with Diabetes**

By Larry N. Merkle, MD, Chief, Division of Endocrinology-Metabolism

The hospital is treating an increasingly large number of patients with diabetes, many of whom are admitted with problems related to long term complications. There is an accumulating body of evidence that good glucose control has a tremendous potential to reduce mortality, morbidity, length of stay and cost among these patients. This specifically includes positive outcomes in areas of wound healing, wound and nosocomial infections, strokes and myocardial infarctions. It is well known that hyperglycemia has an effect on the immune response. Many studies, including our own, which address surgery in the diabetic patient (especially cardiothoracic surgery), have demonstrated that perioperative glucose control using IV insulin can significantly reduce wound infections (especially deep sternal wound).

As part of the hospital's "Do No Harm" program, the diabetes team randomly reviewed 95 charts of patients with diabetes who had a surgical procedure. This investigation revealed persons with diabetes had higher hospitalization costs and an average 2.7 day longer length of stay. Also of significance, only 43% of these patients had glucoses controlled under 200mg/dl during most of their stay. There was also a 22% rate of wound or nosocomial infections. An intensive effort is being made to try to emphasize optimal glucose control in the hospitalized diabetic patient. Two protocols have been developed to assist with this effort. The inpatient diabetes

nurse educator will coordinate the implementation and trial of these protocols, starting first with patients undergoing vascular surgery.

If you have any questions, please contact Deborah Swavely, Director, Helwig Diabetes Center, or Joyce Najarian, Diabetes Educator, Helwig Diabetes Center, at (610) 402-5000, or Larry N. Merkle, MD, Chief, Division of Endocrinology-Metabolism, at pager (610) 402-5100 9173.

## **Tetanus Vaccine Shortage**

By Luther V. Rhodes III, MD, Chief, Division of Infectious Diseases

Healthcare providers should be aware that supplies of adult tetanus and diphtheria toxoids (Td) will be in short supply throughout most of 2001. Aventis Pasteur is now the sole producer of vaccine since Wyeth Lederle stopped production of this essential vaccine product. CDC guidelines for now stress prioritization of Td supplies for: 1) Travelers to countries with diphtheria outbreaks; 2) Patients needing tetanus booster prophylaxis as part of wound management; 3) Anyone who has received less than three tetanus shots ever; and 4) Anyone who has not received a Td booster in the preceding 10 years (special attention to pregnant women and adolescents who may be under immunized). Currently, there is no shortage of infant vaccines. At LVH, we have asked the Pharmacy to keep close tabs on in-house supplies with notification to units of special concern such as the Emergency Departments and the Burn Unit of existing inventory of tetanus vaccine.

If you have any questions, please contact Luther V. Rhodes III, MD, Chief of Infectious Diseases, at (610) 402-8430.

### **A Note from the Pharmacy**

For your information, following is a list of the most often backordered drugs:

- ❖ Compazine injection
- ❖ Solumedrol injection (main shortages have been the 40mg and 2gm)
- ❖ Tetanus-diphtheria and tetanus toxoid (the sole provider has been allocating quantities)
- ❖ Fentanyl injection
- ❖ Cocaine 10% solution

Discontinued drugs include:

- ❖ Librium injection
- ❖ Raplon injection (voluntarily taken off the market)
- ❖ Susphrine injection

If you have any questions regarding this issue, please contact Fred Pane, Director, Pharmacy, at (610) 402-8882.



## A Word About Autopsies

By Saralee Funke, MD, Chief, Section of Forensic Pathology

According to a study published in the February issue of *Chest*, Cleveland Clinic researchers found misdiagnoses in almost 20% of ICU patients on whom autopsies were performed.

Since at least 1983, there have been multiple published studies showing discrepancies between pre- and post-mortem diagnoses. The discrepancy rates have ranged from 6-40% and often (but not always) reflect missed or unsuspected infections, myocardial infarctions, and/or pulmonary emboli. In all of these studies, the value of the autopsy as a means of quality assurance and as a vehicle for physician education has been underscored.

It is ironic, then, that despite these studies, and despite media attention, multiple articles, editorials and conferences (including at least seven national and international conferences on the autopsy over the last 25 years) and despite forceful recommendations by many individuals and organizations, the number of autopsies being performed remains at low ebb. Historically, the 1950s saw the peak autopsy rate in this country of almost 60%. By 1965, in response to declining numbers, the JCAHO mandated a minimum rate of 20-25%. In 1970, the JCAHO abolished the numerical requirement. In 1995, the National Center for Health Statistics stopped collecting autopsy statistics all together. Currently, the national autopsy rate is believed to be between 10-12%. At Lehigh Valley Hospital, the rate is 9%. It is of interest that in this current climate there remain institutions such as the University of Texas at Galveston and the University of Nebraska Medical Center where the autopsy rate has been consistently over 45% for the past decade.

Autopsies produce information. It is information that has multiple uses and ramifications. The information may document an error in diagnosis or confirm a diagnosis. It may document a response to therapy or a failure of therapy. It may be the impetus for a change in treatment protocols. It may provide data for research. It may aid in the training of future physicians. It may provide an integrated view of the natural course of diseases we think we know well, or it may help identify new unexpected disease processes. The information from the autopsy may also allay fears and reassure the family. As a means for medical quality assurance, the autopsy has been called as close to a final court as one can devise. To paraphrase Dr. George Lundberg, if we wish to assess the quality of care given to our sickest patients, the ones who die, then what better way than autopsy?

If you have any questions or concerns regarding this issue, please contact Saralee Funke, MD, Chief, Section of Forensic Pathology, at (610) 402-8144.

## News from CAPOE Central

An overview of CAPOE (Computer Assisted Physician Order Entry) was presented at the General Medical Staff Meeting on March 12, 2001. I would like to thank members of the panel -- Drs. Caccese, Jaffe, and Stillman -- for their participation and support. I would also like to thank Dr. Mullin, President of the Medical Staff, for framing the discussion and providing a great overview of the driving forces for this project. The discussion went quite well, and many of the benefits and timesaving features of CAPOE were illustrated.

Just a few of the many benefits and time saving features are listed below:

- ❖ Interactive checking of duplicate drugs, drug allergies and interactions will save physicians time and reduce potential medication related problems.
- ❖ Pull down menus that provide approved and appropriate reasons for diagnostic studies and procedures will improve the accuracy of the test and facilitate proper payment.
- ❖ Remote access will allow physicians to check results and enter orders from any unit in the hospital, or even from home.
- ❖ Custom-built order sets will allow physicians and groups to quickly and accurately enter groups of orders based on how they are accustomed to practicing.
- ❖ Expert rules will facilitate ordering and decision-making by providing clinical information on the spot, such as: automatically calculating creatinine clearance, checking for potassium levels when ordering digoxin, reminding attendings to obtain consent when ordering blood products. These expert rules will be written based on the input from the Design Team and Medical Staff.
- ❖ Auto-substitution of medications will also become more efficient. Instead of receiving calls from pharmacy or having reminders placed on the chart, an auto-substitution screen will pop-up explaining the substitution policy, the preferred substitution and doses, and provide the ability to choose the medication and doses.

As we work with the Design Team and get closer to go-live in June, we continue to find opportunities to utilize CAPOE in ways that will fulfill the goals of the project: to improve patient care and make life easier for the ordering physicians.

Don Levick, MD, MBA  
(484) 884-4593



## Radiology News

### Imaging of Appendicitis

By John F. Cox, MD, Chief, Section of Orthopedic Radiology

The clinical diagnosis of appendicitis is often difficult; in recent years, imaging studies have been utilized increasingly to confirm the diagnosis prior to surgery in an effort to decrease the rate of removal of normal appendices. Specifically, over the past five years, spiral CT has been increasingly recognized as the imaging gold standard for diagnosing appendicitis.

There are a variety of ways to effectively perform spiral CT to evaluate for appendicitis. In our view, the most optimal technique has utilized oral contrast with attention to filling of the lower small bowel and right colon, with intravenous contrast and 5 mm. collimated (slice thickness) scanning. This technique has a very high rate of visualization of the normal appendix, with sensitivity and accuracy greater than 95%.

A normal appendix on CT has either a visible air-filled lumen with a very thin wall or a collapsed lumen. The collapsed appendix typically measures 6 mm. or less in diameter, a patent lumen or air filled appendix can be 10 mm. in size. CT signs of appendicitis include peri-appendiceal inflammation and cecal apical changes as well as a thick-walled and abnormally enhancing appendix, which may contain intraluminal fluid and demonstrate submucosal edema.

An alternative to CT scanning when radiation burden is a concern, in children, pregnant patients, and young women of childbearing age, is appendiceal ultrasound. Ultrasound is relatively specific, approximately 95% when the inflamed blind-ending noncompressible appendix greater than 6 mm.in size is demonstrated. However, the normal appendix is only seen in less than 10% of cases and therefore ultrasound is insensitive. Ultrasound is also operator dependent and dependent on patient habitus. Ultrasound performs best in thin patients and will have difficulty despite optimal compression in finding the appendix in obese patients. Because appendiceal CT has become fast, safe, and highly accurate and its routine use has been shown to improve patient management while lowering hospital resource use, appendiceal CT is currently recommended for most patients with clinically suspected appendicitis.

If you have any questions, please contact John F. Cox, MD, Chief, Section of Orthopedic Radiology, at (610) 402-8088.

## Congratulations!

Andrea Schellenberg, MD, Department of Anesthesiology, has become board certified in Anesthesiology and is now a Diplomate of the American Board of Anesthesiology.

### Coding Tip of the Month

Modifiers for coding procedures: Modifiers are designed to give payers additional information needed to process a claim. Correct modifier use is also an important part of avoiding fraud and abuse or noncompliance issues. When dictating the operative report, please include a full description of the body part, including right, left, upper, and lower or bilateral. Also, with the right or left hand or foot please specify first, second, third digit, etc. To code breast procedures, upper-outer, upper-inner, etc., is necessary.

In celebration of Nurses Week,  
members of the Medical Staff  
are cordially invited to attend the  
**2001 Nursing Gala**  
honoring our staff  
and the Friends of Nursing  
award winners and donors.

Thursday, May 3, 2001  
Holiday Inn Conference Center  
Fogelsville, Pennsylvania

5:30 p.m. - Reception  
7 p.m. - Awards Presentation

RSVP by Friday, April 27, 2001  
to Kim Hitchings at (610) 402-1704



## Papers, Publications and Presentations

**Robert O. Atlas, MD**, Interim Chief, Section of Maternal-Fetal Medicine, graduated from the APGO/CREOG Solvay Educational Scholars Program held March 7-10 in Orlando, Fla., where his abstract on "Resident Learning and Knowledge: Does Pre and Post Testing Help in Long-term Retention of Information?" was presented.

On January 11, **Barry H. Glassman, DMD**, Division of General Dentistry, presented a lecture and clinical demonstration to the Pennsylvania Craniomandibular Society titled "Injection Techniques in Chronic Pain Management Including Trigger Point Therapy, Ganglion/Parasympathetic Blocks, and the Use of Prolotherapy in Ligament Insertion Injuries."

**Herbert L. Hyman, MD**, Division of Gastroenterology, presented a lecture on Chronic Fatigue Syndrome to members of the medical staff of Warren Hospital in Phillipsburg, N.J., on March 21.

**Peter A. Keblish, Jr., MD**, Division of Orthopedic Surgery, Section of Ortho Trauma, was the principal author of a scientific paper read at the American Academy of Orthopaedic Surgeons in San Francisco, Calif., on February 28. The paper -- "Patella Non-resurfacing in Low-contact-stress (LCS) Mobile-bearing Total Knee Arthroplasty (TKA): Results of 1777 TKAs with 2 to 15-year Follow-up" -- was a combined study at Lehigh Valley Hospital and Schulthess Klinik in Zurich, Switzerland. The paper was co-authored and presented by Dr. Jens Boldt, Medical Research Fellow of Dr. Keblish in 1999, currently at the Schulthess Klinik. **Carol Varma**, Graphic Specialist, Biomedical Photography, was also a co-author.

Dr. Keblish also moderated and presented four papers on various aspects of total knee replacements in a pre-Academy Learning Center on Mobile Bearing Knee Arthroplasty.

**Indru T. Khubchandani, MD**, Division of Colon and Rectal Surgery, was the only American speaker invited to the III International Congress of Society of Pelvic Dysfunction held in Cairo, Egypt, from March 14-18. The Society, which is comprised of gynecologists, urologists, proctologists, colon and rectal surgeons, physiologists, and sexologists, focuses on a multidisciplinary approach to pelvic floor disorders. Dr. Khubchandani was elected to the Council of the Society. He spoke about "Surgical Preferences for Prolapse of the Rectum." In addition, Dr. Khubchandani was interviewed by the National Television to give his opinion regarding the quality of surgical services in Egypt.

**Thomas D. Meade, MD**, Division of Orthopedic Surgery, Section of Ortho Trauma, recently addressed the Mid-Eastern Association of Peri-Anesthesia Nurses on March 3 and gave an update on knee ligament reconstruction utilizing a quadruple hamstring with the Arthrotec bone mulsh system. Additionally, Dr. Meade was an invited lecturer at the American Academy of Orthopaedic Surgeons Learning Center in Chicago, Ill., on February 23, to speak on surgical techniques of anterior cruciate ligament reconstruction using quadrupled hamstrings.

**Larry N. Merkle, MD**, Chief, Division of Endocrinology-Metabolism, and **Glen L. Oliver, MD**, Chief, Division of Ophthalmology, recently completed an educational videotape on "Diabetic Eye Disease." This was done in conjunction with the AV Department of Kutztown University and the Helwig Diabetes Center at the request of the Pennsylvania Diabetes Academy. The videotape will be made available for physician education throughout the state.

**William L. Miller, MD**, Chairperson, Department of Family Practice, and **Joanne Cohen-Katz, PhD**, Family Systems Associate, Department of Family Practice, co-chaired the 21st Annual Society of Teachers of Family Medicine Conference on Families and Health. A major event, "Earth Jazz: Finding Healing Rhythms in Families, Health, and Ecology," was held on Kiawah Island, S.C., from February 28 to March 4, 2001. **Beth Wernham, LSW**, also from the Department of Family Practice, presented a lecture on "The Home Visit in Family Practice Residency Training."

**Philip M. Monteleone, MD**, Section of Pediatric Hematology-Medical Oncology, co-authored two articles which were published in the February 2001 issue of the *Journal of Pediatric Hematology/Oncology*. The titles of the articles are "Bilateral Breast Relapse in Acute Myelogenous Leukemia," and "Hepatic Dysfunction as the Presenting Feature of Acute Lymphoblastic Leukemia."

**John G. Pearce, MD**, Chief, Section of Mammography, was a visiting professor for the Department of the Army at Tripler Army Medical Center in Honolulu, Hawaii, from March 12-16. During his stay, he presented 10 hours of continuing medical education through lectures and workshops on mammography and early breast disease detection to Radiology, Medicine, OB/GYN, and Surgery residents as well as Radiological technologists. In addition, he held Board reviews for Radiology residents and fellows of the U.S. Army Command in Hawaii.

(Continued on Page 9)





(Continued from Page 8)

**Orion A. Rust, MD**, Medical Director, Mother/Baby Unit, and **Robert O. Atlas, MD**, Interim Chief, Section of Maternal-Fetal Medicine, presented three abstracts at the Society of Maternal-Fetal Medicine's 21<sup>st</sup> Annual Meeting held February 5-10, at the Reno Hilton in Reno, Nev. Two of their abstracts were selected for oral presentation: "Revisiting the Clinical Efficacy of Cerclage in the Treatment of 2<sup>nd</sup> Trimester Sonographically Detected Premature Dilation of the Internal Os" and "Regression Analysis of Perinatal Morbidity for 2<sup>nd</sup> Trimester Sonographic Evidence of Internal Os Dilation and Shortening of the Distal Cervix." The third abstract -- "Sonographic Description of the Cervix at Risk for Preterm Birth" -- was a poster presentation.

## Upcoming Seminars, Conferences and Meetings

### 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 Lehigh Valley Hospital-Muhlenberg.

Topics to be discussed in April will include:

- ❖ April 3 - Exercise, Fitness and the Cancer Patient
- ❖ April 10 - Approach to the Patient with a Multinodular Goiter
- ❖ April 17 - Infectious Mechanisms in Rheumatic Diseases
- ❖ April 24 - Atrial Fibrillation: Answers to All of Your Questions

For more information, contact Diane Biernacki in the Department of Medicine at (610) 402-5200.

### Pediatric Grand Rounds

Pediatric Grand Rounds will be held on the following Tuesdays in April, beginning at 8 a.m., in the hospital's Auditorium at Cedar Crest & I-78:

- ❖ April 3 - Preparing Children and Their Families for Anesthesia and Surgery
- ❖ April 17 - Update of Pediatric HIV Infection - Trends, Tests and Therapies

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

## Regional Heart Center Symposium

**What's New In Cardiac Care: A Symposium for Physicians and Nurses** will be held on Saturday, April 28, from 7:30 a.m. to noon in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78.

This symposium, sponsored by the Regional Heart Center of Lehigh Valley Hospital, is intended to provide information and interactive discussions on recent advances in the diagnosis and treatment of cardiovascular disease. Cardiologists, primary care physicians, nurses and other health care professionals who provide cardiovascular care will benefit from this program.

For more information, a brochure, or to register for the symposium, please contact Bonnie Schoeneberger, CME Coordinator, Center for Educational Development and Support, at (610) 402-2584.

## Biomedical Ethics Expert to Discuss Medical Errors and Genetic Engineering

Arthur Caplan, PhD, an internationally known expert on medical ethics, will present the annual E. John Stahler, MD and James C. Rex, MD Surgical/Medical Grand Rounds lectures on Tuesday, May 8.

The Surgical Grand Rounds lecture, "What Price Safety: Drive to Reduce Medical Errors," will begin at 7:15 a.m., in the auditorium at Lehigh Valley Hospital, Cedar Crest & I-78.

The Medical Grand Rounds lecture, "Where is the Genetic Revolution Headed: Testing, Therapy, and Engineering," will begin at noon in the same auditorium.

Director of the Center for Bioethics and Trustee Professor of Bioethics at the University of Pennsylvania, Dr. Caplan is the author of many books and articles on medical ethics, health policies, and the history of medicine and health science. Dr. Caplan is also Professor of Molecular and Cellular Engineering, Professor of Philosophy, and Chief of the Division of Bioethics at the University of Pennsylvania Medical Center.

The E. John Stahler, MD and James C. Rex, MD Endowment Fund in Support of Surgical Education, Research and Development sponsors this annual lectureship at Lehigh Valley Hospital. The fund was established in Dr. Stahler's memory to support research, fellowships, lectures, and educational activities.

All members of the Medical Staff are invited to attend. If you have any questions regarding this program, please contact Sally Lutz, Surgical Editor, at (610) 402-1296.

**Who's New****Medical Staff****New Appointments****Philip M. Monteleone, MD**

CHOP-Pediatric Hematology/Oncology  
 CHOP Specialty Care Center of Lehigh Valley  
 2545 Schoenersville Road  
 Third Floor  
 Bethlehem, PA 18017-7384  
 (484) 884-2467  
 Fax: (484) 884-3462  
 Department of Pediatrics  
 Division of Pediatric Subspecialties  
 Section of Hematology-Medical Oncology  
 Site of Privileges - LVH & LVH-M  
 Provisional Active

**J. Brian Straka, DMD**

(Solo Practice)  
 3005 Brodhead Road  
 Bethlehem, PA 18017-9299  
 (610) 814-6277  
 Fax: (610) 814-6279  
 Department of Dentistry  
 Division of Periodontics  
 Site of Privileges - LVH-M  
 Provisional Active

**Status Changes****Hugh S. Gallagher, MD**

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

**David H. Packman, DDS**

Department of Dentistry  
 Division of Pediatric Dentistry  
 From: Active  
 To: Honorary

**William J. Vostinak, MD**

Department of Surgery  
 Division of Orthopedic Surgery  
 From: Provisional Active  
 To: Affiliate  
 Site of Privileges - LVH & LVH-M

**Phone Number Change**

**Fred Laufer, MD**  
 (610) 336-9000  
 Fax: (610) 336-9424

**Address Changes**

**Lisa S. Bunin, MD**  
**Shawn M. Weigel, DO**  
 1611 Pond Road  
 Suite 403  
 Allentown, PA 18104-2258  
 (610) 435-5333  
 Fax: (610) 435-2253

**Julie W. Stern, MD**

CHOP-Pediatric Hematology/Oncology  
 CHOP Specialty Care Center of Lehigh Valley  
 2545 Schoenersville Road  
 Third Floor  
 Bethlehem, PA 18017-7384  
 (484) 884-2467  
 Fax: (484) 884-3462

**Chris CN Chang, MD**

**Whitney J. McBride, MD**  
 LVPG-Pediatric Surgery  
 CHOP Specialty Care Center of Lehigh Valley  
 2545 Schoenersville Road  
 Third Floor  
 Bethlehem, PA 18017-7384  
 (484) 884-2467  
 Fax: (484) 884-3300

**Robert W. Miller, MD**

LVPG-Pediatric Pulmonary  
 CHOP Specialty Care Center of Lehigh Valley  
 2545 Schoenersville Road  
 Third Floor  
 Bethlehem, PA 18017-7384  
 (484) 884-2467  
 Fax: (484) 884-3301

**Michael J. Nimeh, DO**

Primary Care Associates in the LV, PC  
 1150 S. Cedar Crest Blvd.  
 Suite 101  
 Allentown, PA 18103-7900  
 (610) 776-1603  
 Fax: (610) 776-6344

**Practice Changes****Joseph J. Grassi, MD**

(No longer with Orthopaedic Associates of Bethlehem, Inc.)  
Orthopedic Associates of the Greater Lehigh Valley  
Northwood Medical Arts Building  
3735 Easton Nazareth Highway  
Suite 101  
Easton, PA 18045-8338  
(610) 252-1600  
Fax: (610) 250-9257

**Thomas J. Renaldo, DO**

(No longer with MacArthur Medical Center)  
Whitehall Medical Center  
3251 Seventh Street, Suite A  
Whitehall, PA 18052-3441  
(610) 434-4294  
Fax: (610) 439-1224

**Resignation****Vikram Barpujari, MD**

Department of Medicine  
Division of Gastroenterology

**Anthony Brown, DO**

Department of Medicine  
Division of Nephrology

**M. Carol Greenlee, MD**

Department of Medicine  
Division of Endocrinology-Metabolism

**Steven A. Mortazavi, MD**

Department of Anesthesiology  
Division of Pain Management

**Death****William S. Kistler, MD**

Department of Family Practice  
Honorary  
December 21, 2000

**Allied Health Staff****Appointments****Dapeng Fan, MSc, DABNM**

Associate Scientific  
Clinical Neurophysiologist  
(Surgical Monitoring Associates)  
(Supervising Physician - Mark C. Lester, MD)  
Site of Privileges - LVH & LVH-M

**Joann R. Koch**

Physician Extender  
Technical - Dental Assistant  
(Jeannine E. Wyke, DMD)  
Site of Privileges - LVH & LVH-M

**Sandra R. Kowalski, CRNP**

Physician Extender  
Professional - CRNP  
(Lehigh Neurology - John E. Castaldo, MD)  
Site of Privileges - LVH & LVH-M

**Mingwei Li, MSc, DABNM**

Physician Extender  
Technical  
Intraoperative Neurophysiological Monitoring Specialists  
(Surgical Monitoring Associates)  
(Supervising Physician - Mark C. Lester, MD)  
Site of Privileges - LVH & LVH-M

**Resignations****Rony H. Atiyeh**

Physician Extender  
Technical - Anesthesia Tech Assistant  
(Allentown Anesthesia Associates Inc)

**Michelle S. Broadt**

Physician Extender  
Technical  
(John J. Cassel, MD, PC)

**Dena L. Capobianco, PA-C**

Physician Extender  
Physician Assistant  
(Gastroenterology Associates Ltd)

**Cheryl A. Fedak, RN**

Physician Extender  
Professional  
(The Heart Care Group, PC)

## Pennsylvania Medical Society Physician Alert

(This information is being provided to you by Robert X. Murphy, Jr., MD, OMSS Representative)

### What's Happening in the Medical Liability Fight

**Physician forums:** More than 1,000 physicians attended the Society's forums on medical liability reform, held at seven locations around the state in January. The Society is analyzing data gathered through surveys at the meetings, and will use this data in legislative and media efforts as the campaign goes forward.

**Recent actions:** In the past few weeks, the Society has:

- Testified at hearings of the Senate Banking and Insurance committees and House Insurance Committee regarding proposals to privatize the CAT Fund
- Held two meetings of leaders of medical specialties to get input and outline strategies

### Get Your Patients Involved -- Patient Handouts Available

Materials to inform your patients and get them involved in the fight for medical liability reform are now available from the State Society. A poster for your office and free printed copies of these materials are available by calling the Liability Reform Action Center (1-800-566-TORT/8678) or sending a request by e-mail to [smiller@pamedsoc.org](mailto:smiller@pamedsoc.org) <<mailto:smiller@pamedsoc.org>> .

Pennsylvania physicians agree that the fight for medical liability reform in this commonwealth cannot be won without the support of the public -- their patients. But as we know from past battles, getting patients to care about, let alone become involved in this battle is perhaps one of the most daunting challenges. The first hurdle is simply explaining the basics of medical liability and how it affects patients' access to care. Once patients understand, they may be willing to take actions to support our efforts to protect their health care.

Many physicians traditionally are reluctant to bring "political" matters into the exam room or the waiting room. But this crisis is so pervasive and so urgent that even doctors who've been strongly reluctant are now asking the State Society for materials to help them talk to patients about this problem. The Society has responded by providing materials designed to explain in simple terms the nature and urgency of the medical liability crisis. The major points are:

- Your doctor cares about your health and the future of medicine in Pennsylvania.
- Your access to your doctor-and your family's future access to specialists, trauma care, and other doctors-is threatened.
- Your doctor needs your help to fight this crisis.

More detailed materials to help doctors explain the complexity and scope of the problem to community leaders, legislators and others are currently being developed.

Physicians are urged to:

- Hang the "From Your Doctor" poster in your reception area.
- Photocopy the accompanying "From Your Doctor" message and sample letter to the governor and place these copies in your reception area.
- Hand out copies to patients at the conclusion of each visit along with visit documentation. Include a stamped, addressed envelope so that the patient may immediately sign and mail the letter to the governor.
- Talk to your patients about the issues, and urge them to sign and send the sample letter to the governor.

Liability Reform Action Center: 1-800-566-TORT (8678)

## **What Can YOU Do?**

**Call the governor:** Call Tom Ridge at (717) 787-2500. Let him know you will detail your experiences in a personal letter. Be sure to fax a copy to the Society at (717) 558-7841.

**Tell us how the crisis affects your practice and your patients:**

Is it difficult to hire new physicians? Thinking of retiring? Have you cut back on services? Laid off staff? Email us at [jgeyer@pamedsoc.org](mailto:jgeyer@pamedsoc.org) <<mailto:jgeyer@pamedsoc.org>> , or fax (717) 558-7841, telling us how skyrocketing premiums and CAT Fund payments have affected your practice.

**Call your legislator:** To call or write your legislator, go to [www.pamedsoc.org](http://www.pamedsoc.org) <<http://www.pamedsoc.org/>> , click on advocacy & information, legislation/regulation, "look up your congressman."

**Join PAMPAC:** Trial lawyers give generously to their political action committee (PAC). Doctors don't. We have to change that if we want liability reform. Call Dave Thompson at (800) 228-7823, ext. 1453.

**Help us contact local media:** Know any local media personalities? Call Chuck Moran, ext. 1437.

**Register to Vote:** And encourage everyone you know to register.

**Come to Harrisburg:** Join us at the Capitol-call the Liability Reform Action Center for information at 1-800-566-TORT.

# THE CENTER FOR EDUCATIONAL DEVELOPMENT AND SUPPORT

April 2001

## News from the Library

### **OVID Training.**

**The Library has completely converted to OVID's on-line MEDLINE system. This Web-based system is updated daily by Ovid. Call Barbara Iobst in the Health Sciences Library at 610-402-8408 to schedule a one-on-one training session.**

### New Library Publications.

#### CC & I-78

"Cecil textbook of medicine," 21<sup>st</sup> edition  
"Sabiston textbook of surgery," 16<sup>th</sup> edition

#### LVH-Muhlenberg

"Hurst's the heart," 10<sup>th</sup> edition  
"The Merck manual," 17<sup>th</sup> edition

#### 17th & Chew Streets

"Clinics in Geriatric Medicine" – February, 2001  
Topic: Thromboembolic disease and anticoagulation in the elderly

"Dental Clinics of North America" – January, 2001  
Topic: New Techniques in Esthetic and Restorative Dentistry"

### Computer-Based Training (CBT):

Computer Based Training (CBT) programs are available for LVHVN staff. Topics covered by the CBT programs include:

Access 2.0	Power-Point 4.0
Windows NT 4	Word 97
Excel 97	Access 97
PowerPoint 97	Lotus 1-2-3 Millennium
WordPerfect 8	E-mail GUI
PHAMIS LastWord Inquiry Only commands	

CBT programs replace the instructor-led classes previously held at Lehigh Valley Hospital. A proctor will be in the room with the learner while he/she takes the CBT, but the learner will control the pace and objectives of the learning.

Computer Based Training takes place in Suite 401 of the John & Dorothy Morgan Cancer Center (the computer training room) and in the Muhlenberg Hospital Center computer training room (off the front lobby). The schedule of upcoming dates is as follows:

#### CBT sessions for JDMCC, suite 401 are as follows:

April 10,	8 am – Noon
May 8,	8 am – Noon
June 26,	Noon – 4 pm
August 7	8 am - Noon

#### Sessions at MHC, I.S. Training room are as follows:

April 24,	Noon – 4 pm
July 17,	Noon – 4 pm

Twelve slots are available for each session.

To register, please contact Suzanne Rice via e-mail or at 610-402-2475 with the following:

date of session  
second date choice  
department  
phone number

You will receive an e-mail confirming your choice within two business days. If you have any questions, please contact Craig Koller at 610-402-2413 or through e-mail.

## CARE WITHOUT CURING – PALLIATIVE CARE

Palliative care concentrates on the relief of suffering and improving the quality of life of patients, whether or not death is imminent. It affirms life, but acknowledges that death is a part of life, part of the natural life cycle. It recognizes the patient as a whole person and the circle of family and friends around the patient's life. Symptom relief is paramount incorporating what Cicely Saunders, Founder of the modern hospice movement, has coined "total pain", encompassing the physical, emotional, social, and spiritual dimensions of symptoms.

Palliative care is multidisciplinary, approaching patients' problems as a team of professionals. It is not less scientific than usual medical care, but attempts to provide a holistic approach to the patient and other persons important to him/her. It is applicable to patients who have chronic diseases but may not die for many years. When death does occur it extends services to the bereaved as part of the continuum of caring.

We have been fortunate in our community to receive a two-year grant from the Dorothy Rider Pool Health Care Trust to pilot a palliative care program for our hospital system and community. This allowed us to hire a nurse practitioner, Gretchen Fitzgerald, to work fulltime in the program, and a part-time medical director, Joseph Vincent. A multidisciplinary core group has been formed to participate in learning and sharing palliative care concepts and to participate in the consultative process. The team is available to provide palliative care consultations for patients in the hospital and the request of their physicians.

The EPEC program, developed by the AMA, is a two-day seminar for discussing many of the palliative care concepts and competencies through plenary and modular sessions designed to promote discussion in groups of fifteen to twenty health care professionals. This is available to all clinicians; already a hundred and fifty clinicians have completed the program, including many of the medical, surgical, and family practice residents. We are eager to have more attending physicians participate. The next seminar is scheduled for Thursday and Friday, May 31 and June 1, 2001.

The services are being extended to some nursing home settings both educationally and consultatively. Many nursing home professionals have participated in the EPEC program (Education for Professionals in End-of Life Care).

For more information concerning the palliative care services, including EPEC, and patient consultations, call 402-2552 or page Gretchen Fitzgerald (610 830 8358) or Joseph Vincent (610 920 7220).

## Educational Programs

### **Handheld Computing Devices in the Medical Practice**

\*Hosted jointly by Easton Hospital, Lehigh Valley Hospital & St. Luke's Hospital\*

Wednesday, April 4, 2001  
5:30 pm - 10:00 pm  
Holiday Inn East, Bethlehem

Buffet dinner @ 5:30 pm

Program starts 6 pm sharp!

Handheld Computing for Physicians  
Steven Elliot Labkoff, MD

Handheld Computers in Hospital Practice and Teaching Programs

Goutham Rao, MD

Managing Patient Data with Handheld Computers  
Vernon Huang, MD

eTools for Medical Practice  
Hector Medina, MD

9-10 pm, Collation with speakers and user groups

**Objectives:** Participants should be able to:

- 1) gain familiarity with current and future applications for handheld computers in medical practice
- 2) recognize how handheld computers can be used for hospitalist, outpatient and teaching practices
- 3) obtain new ideas for streamlining drug information and prescribing practices
- 4) decide if handheld computer may be a valuable tool for you and your practice.

**Credit:** The Easton Hospital Continuing Medical Education Program is accredited by the Pennsylvania Medical Society to provide continuing medical education programs for physicians. The Easton Hospital Continuing Medical Education Program takes responsibility for the content, quality and scientific integrity of this CME activity.

The Easton Hospital Continuing Medical Education Program designates this continuing medical education activity for 3 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association and the Pennsylvania Medical Society Membership requirement. Each physician should claim only those hours of credit that

he/she actually spent in the education activity.

All speakers participating in continuing medical education activities sponsored by the Easton Hospital Continuing Medical Education Program are to disclose to the program audience any real or apparent conflict(s) of interest related to the content of their presentation(s)

**Registration:**

**Mail** Your Name, Address, and check for \$50 per person made payable to:

Easton Hospital  
Office of Continuing Medical Education  
250 S. 21<sup>st</sup>. Street  
Easton, PA 18042

Or call:  
Barbara Morrow @ 610-250-4906

Registration fee: \$50 per person must accompany registration  
Register at the door: \$60 per person.

**Register early----Seating is limited**

\*\*\*\*\*

**ADVANCED DYSRHYTHMIAS**

Wed., April 11, 2001  
0800-1630  
Classroom #8, 3rd Floor, JDMCC

Fri., October 26, 2001  
0800-1630  
Classroom #8, 3rd Floor, JDMCC

The program is designed to expand the knowledge base of a registered nurse working in telemetry, high risk perinatal units, O.R. holding areas, cardiac rehabilitation and other monitoring patient care areas.

**Program Topics:**

- Basics of Leads
- Bundle Branch Blocks
- Pacers
- Wide QRS Tachycardias
- Advanced Cardiac Pharmacology

**NOTE: YOU MUST BRING CALIPERS TO CLASS**  
**If you do not have calipers, they may be purchased in class.**

**FEES:**

There is no charge for LVHHN Staff or PennCARE Affiliates.  
All other participants pay \$90.00/day.

**REGISTRATION:**

**LVHHN Staff**

- Please access the Bulletin Board entitled Forms\_Nursing.
- Select the Cont. Education Registration Form.
- **Right** click on the form and choose "Use Form".
- Complete all areas (refer to "How To Register" for more help on using forms).
- Indicate which day you will be attending.
- Use the comments section to provide us with any additional information that may be useful.
- **We will be unable to process incomplete registrations.**

**PennCARE Affiliates and Staff without E-Mail Access**

- Please either call (610-402-1700) or fax (610-402-1652) the following information: name, hospital affiliation, position, mailing address, social security #, daytime phone #, and day attending. **We will be unable to process incomplete registrations.**

If you have any questions, please call either the Nursing Education Office at 610-402-2277 or Jeanine DeLucca at 610-402-2345.

\*\*\*\*\*

**What's New In Cardiac Care A Symposium for Physicians and Nurses**

Saturday, April 28, 2001  
7:30 am – Noon  
Lehigh Valley Hospital  
Cedar Crest & I-78 - Auditorium

730 am Registration

8:00 am Introduction & Welcome  
Raymond Singer, MD

8:15 am Advances in Medical Cardiology  
D. Lynn Morris, MD

8:50 am Overview of New Technologies in Cardiac Surgery  
Raymond Singer, MD

9:10 am Advances in Surgical Myocardial Re-vascularization  
Michael Sinclair, MD

9:45 am Case Discussions (choose 2)  
a) Outpatient treatment for CHF patients



- b) Treating patients with hypertension
- c) Treating patients with peripheral vascular disease
- d) Surgical approach to valvular disease: options & procedures
- e) Surgical approach to coronary artery disease: options & procedures
- f) Treating the patient with an acute MI
- g) Enhanced External Counterpulsation (EECP) & use of herbal medications for cardiac patients
- h) Heparin-Induced Extracorporeal Lipoprotein Precipitation (HELP) & Managing Chylorthorax
- i) Imaging for renal & peripheral vascular disease
- j) Primary & secondary prevention of cardiac disease

10:15 am Managing Memory Loss in Primary Care – Part II  
Dr. Francis Salerno & Dr. Murray Grossman

11:15 am Questions & Answers

11:45 am Adjournment

**Goal:**

This program will provide the healthcare practitioner with an affective standard approach to assessment of significant memory loss.

**Credit:**

Physician: Lehigh Valley Hospital and Health Network designates this continuing medical education program for 2 credit hours in Category 1 of the Physicians’ Recognition Award of the American Medical Association and the Pennsylvania Medical Society membership requirement. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

All faculty participating in Continuing Medical Education programs sponsored by Lehigh Valley Hospital and Health Network must disclose to the audience any real or apparent conflict(s) of interest related to the content of their presentation(s).

**Nurses:** Lehigh Valley Hospital is a provider of Continuing Nursing Education (CNE) as approved by the Pennsylvania Nurses Association an accredited approver of CNE by the American Nurses Credentialing Center’s Commission on Accreditation. This course has been approved for 2.4 PNA contact hours for registered nurses or 2 clock hours.

**Registration & Fee:**

The registration fee is \$20 and will cover breakfast/break and handouts.

Please send check, made payable to “Lehigh Valley Hospital”, along with your : Name, Title

Address  
Phone Number

to Bonnie Schoeneberger  
Lehigh Valley Hospital  
Center for Educational Development and Support  
17<sup>th</sup> & Chew Streets, PO Box 7017  
Allentown, PA 18105-7017

11:50 am Evaluation

This conference is supported by grants from The Dorothy Rider Pool Health Care Trust and the Regional Heart Center of Lehigh Valley Hospital.

**Registration:**

E-mail Bonnie.Schoeneberger with your:

- Name, Title
- Address
- Social Security No.
- Phone

**And 2 case discussions**

\*\*\*\*\*

**Managing Memory Loss in Primary Care**

April 28, 2001  
8:15 am – 11:45 am  
Country Meadows of Allentown  
Building III  
450 Krocks Road  
Allentown, PA

8:15 am Registration

8:45 am Welcome/Introduction

9:00 am Managing Memory Loss in Primary Care – Part I  
Dr. Francis Salerno & Dr. Murray Grossman

10:00 Break

**CEDS is proud to announce** that the first **Mini-Medical School** will be presented to community members Tuesday evenings May 1-29.

The Mini-Medical School is a new approach to teaching lay people about the art and science of medicine.

We have teamed up community professors of Biology and LVHHN physicians for faculty.

Classes offered include:

**Anatomically Speaking: Anatomy of the Human Body,** presented by Tony Matejicka, II DO, MPH and Rev. Doug Burns from DeSales University

**Our Body's Framework for Life: The Musculoskeletal System,** presented by Bill Iobst, MD and Jackie McLaughlin, PH.D from Penn State/Berks-Lehigh Valley

**The Beat Goes On: The Cardiovascular System,** presented by Lynn Morris, MD and Brian Misanko, PH.D from Cedar Crest College

**Battling Renegade Cells: Cancer and Immune System** presented by Chuck Hoover, MD, Sarah Stevens, MD and Robert Kurt PHD from Lafayette College

**Journey to the Center of the Brain: Neuroscience** presented by John Castaldo, MD and Neil Simon PHD from Lehigh University

In four days, we sold out the auditorium for this program, so registration is closed.

We will be presenting different topics in October.

If you are interested in becoming a presenter, please contact Sallie Urffer in CEDS at 610-402-2556.

*Any questions, concerns or comments on articles from CEDS, please contact Bonnie Schoeneberger 610-402-2584*

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<h1>April 2001</h1>						
1	2 12 noon Colon/Rectal TB- JDMCC-CR1	3 7am Family Practice GR - JDMCC 1A/B 7am Surgical GR-CC-Aud 8am Pediatric GR-CC-Aud 12 noon Medical GR-CC-Aud	4 5:30pm Hand Held Device- Holiday Inn- East	5 12 noon Combined TB- JDMCC-CR1	6 7am GYN TB-CC-CL1 12noon Breast TB-JDMCC -CR1	7
8	9	10 7am Surgical GR-CC-Aud 8am Pediatric GR-CC-Aud 12 noon Medical GR-CC-Aud	11 12noon - Pulmo TB- JDMCC-CR1	12 12 noon GI TB-JDMCC- CR1	13 7am OBGYN GR-CC-CL1 12noon Breast TB-JDMCC -CR1	14
15	16 12 noon Colon/Rectal TB- JDMCC-CR1	17 7am Surgical GR-CC-Aud 8am Pediatric GR-CC-Aud 12 noon Medical GR-CC-Aud	18	19 12 noon Combined TB- JDMCC-CR1	20 7am OBGYN GR-CC-CL1 12noon Breast TB-JDMCC -CR1	21
22	23	24 7am Surgical GR-CC-Aud 8am Pediatric GR-CC-Aud 12 noon Medical GR-CC-Aud 12noon Urology TB-JDMCC- CR1	25	26 12 noon Combined TB w/Medical Resident- JDMCC-CR1	27 7am OBGYN GR-CC-CL1 12noon Breast TB-JDMCC -CR1	28 7:30am Cardiac Care-CC- Aud 7:45am Truths & Myths of Herba Medicine-Cedar Crest College 8:15am Managing Memory Loss in Primary-Country Meadows
29	30					

Cedar Crest & I-78  
P.O. Box 689  
Allentown, PA 18105-1556

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Past President, Medical Staff  
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Rita M. Mest  
Director, Medical Staff Services

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John D. VanBrakle, MD  
Michael S. Weinstock, MD

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Articles should be submitted to Janet M. Seifert, Physician Relations, 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 call Mrs. Seifert at (610) 402-8590.