



PROGRESS NOTES

Medical Staff

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From the President

"It is not the strongest that will survive, nor the most intelligent, but the most adaptable."

- Charles Darwin, 1859



CAPOE (Computer Assisted Physician Order Entry)

Healthcare providers are all good learners (and test takers) or we would not be part of the LVH medical staff. At some level, we are all aware of the changing world around us and the need to keep up with the changes in our area of medical concentration. Look at CAPOE as another skill to learn, another system to master. We will provide the help. What we need from the medical staff is the willingness to learn. Don Levick and the CAPOE committee will do the rest! We will do this together as a unified medical staff and you will not be left behind, unless, of course, you choose that path – and believe that this computer stuff is just a flash in the pan and the nation will ultimately return to handwritten paper systems.

What's in it for me? Will I be more efficient?

Ultimately, yes. But remember that you are doing it for your patients, for the quality and safety of their care in the healthcare system in which we all work. Yes, some individual orders may take a little longer, IF you are on the floor and IF you have the chart in your hand. This will be compensated by the use of order sets and clinical pathways and fewer call backs from the floor. Overall, healthcare providers will become more efficient after the initial learning period.



"When confronted with a changing world around us, we should ask not how we too should change, but what do we stand for? When we have that straight, the big picture starts to make sense." (*Built to Last* - James Collins & Jerry Porras - Discussion re: the changing corporate world)

YIN



YANG

PRESERVE



CHANGE

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"Appropriate treatment implies that therapy be applied neither to those patients for whom it is unnecessary nor to those for whom it will prove ineffective. Furthermore, the therapy should be that which will most assuredly permit the individual a qualitatively and quantitatively normal life. It need not necessarily involve an effort at cancer cure! Human nature in physicians, be they surgeons, radiotherapists, or medical oncologists, is apt to attribute good results following treatment to such treatment and bad results to the cancer, ignoring what is sometimes the equally plausible possibility that the good results are as much a consequence of the natural history of the tumor as are the bad results." (Dr. Willet Whitmore, Jr. 1917-1995, an international expert and a legend in the field of prostate cancer, Chief of Urology at Sloan-Kettering for 33 years. Ironically, Dr. Whitmore died of prostate cancer.)

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Golfer: "You've got to be the worst caddy in the world!"  
Caddy: "I doubt it. That would be too much of a coincidence."

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The Children's Hospital of Philadelphia (CHOP) Jointly Opened a New Specialty Care Center with the Lehigh Valley Hospital and Health Network

The Children's Hospital of Philadelphia Specialty Care Center of the Lehigh Valley, located at Lehigh Valley Hospital-Muhlenberg, allows community physicians to refer patients to CHOP's pediatric specialists within the facility, specializing in hematology/oncology, endocrinology, and genetics. Pediatric specialists from Lehigh Valley Hospital and Health Network also provide services within the facility in pulmonary, general surgery, cardiology and orthopedics. (Children's Hospital of Philadelphia, May 17, 2001)

<http://www.pnewsire.com/cgi-bin/stories.pl?ACCT=104&STORY=/www/story/05-17-2001/0001496213&EDATE=>

This is an exciting new facility that will form the basis of a meaningful relationship with CHOP and will provide specialty pediatric care for the patients of the Lehigh Valley. I encourage all LVH medical staff members to tour this cheery new building and catch the enthusiasm of the project. LVH-M is growing. Catch the spirit of growth!

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"We shall not cease from exploration  
And the end of all our exploring  
Will be to arrive where we started  
And know the place for the first time.  
T.S. Eliot, *Four Quartets*

**Jordan J. Cohen, MD, President and CEO, American Association of Medical Colleges - Remarks made on his visit to LVH – May 29, 2001**

Eighty to 85% of medical students finishing medical school are in debt, and the average size of that debt is now \$90, 000. He encouraged the medical staff to focus on physician-quality measures as well as cost effectiveness. We need to preserve the professionalism of the physician-patient relationship. We need to commit to self-discipline, self-governance and life long peer review. Medical staff members should

|                            |                                        |
|----------------------------|----------------------------------------|
| <u>Demonstrate:</u> Vision | <u>Be:</u> Instinctively collaborative |
| Values                     | Decisive                               |
| Sense of Humor             | Fearlessly accountable                 |
| Optimism                   | Ethical                                |
| Judgment                   |                                        |

~~~~~

The real art of conversation is not only to say the right thing in the right place, but also to leave unsaid the wrong thing at the tempting moment.

~~~~~

**Thomas Jefferson University and Thomas Jefferson University Hospital Laid Off 39 Workers this Week and Eliminated 85 Vacant Positions in an Effort to Trim Expenses**

A Jefferson spokesperson said that, despite the job cuts, the hospital would continue hiring critically needed bedside caregivers, the Inquirer reported. The layoffs were part of Jefferson's continuing cost-cutting effort spurred by rising malpractice insurance premiums, higher energy and drug prices, and wage increases driven by a shortage of nurses and other health-care workers, the Inquirer added. (Philadelphia Inquirer, June 2, 2001)

<http://inq.philly.com/content/inquirer/2001/06/02/business/SUM02.htm>

A respected institution like Jeff is struggling to continue its mission in the face of sharply rising costs. The problem is unfortunately typical of hospitals throughout Pennsylvania, but the cost of malpractice insurance is considerably higher at ground zero (the city of Brotherly Love).

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Thought to ponder:

Timing has an awful lot to do with the outcome of a rain dance.

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



Medical Executive Committee News

Congratulations are extended to **Gregory Brusko, DO**, **Joseph A. Habig II, MD**, and **Thomas A. Hutchinson, MD**, who were recently elected to serve three-year terms as members-at-large of the Medical Executive Committee. Congratulations are also extended to **Linda K. Blose, MD**, and **John W. Margraf, MD**, who were elected to second three-year terms, and to **Bruce J. Silverberg, MD**, who was elected to fill a vacant at-large seat.

A special "Thank You" to **Mark A. Kender, MD**, **James L. McCullough, MD**, and **Brian P. Murphy, MD**, for their dedication and service to the Medical Staff as members of the Medical Executive Committee for the past three years.

News from CAPOE Central

We're Live!!

Although I am writing this article during the second week in June, by the time you read it, LVH will have gone live with the LastWord upgrade, and the TTU will be live with CAPOE. There have been extensive training sessions and demonstrations regarding LastWord that should have prepared the medical staff for the new features and screen design of LastWord. The Physician Software Educators and the I/S team have spent hours, one-on-one, with the Trauma attendings, Physician Assistants, and the surgical residents who will be on service. I am confident that the efforts have succeeded and go-live will have been a success.

By now, I am also quite sure that we have learned a tremendous amount about the system. Despite the hard work and time put in by the Design Team, the hours of testing and run-throughs, problems and bugs will arise. These issues represent learning opportunities -- opportunities to improve the CAPOE system as we move forward. The I/S team is committed to making CAPOE a success, and the feedback of the users will be critical to that effort.

Now that you are beginning to use the system, you will probably have questions. What are your options? Tech support will be available in person in the TTU, 24/7, for the first several weeks of go-live. But what if you are not in the TTU, or no one is around? There are several options. The CAPOE and non-CAPOE Users Manuals are available on-line through the LVH Intranet site and at the following URL:
<http://www.lvh.com/webpublic/poeinfo>

The manuals are excellent and contain the information required to answer most questions. The guides are very easy

to navigate -- just scroll to the Table of Contents, and click on the subject you want to learn about. The program will instantly move to that page in the manual. These manuals are also available from within the LastWord software. From the Physician Base Screen, go to the Help menu at the top of the window and scroll down to "CAPOE Help." The web page will also contain a section called tips and tricks. These tips and tricks are in response to the more common questions and problems faced by the users.

Another great resource will be the CAPOE Helpline. This will be available through the I/S Help Desk (610) 402-8303 -- just press option #9 for CAPOE Help. This will be a great resource for the medical staff and will be accessible anywhere via phone. In addition, I will publish tips and tricks in future issues of *Medical Staff Progress Notes*.

The system is not difficult to use, and training has gone well. For those with continued questions, we are committed to providing round-the-clock help in various ways. As we work through the issues, we must keep in mind the ultimate goal -- to improve patient care.

Please call me if you have any questions or if you would like a demonstration of CAPOE.

Don Levick, MD, MBA
 (484) 884-4593 (office)
 (610) 402-5100 7481 (pager)

Coding Tip of the Month

When an EGD or COLONOSCOPY procedure is done, coders often search for more information to accurately code the procedure and obtain correct financial reimbursement for all that was done. Following are some questions that should be answered in the procedure note or report to assist coders to accurately code the procedure:

- Why is the procedure being done?
- If there is a family history of cancer, what type of cancer?
- If a dilation was done, for what reason?
- What type of dilation was done, and what type of dilators were used to complete the procedure?
- If a polyp was found, was it just biopsied or was it removed?
- What method was used to remove the polyp?



News from Health Information Management

Document Imaging Update

Electronic Signature/Chart Completion/Historical Record Access

LVH – Conversion from PIM 2.0 to PIM 4.0 is complete. Physicians should be able to access the system to review charts and complete medical record deficiencies, including signatures and dictations.

PCs that have been upgraded are labeled "Upgraded to EPF PIM 4.0" on the monitor and/or on the CPU.

Software features include:

- Physician Groups - Allows definition of physician groups with the ability to complete deficiencies for group members.
- AutoSign - Allows automatic presentation of documents for electronic signature with the ability to sign the entire batch at one time.
- Demographic Search - Allows more functionality, including moving from patient to patient on the same screen.
- User-Defined Record View - Allows users to set up and change his/her own record view (documents to be viewed).
- Missing Text - Gives clinician the ability to add missing text to imaged documents (transcription, written documents, etc.).

Document Imaging Info

1. Transcribed reports are sent to the PIM 4.0 system for signature immediately following transcription.
2. Transcribed reports will continue to print on the units with verbiage "Preliminary Report, Do Not Sign." All transcribed reports must be signed in the imaging system.
3. Records remain on the inpatient units till noon the day following discharge to facilitate dictation of discharge summaries or other missing reports
4. A special "Physician Dictation View" is available on the tab selection screen, which includes most documents needed to do dictations.
5. For signatures and missing text, use the "process all" button to eliminate retying pin number for each deficiency.
6. "Preference" option allows you to (a) change your pin or (b) change viewing time between pages.
7. For minor transcription corrections, print the report from the Phamis/IDX system, make corrections, sign, date and forward to the HIM Department for scanning.

8. Do not request paper records that have been imaged. They are incomplete and do not contain lab cumulative reports, results after discharge or any other paperwork sent to the HIM Department following discharge.

Historical Medical Records

On elective admissions, a printed abstract of the imaged medical record from the last admission (buff paper) is sent to the admitting unit. Abstracts include pertinent portions of the medical record. The remainder of the record and/or other admissions are available on line for viewing at designated PIM 4.0 workstations, labeled "Upgraded to EPF PIM 4.0" on monitor and/or CPU. Abstracts or old paper records not imaged or emergent admissions must be requested by calling (610) 402-8307 (LVH) or (484) 884-2205 (LVH-M).

Advance Directives

As part of the electronic medical record, advance directives, living wills and withholding of therapy documents are classified as a "global document" within the patient's medical record. What this means is that whenever a patient is admitted, if one of these documents is included in the previous medical record, it will automatically be carried over to the new record.

Incomplete Charts/Suspension Process

Since all physicians receive an updated list of medical record deficiencies whenever they access the PIM 4.0 electronic chart completion module, the Medical Executive Committee issued a ruling that physicians will no longer receive weekly letters of deficient/delinquent charts or the pink suspension letters.

For continuity of care and reimbursement, if you have any dictations that have not been completed, please complete these as soon as possible.

HIM Website

Visit the Health Information Management home site on the LVHHN Intranet home page for updated information on the document imaging upgrade and other HIM related topics.

PIM 4.0 Physician/Clinician Computer Based Training

Visit the HIM Website on the LVHHN Intranet home page for training in historical medical record access and electronic chart completion. To access the site:

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1. Click on Internet Explorer.
2. Click on HIM (Medical Records) under the departmental listings.
3. Click on the tutorial. You will be launched into the session.
4. Click on "full screen."
5. To make the instructions fit your computer window, click on "best fit."
6. Proceed through the instructions at your own pace by clicking on the "forward" and "backward" arrows.
7. To go to another tutorial or back to the home page, click on "back arrow."

LVHHN HIM Physician Guidelines

The HIM Departmental guidelines for Physicians was updated as of June 2001. Copies are available in the HIM Department at the LVH-CC and LVH-M sites. If you would like a copy, please call (610) 402-8330.

PIM 4.0 Questions...

Information Services Help Desk

Passwords (610) 402-8303
User/Pin Numbers (610) 402-8303

Health Information Management

Chart Completion (LVH) (610) 402-8345
Chart Completion (LVH-M) (484) 884-5611

Blue Bracelets to Identify Patients on Anticoagulation Therapy

As part of Lehigh Valley Hospital's ambitious Primum Non Nocere ("First Do No Harm") project, a number of areas in patient care have been examined. One of these is the number of errors related to the use of anticoagulants. A working group, chaired by Mark D. Cipolle, MD, and Michael J. Pistoria, DO, has looked at anticoagulant use at Lehigh Valley Hospital. As with all medications, the possibility exists for errors related to the use of these medications. Unfortunately, by their very nature, errors with anticoagulants tend to have significant morbidity and mortality associated with them. One of the charges of the working group was to find a method to decrease the number of errors associated with the use of anticoagulants.

In examining the instances where major errors occurred with the use of anticoagulants, most often it was not known that the patient was being treated with an anticoagulant. Thus, the

focus of the group was to find a method of identifying patients on anticoagulation therapy (see list below for medications included). The final decision of the group was to implement a system utilizing blue bracelets to identify these individuals. Each admitted patient identified as being treated with an antithrombotic medication will have a blue bracelet placed on his or her arm. If there are extenuating circumstances that prevent the patient from wearing the band, the bracelet will be taped to the foot of the patient's bed. Further, if such a patient needs to travel to a procedure or test, the band will be taped to the patient chart so those receiving the patient will be aware of the antithrombotic therapy. Lastly, realizing that many patients who present for outpatient invasive procedures or testing are on antithrombotic therapy, these patients will also be identified at registration and have a blue bracelet placed.

The efforts to institute the use of the "blue bands" are dependent upon the cooperation of all those participating in the care of our patients. If you have a patient on antithrombotic therapy that is without a blue band, please let the individual's nurse know so that the band can be promptly placed. With everyone's assistance, the blue band will become synonymous with antithrombotic therapy and help decrease the number of errors related to the use of these medications.

Medications:

- Warfarin (Coumadin)
- Unfractionated heparin
- Low molecular weight heparin (enoxaparin/Lovenox)
- Clopidogrel (Plavix)
- TPA (tissue plasminogen activator)
- Ticlopidine (Ticlid)
- Reteplase
- Lepirudin
- Platelet glycoprotein IIb/IIIa antagonists (eptifibat, abciximab, tirofiban)

If you have any questions or comments, please contact either Dr. Cipolle at (610) 402-1350 or Dr. Pistoria at (610) 402-1150.

FOR LEASE - Health Center at Trexlertown currently has session suite space available. For more information or to schedule a facility tour, please call Lauren Shanahan at (610) 402-0151. Conference and meeting space is also available. Please call to check availability.



LVH-Muhlenberg Parking Assignments

The following is an overview of the various parking lots located on the LVH-M campus and a list of who may park in each lot. Please note that parking assignments are in effect seven days per week.

- **Main Lot / Visitor Lot** - Patients, visitors, and volunteers
- **Main Lot (Banko)** - Patients, visitors, volunteers, and physicians
- **Behavioral Health** - Patients, visitors, and volunteers
- **Southeast Lot (Rear of 2597)** - Patients, volunteers, employees of the 2597 building, contractors working at 2597 building, physicians, and vendors
- **2597 Building Front Entrance Lot** - Patients, volunteers, 2597 building physicians, and hospital employees/physicians arriving to work from 6 p.m. until 5 a.m. ONLY
- **2649 Building Front Entrance Lot** - Patients, volunteers, 2649 employees/physicians, vendors/contractors for 2649 building, and Emergency Department physicians while on duty
- **Emergency Department Lot** - Patients and visitors for the Emergency Room ONLY
- **CHOP and Outpatient Lot** - Patients, visitors, volunteers, and physicians responding to emergencies

Individuals working day shift, including hospital employees, students, physicians, physician assistants, vendors, and contracted employees providing service to the hospital, must park in the 1770 lots.

Employees arriving to work from 10 a.m. until 7 p.m., as well as day shift employee overflow, should park in the 3-11 lot.

Employees working the night shift will continue to park in the 2597 Lot.

Beginning June 18, the Security Department at the LVH-M site began issuing City of Bethlehem Parking Authority tickets. This means that parking violators will be fined by the City of Bethlehem, and the fines are to be paid to the city. LVHN will not receive any revenue for these fines. The parking ticket will be a legally issued ticket. Failure to respond can result in additional legal action by the City of Bethlehem Parking Authority.

If you have any questions regarding this issue, please contact Gerald Kresge, Director of Security, at (610) 402-8220.

Congratulations!

Jeffrey D. Gould, MD, Division of Neurology, completed the requirements of the American Board of Sleep Medicine for Certification as a Sleep Specialist.



At this year's Graduate Medical Education Celebration, held on Friday, June 8, the following members of the Medical Staff received awards:

- ❖ **Eamon C. Armstrong, MD**, Department of Family Practice - *Clinical Teacher of the Year Award in Family Practice*
- ❖ **Peter J. Barbour, MD**, Division of Neurology - *MCP Hahnemann University School of Medicine 2001 Dean's Special Award for Excellence in Clinical Teaching at LVH*
- ❖ **Richard M. Boulay, MD**, Section of Gynecologic Oncology - *CREOG National Faculty Award for Excellence in Resident Education*
- ❖ **France Bourget, MD**, Division of Primary Obstetrics and Gynecology - *Clinical Teacher of the Year Award in Obstetrics and Gynecology*
- ❖ **George W. Hartzell, Jr., MD**, Division of General Surgery - *Clinical Teacher of the Year Award in General Surgery*
- ❖ **Ronald T. Hersh, DMD**, Division of Prosthodontics - *Clinical Teacher of the Year Award in Dentistry (LVH-M)*
- ❖ **Indru T. Khubchandani, MD**, Division of Colon and Rectal Surgery - *Clinical Teacher of the Year Award in Colon and Rectal Surgery*
- ❖ **Dieter W. Leipert, DDS**, Division of Oral and Maxillofacial Surgery - *Clinical Teacher of the Year Award in Dentistry (LVH)*
- ❖ **Michael J. Pistoria, DO**, Division of General Internal Medicine - *The Dean Dimick, MD Teacher of the Year Award in Internal Medicine*
- ❖ **Patrice M. Weiss, MD**, Division of Primary Obstetrics and Gynecology - *APGO Medical Student Teacher of the Year Award in Gynecology and Obstetrics*



News from Good Shepherd Specialty Hospital--Allentown

Beverly Snyder, RN, MHA, was recently promoted to administrator at Good Shepherd Specialty Hospital--Allentown. Her new responsibilities include managing all aspects of hospital operations, developing and managing the operating budget, developing and approving departmental policies and procedures, and overseeing and coordinating medical staff activities.

Mrs. Snyder has 25 years of healthcare experience in diverse roles. Prior to joining Good Shepherd, she served as a regulatory affairs and corporate compliance officer for four years with Lehigh Valley Health Network. Prior to 1996, she held positions as associate head nurse and clinical nurse facilitator in LVH's Emergency Department.

Papers, Publications and Presentations

Kelly M. Freed, MD, Division of Diagnostic Radiology, co-authored an article -- "Isolated Pelvic Deep Venous Thrombosis: Relative Frequency as Detected with MR Imaging" -- which was published in the June issue of **Radiology**. MR Venography is a non-invasive imaging modality that enables direct visualization of pelvic vessels and should be considered in those patients in whom proximal DVT is suspected despite a negative US study. Duplex Doppler US is the study of choice for screening patients for DVT because of its low cost and ready availability, but is limited in demonstrating thrombosis of pelvic veins.

William F. Iobst, MD, Program Director, Internal Medicine Residency, presented a paper -- "Evaluating Psychosocial Core Competencies in Graduate Medical Education: A Pilot Program Using Journey Mapping" -- at the 2001 Association for Hospital Medical Educators/Association of Osteopathic Directors and Medical Educators/American Osteopathic Healthcare Association Spring Educational Institute, held May 16-20, in Phoenix, Ariz.

Peter A. Keblish, Jr., MD, Division of Orthopedic Surgery, participated as a faculty member in two international knee meetings in Europe in May. He spoke on several subjects regarding mobile bearing total knee arthroplasty including cement vs. cementless fixation, patella management, surgical approaches, and long term results at the Fifth National Congress of the Czech Society for Orthopedics and Traumatology in Prague, Czechoslovakia. He also spoke on similar subjects at the 20th Congress of the Spanish Knee Society held in Cordova, Spain.

Robert J. Laskowski, MD, MBA, Chief Medical Officer, was a guest speaker at the 2001 Association for Hospital Medical Educators/Association of Osteopathic Directors and Medical Educators/American Osteopathic Healthcare Association Spring Educational Institute, held May 16-20, in Phoenix, Ariz. Dr. Laskowski's topics included "How Do We Develop an Educational Culture in Our Teaching Hospitals?" and "Why Should Hospitals Train Medical Students and How Should They Relate to Medical Schools?"

On May 2, the Primum Non Nocere Medication Errors subcommittee for PCA/Epidural Pump Safety presented a poster and oral presentation, "Safer Pain Management at LVHHN," at the VHA East Coast Clinical Advantage Program in Treose, Pa. **Patrick Pagella, RN, BSN**, Patient Care Specialist; **Cathleen Webber, RN, BSN**, QA Liaison, Care Management; **Marlene Ritter, RRT**, Clinical Process Coordinator, Care Management; and **Zubina M. Mawji, MD, MPH**, Division of General Internal Medicine, reported on the improved PCA/Epidural preprinted orders, PCA preprinted order use increase from 56% to 65% over the last six months, new and safer pump upgrades (scheduled for arrival July, 2001), and nursing education initiatives for PCA/Epidural pump operation.

A description of the LVHHN PNN UTI project was recently published in the June 2001 edition of **Lippincott's Case Management**. "Decreasing Nosocomial UTI in a Large Academic Community Hospital" includes the following authors from LVH: **Zubina M. Mawji, MD, MPH**, Division of General Internal Medicine; **Paula Stillman, MD, MBA**, Senior Medical Director, Care Management; **Amy Rinehart, MSW**, Clinical Information Specialist, Care Management; **Judith Bailey, RN, MSN**, Patient Care Specialist, and **Edward M. Mullin, Jr., MD**, Medical Staff President and Division of Urology.

Mikhail I. Rakhmanine, MD, Division of Colon and Rectal Surgery, presented a poster -- "Urgent Surgery for Colonoscopic Perforation: Why Should We Wait?" -- at the American Society of Colon and Rectal Surgeons meeting held on June 3 in San Diego, Calif. There were 32,571 institutional colonoscopies performed from 1994 to 2000 with 18 perforations that required surgery. The poster discussed the safety of surgery performed with 24 hours of perforation. The predominant post-operative complication was cardiopulmonary.

Lester Rosen, MD, Division of Colon and Rectal Surgery, presented "Virtual Versus Actual Colonoscopy - What is the Scientific Evidence?" at the American Society of Colon and Rectal Surgeons meeting on June 3 in San Diego, Calif. He discussed the evidence for colonoscopic screening in colon and rectal cancer and applied that data to the emergence of virtual colonoscopy. Also at the meeting, Dr. Rosen was appointed to the American Society of Colon and Rectal Surgeons new committee on Assessing Quality and Safety in Colon and Rectal Surgery.



Upcoming Seminars, Conferences and Meetings

Pediatric Grand Rounds

Julie W. Stern, MD, Division of Pediatric Subspecialties, Section of Hematology-Medical Oncology, will be the speaker at Pediatric Grand Rounds on Tuesday, July 17, beginning at 8 a.m., in the hospital's Auditorium at Cedar Crest & I-78. Topic to be announced.

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

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Who's New

The Who's New section of *Medical Staff Progress Notes* contains an update of new appointments, address changes, resignations, etc. Please remember to update your directory and rolodexes with this information.

Medical Staff Appointments

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John & Dorothy Morgan Cancer Center
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Section of Critical Care Medicine
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Division of Hospital Based Pediatrics
Section of Critical Care Medicine
Site of Privileges - LVH & LVH-M
Provisional Limited Duty

W. Michael Morrissey, Jr., MD, DMD

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Division of Plastic Surgery
Site of Privileges - LVH & LVH-M
Provisional Active

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Division of Colon and Rectal Surgery
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Provisional Active

C. William Riedel, DO

Obstetrics and Gynecology, PC
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Department of Obstetrics and Gynecology
Division of Primary Obstetrics and Gynecology
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Marc Shalaby, MD

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Provisional Active

**Changes of Address**

Dongwoo J. Chang, MD
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Practice Merger

Hematology Oncology Associates, Inc.
➤ **Lloyd E. Barron II, MD**
➤ **Gregory R. Harper, MD, PhD**
➤ **Robert M. Post, MD**
➤ **David Prager, MD**
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Fax: (610) 402-7881

Practice Changes

Martin LeBoutillier III, MD
(No longer with The Heart Care Group, PC)
2334 Kecks Road
Fogelsville, PA 18051-2336
(610) 285-4081

Peggy E. Showalter, MD
(No longer associated with Psychiatric Consultation Service of Allentown)
Neurological Services, Inc.
3420 Walbert Avenue, Suite 100
Allentown, PA 18104-1798
(610) 366-1624
Department of Psychiatry

Status Changes

Christopher T. DiLeo, DMD
Department of Surgery
Division of Oral & Maxillofacial Surgery
From: Active
To: Affiliate

James J. Freeman, DO
Department of Medicine
Division of General Internal Medicine
From: Provisional Limited Duty
To: Provisional Active

Fernando M. Garzia, MD
Department of Surgery
Division of Cardio-Thoracic Surgery
From: Provisional Active
To: Affiliate

George W. Hartzell, Jr., MD
Department of Surgery
Division of General Surgery
From: Active
To: Honorary

Samuel M. Lerner, MD
Department of Anesthesiology
From: Active
To: Honorary

A. Rashid Makhdomi, MD
Department of Medicine
Division of General Internal Medicine
From: Affiliate
To: Provisional Associate

Terry J. Pundiak, MD
Department of Medicine
Division of General Internal Medicine
From: Provisional Active
To: Associate

Chand Rohatgi, MD
Department of Surgery
Division of General Surgery
From: Provisional Active
To: Affiliate

Meinardo Santos, DPM
Department of Surgery
Division of Orthopedic Surgery
Section of Foot and Ankle Surgery
From: Provisional Active
To: Affiliate

John B. Villeneuve, MD
Department of Obstetrics and Gynecology
Division of Gynecology
Section of Gynecologic Oncology
From: Provisional Active
To: Affiliate

**One-Year Leaves of Absence****Samuel Abramovitz, MD**

Department of Obstetrics and Gynecology
Division of Primary Obstetrics and Gynecology

Anjam N. Bhatti, MD

Department of Medicine
Division of General Internal Medicine

Kevin E. Glancy, MD

Department of Surgery
Division of Trauma-Surgical Critical Care/General Surgery
Section of Burn

Additional One-Year Leaves of Absence**Lawrence M. Klein, MD**

Department of Surgery
Division of Vascular Surgery

Minh Ly T. Nguyen, MD

Department of Medicine
Division of Infectious Diseases

Two-Year Leaves of Absence**John M. Kauffman, Jr., DO**

Department of Medicine
Division of General Internal Medicine

Michael J. McLaughlin, MD

Department of Surgery
Division of Plastic Surgery

Resignations**Karen W. Gripp, MD**

Department of Pediatrics
Division of Pediatric Subspecialties
Section of Genetics

Michael P. Najarian, DO

Department of Surgery
Division of Trauma-Surgical Critical Care/General Surgery
Section of Burn

Tomasz J. Niewiarowski, MD

Department of Medicine
Division of Gastroenterology

Ankesh Nigam, MD

Department of Surgery
Division of General Surgery
Section of Surgical Oncology

Shawn M. Weigel, DO

Department of Surgery
Division of Ophthalmology

Christopher J. Wohlberg, MD, PhD

Department of Medicine
Division of Neurology

Deaths**Thomas J. Durkin, Jr., MD**

Department of Pediatrics
Division of General Pediatrics

Joseph L. Garbarino, MD

Department of Surgery
Division of Orthopedic Surgery

Edward A. Spoll, DO

Department of Family Practice

Jonathan A. Tenzer, DMD

Department of Surgery
Division of Oral and Maxillofacial Surgery

Allied Health Professionals**Appointments****Daniel P. Graves, CPNP**

Physician Extender
Professional - CPNP
(LVPG-Pediatrics - L. Kyle Walker, MD)
Site of Privileges - LVH & LVH-M

Matthew R. Hoppel

Physician Extender
Technical - Massage Therapist
(Supervising Physician - Paula L. Stillman, MD)
Site of Privileges - LVH & LVH-M

Faith Lauer, LPN

Physician Extender
Professional - LPN
(The Heart Care Group, PC - Joseph L. Neri, DO)
Site of Privileges - LVH & LVH-M

Edward J. Minger, Jr., PA-C

Physician Extender
Physician Assistant - PA-C
(The Head & Neck Center PC - Edward A. Tomkin, DO)
Site of Privileges - LVH & LVH-M



Marie T. Myer, RN
Physician Extender
Professional - RN
(The Heart Care Group, PC - Donald J. Belmont, MD)
Site of Privileges - LVH & LVH-M

Scott E. Pellington
Physician Extender
Technical - Massage Therapist
(Supervising Physician - Paula L. Stillman, MD)
Site of Privileges - LVH & LVH-M

Marion A. Repko, CRNP
Physician Extender
Professional - CRNP
(Allentown Anesthesia Associates Inc - Lisa A. Keglovitz, MD)
Site of Privileges - LVH & LVH-M

R. Gregory Scott
Physician Extender
Technical - Pacemaker/ICD Technician
(Supervising Physician - Luis Constantin, MD)
Site of Privileges - LVH & LVH-M

Carol A. Skinner
Physician Extender
Technical - Massage Therapist
(Supervising Physician - Paula L. Stillman, MD)
Site of Privileges - LVH & LVH-M

Sue E. Stork, RN
Physician Extender
Professional - RN
(The Heart Care Group, PC - Donald J. Belmont, MD)
Site of Privileges - LVH & LVH-M

Mary A. Veitch
Physician Extender
Technical - Massage Therapist
(Supervising Physician - Paula L. Stillman, MD)
Site of Privileges - LVH & LVH-M

Theresa A. Zsitkovsky
Physician Extender
Technical - Massage Therapist
(Supervising Physician - Paula L. Stillman, MD)
Site of Privileges - LVH & LVH-M

Change of Supervising Physician

Thomas K. Witter, PA-C
Physician Extender
Physician Assistant - PA-C
(Orthopaedic Associates of Allentown)
From: Peter A. Keblish, Jr., MD
To: Thomas D. Meade, MD

Resignations

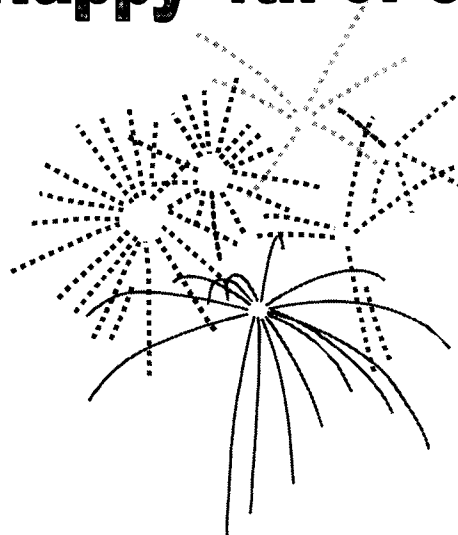
Cynthia A. Himpler, CRNP
Physician Extender
Professional - CRNP
(Muhlenberg Behavioral Health)

Mary Ann T. Licwinko, CRNA
Physician Extender
Professional - CRNA
(Allentown Anesthesia Associates Inc)

Catherine A. Mulutzie, RN
Physician Extender
Professional - RN
(John J. Cassel, MD, PC)

Jeannine M. Patrick-Blaikie, CRNP
Physician Extender
Professional - CRNP
(The Heart Care Group, PC)

**Have a Safe and
Happy 4th of July!**



THE CENTER FOR EDUCATIONAL DEVELOPMENT AND SUPPORT

July 2001

NEWS FROM THE LIBRARY.

OVID Instruction. For personal instruction in the use of OVID's MEDLINE and its other databases, contact Barb Iobst at 610-402-8408.

For those interested in streamlining OVID searches to obtain primarily EBM studies, apply the following limiter: "publication type."

Select the following publication types for inclusion in your search:

- "clinical trial"
- "meta-analysis"
- "practice guideline"
- "multicenter study"
- "randomized controlled trial" and
- "review."

Caution: Rigorous studies have only been more clearly identified in MEDLINE for the past several years, so searching for EBM studies this way may result in few citations.

New Library Publications.

CC & I-78

Book: "PULMONARY DISEASES."

Author: Carlo Grassi

Book: "RAPID INTERPRETATION OF EKG's: AN INTERACTIVE COURSE," 6th edition.

Author: Dale Dubin

LVH-Muhlenberg

Book: "EMERGENCY ORTHOPEDICS: THE EXTREMITIES," 4th edition. Author: Robert Simon

Book: "CLINICAL NEUROLOGY FOR PSYCHIATRISTS," 5th edition. Author: David Kaufman

17th & Chew Streets

Book: "URINARY AND FECAL INCONTINENCE," 2nd edition. Author: D. Doughty.

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:

August 7, 8 am - Noon

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

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.

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

July

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
1	2 12 noon Colon/Rectal TB- JDMCC-CR1	3 7am Family Practice GR- JDMCC-CR1A/B 8am Pediatric GR-CC-Aud	4	5 12 noon Combined TB- JDMCC-CR1	6 7am GYNC TB-CC-CL1 12 noon Breast TB- JDMCC-CR1	7
8	9	10 8am Pediatric GR-CC-Aud	11 12 noon-Pulmo TB- JDMCC-CR1	12 12 noon Combined TB- JDMCC-CR1	13 7am OBGYN GR-CC- CL1 12 noon Breast TB- JDMCC-CR1	14
15	16 12 noon Colon/Rectal TB- JDMCC-CR1	17 8am Pediatric GR-CC-Aud	18	19	20 7am OBGYN GR-CC- CL1 12 noon Breast TB- JDMCC-CR1	21
22	23	24 8am Pediatric GR-CC-Aud	25	26 12 noon Combined TB- JDMCC-CR1	27 7am OBGYN GR-CC- CL1 12 noon Breast TB- JDMCC-CR1	28
29	30	31 8am Pediatric GR-CC-Aud 12 noon Urology Tb- JDMCC-CR1				



LAB - LINK

Information And Advice About Our Laboratory

Effective June 1, 2001

DIC PROFILE CHANGE

<i>Current DIC Profile Includes</i>	<i>New DIC Profile Includes (order code DIC)</i>	<i>Normal Range</i>	<i>CPT Codes</i>
Prothrombin Time			
Partial Thromboplastin Test, Activated			
Thrombin Time			
Fibrinogen	Fibrinogen	150-400 mg/dL	85384
D-dimer	D-dimer	<0.50 mg/mL FEU	85379
Platelet Count	Platelet count	150-400 cu mm	85595

Specimen Requirements

- **One full 4.5 ml or two full 2.7 ml (pediatric) blue top - (Sodium Citrate) tube(s) AND**
- **One lavender (EDTA) tube**

If you have any questions, please call Dolores Benner (610-402-8177) or Customer Care Call Center at 610-402-8170.

HNL will seek reimbursement from Medicare, Medicaid, and other federally funded programs. Ordering profiles may result in the ordering of tests for which federally funded health care programs may deny payment. When all of the tests in a profile are not medicaid necessary (supported by a diagnosis and/or ICD-9 code), you should only order those individual tests which are medically necessary for the particular patient.

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Medical Staff Progress Notes
is published monthly to
inform the Medical Staff of
Lehigh Valley Hospital and
employees of important
issues concerning the
Medical Staff.

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.