



PROGRESS NOTES

Medical Staff

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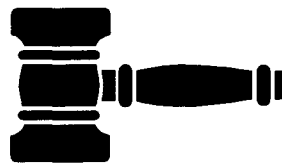
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For the Calendar!

The General Medical Staff meetings for the Year 2003 will be held in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78, beginning at 6 p.m., on the following dates:

- March 10
- June 9
- September 8
- December 8

All members of the Medical Staff are encouraged to attend.



From the President

Medical Staff Leadership

It has been two years since Dr. Ed Mullin began his term as President of the Medical Staff, two years in which time has flown by, two years in which profound events have occurred in the world, in the state, and in the hospital. Dr. Mullin's term brings to mind Robert Frost's quote, "Education is the ability to listen to almost anything without losing your temper or your self-confidence." Ed has listened patiently to many departments, divisions, and individual physicians in a continuing effort to know and understand the complexities of this Medical Staff. He has emphasized communication as a major theme of his two-year service. He has attended more than countless meetings, participated on numerous committees, and written and received innumerable emails in an attempt to provide balanced and educated representation for the Medical Staff. In the words of Ralph Waldo Emerson, "Nothing astonishes men so much as common sense and plain dealing." Ed has astonished with his ability to listen, measure, and avoid the phlegmatic responses that so often cloud the commerce of government. We have been truly honored to have him in a Medical Staff leadership position. I, for one, look forward to working with Ed as my mentor for the next two years.

It is also time to celebrate Dr. David Caccese, whose term on Troika, after six long and eventful years of service, is finally coming to a close. Since David is one of the most respected physicians on staff, there is no need to wax eloquent about his service. We threatened to recycle him for another six years, but he cried uncle and we relented. On behalf of Dr. Mullin and myself, I would like to extend our heartfelt gratitude to David for a job deeply, richly and enthusiastically well done.

Dr. Mullin and I look forward to working with Dr. Don Levick, the incoming President-elect of the Medical Staff. With Don's rich knowledge of the inner workings of the hospital and particularly its

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information technology, we hope to move the Medical Staff to the forefront of technologically assisted, evidence based, up-to-date, and computer savvy physicianhood. Don, welcome, and don't worry, we'll take good care of you.

Reflections

As we pass into a New Year, it is a good idea to reflect on the events of the past year. The malpractice crisis caught all of our attentions, and commands an increasing portion of the medical horizon. Anesthesiology was a major issue, and now has been turned around to function well again. CAPOE has been an ongoing project and continues to bring us into the forefront of medical excellence. Over 90 new physicians joined the Medical Staff. The Neurosciences Unit moved from 6B to 7A in 8 hours, without anyone disappearing. The third floor was completely rebuilt, reengineered, and revitalized. The hospital's Board of Trustees approved a \$60 million new multi-story building to be constructed at LVH-Muhlenberg.

Nursing achieved the high honor of Magnet status, shared with only 60 other hospitals in the United States. The ICU was honored with a top 10 status. Respiratory Therapy was honored with the National Respiratory Achievement Award from *Advance* magazine, and Cardiology/Cardiovascular Surgery were listed among the top 100 in *U.S. News and World Report*.

The merger of the Medical Staff was completed, not with a bang or a whimper, with the removal of site specific privileges at LVH-CC and LVH-M. The issue of "not enough patients coming in the door" seemed to yield to the problem of capacity, and now the problem is keeping the wheels spinning fast enough to provide access to care.

We lost a number of fine physicians from our Medical Staff who will be deeply missed:

- William Gee, MD, Vascular Surgery
- Glen L. Oliver, MD, Ophthalmology
- James M. Marcks, DDS, General Dentistry
- Charles F. Johnson, MD, Honorary - Family Practice
- Raymond Smith, MD, Honorary - Anesthesiology
- James Moatz, MD, Honorary - Family Practice
- Charles Sieger, MD, Honorary - Radiology

All in all, it was just another average, eventful, whirlwind year.

Change

"There was that law of life, so cruel and so just, that one must grow or else pay more for remaining the same."

- Norman Mailer, *The Deer Park*

The only constant is change, and this simple truth seems to be proven time and again. It seems that more and more we must readapt to new environments, grow into new capacities, just to seem to keep in one place. Luckily, the one constant in our existence is the patients we care for. The mission of our lives, caring for those who are more unfortunate than we are, continues, despite the malpractice issue, burgeoning paperwork, potential lawsuits, and the constant crush of change. Every day we are needed to provide care, to comfort, to educate, and to succor the unwell. That in fact is our credo and concern. The rest remains ephemera.

In the spirit of change, in the coming year, Troika will adapt the Philadelphia Eagles' scorecard for their own performance. We will rank how we do, on a weekly basis, from A to F. Items will include attention to the big picture, interaction with administration, accessibility to the Medical Staff, dealing with staff issues, dealing with the unexpected, attention to excellence, attention to physician satisfaction, and attention to access to care, among others. We hope with this scorecard to continue to focus on the issues that are important to the Medical Staff, patients, and hospital in general, and avoid wasting time and effort on less important issues.

As a personal note, I have a list of goals for the next two years that I hope to expound briefly upon at our next General Medical Staff meeting in March. These goals fall under three broad headings, which I term the three cultures of health care. The "culture of excellence" is one where attention to detail, striving for improvement, self-education, and research are focused on the task of improving patient care in an ongoing fashion. The "culture of delight" is one where there is attention to the satisfaction of physicians, patients, and other health care workers with their environment, a culture with the optimal patient encounter, where physicians are happy to walk in the door, and where one is greeted with smiles and assistance. Finally, the

Continued on next page



"culture of service" is one where attention is paid to the issues of access to care, care for the underserved, care for the uninsured, and care for those who cannot afford medications or cannot understand the instructions used for providing the medications. The hypothesis is that each of these "cultures" is crucial for excellent patient care, but alone each lacks aspects that are central to optimizing that care. If one focuses on how to get to the center, where the three cultures overlap most, one has the best chance of providing care that even the best institutions can only marvel at.

We, the members of Troika, are committed to continuing to elevate the excellence of an already excellent Medical Staff, addressing issues before they become problems, providing an honest link to Administration and Nursing, and encouraging a culture of self-improvement and community.

Happy New Year!

Alex Rae-Grant, MD
Medical Staff President

Medical Staff Leadership Changes Hands

Effective January 1, 2003, leadership of the Medical Staff changes hands as **Alexander D. Rae-Grant, MD**, begins his term as President, and **Donald L. Levick, MD**, begins his term as President-elect.

Please note that all mail to Dr. Rae-Grant, **relating to his position as President of the Medical Staff**, should be sent to Medical Staff Services, Lehigh Valley Hospital, Cedar Crest & I-78, P.O. Box 689, Allentown, PA 18105-1556. Mail relating to patient matters should continue to be sent to Dr. Rae-Grant's patient office at Lehigh Neurology, 1210 S. Cedar Crest Blvd., Suite 1800, Allentown, PA 18103-6208.

Mail for Dr. Levick should continue to be sent to his patient office at ABC Family Pediatrics, Allentown Medical Center, 401 N. 17th Street, Suite 203, Allentown, PA 18104-6805.

In addition, mail for **Edward M. Mullin, Jr., MD**, who stepped down as President, should be sent to his patient office at Urologic Associates of

Allentown Inc., 1240 S. Cedar Crest Blvd., Suite 310, Allentown, PA 18103-6218.

If you have any questions regarding this issue, please contact Beth Martin in Medical Staff Services at (610) 402-8980.

News from CAPOE Central

You too can have your own CAPOE order sets!

One of the advantages of the Lastword CAPOE system is the ability to create order sets -- groups of orders based on diagnosis, procedure or common actions. Order sets greatly facilitate the entry of orders and can help remind you of the various categories of orders that must be placed. The CAPOE team has developed the initial order sets based on frequently used pre-printed orders (such as Community Acquired Pneumonia, Stroke/TIA Admission Orders). Order sets have also been developed for the Nephrology Division based on request (these can be found under the "CAPOE Order Sets" button as "Nephrology Order Sets.") We are currently working with the surgical residents and attending physicians to develop and refine General Surgery Admission Orders, Pre-op orders, General Post-op orders, and post-op orders specific to procedure (TURP, prostatectomy, etc.).

The CAPOE team will develop order sets as requested from departments, groups or individual physicians. Please contact me regarding your requests, and we can discuss how best to create the appropriate order sets for you.

Please don't feed the LifeBooks

Please do not download anything from the internet while using a LifeBook. The LifeBooks run Lastword from a central Citrix server -- this is one of the ways we are able to optimize battery life from the device. Downloading software (programs, games, desktop patterns) can actually corrupt the central server and impact the performance of all LifeBooks. The LifeBook itself could become corrupted, which would require repair time in the shop. The Information Services Department can monitor the use of the LifeBooks, and physicians will be contacted if found to be using the device inappropriately.

Don Levick, MD, MBA
(610) 402-1426 (office)
(610) 402-5100 7481 (pager)



Pennsylvania State Board of Medicine

Important Notice Regarding Act 13 of March 20

On March 20, 2002, Governor Schweiker signed into law the Medical Care Availability and Reduction of Error Act. This new law created certain new obligations for physicians.

The law created, among other requirements, a mandatory self-reporting obligation on physicians. Physicians are obligated to self-report to the Board within 60 days of the occurrence of any of the following: notice of a civil malpractice lawsuit, notice of a disciplinary action by another jurisdiction, any controlled substance conviction, and any arrests for criminal offenses such as homicide, assault, sexual offenses, and controlled substance violations.

Reports must be sent to the following address and must include the following information and documents:

State Board of Medicine
Attn: MCARE Reports
P O Box 2649
Harrisburg, PA 17105-2649

- 1. The court where the case was filed**
- 2. Docket number**
- 3. A description of the allegations**
- 4. A complete copy of the civil complaint (Do not submit Writ of Summons) or court documents relating to disciplinary action, conviction or arrest.**

Failure to report may result in disciplinary action against the physician's license. Physicians, other health care workers, and medical facilities also have responsibilities to report any event involving the clinical care of a patient that results in an unanticipated death or patient injury.

The law obligates medical doctors to complete 100 hours of continuing medical education for each biennial renewal period. Physicians will need to begin obtaining continuing medical education credits January 1, 2003 through December 31, 2004 to renew their license for the next biennial period. The Board is in the process of promulgating regulations that will identify acceptable continuing education within the structure established by the new law. While that process will take time to complete, it can be

expected that American Medical Association approved courses and providers will be included in the list of acceptable continuing medical education.

The law also obligates the Board to review, for the first time, allegations of single acts of simple negligence. Current caseload between the State Board of Medicine and the State Board of Osteopathic Medicine is approximately 1,000 cases per year. It is anticipated that there will be an additional 8,000-10,000 complaints filed against physicians licensed by both Boards. In order to be able to manage its share of these cases as required under the new law, the Board must increase its resources. Accordingly, the Board has determined to increase the biennial renewal fee. The previous fee was one of the least expensive in the nation. The new fee of \$360.00 biennially is comparable to surrounding states and states of comparable size and population.

If you have any questions regarding this issue, please contact Georgene Saliba, Director of Claims/Insurance, at (610) 402-2785.

At the end of October, a copy of the LVHHN Patient Safety Plan and the disclosure/reporting guidelines (MCARE-Act 13) were mailed to each member of the Medical Staff. If you did not receive your copy, please call Kelly Beauchamps, Patient Safety Analyst, Legal Services/Risk Management, at (610) 402-2787.

Medical Staff Bylaws Revision

Please make note of the following revision to the Medical Staff Bylaws, which was approved by the General Medical Staff, the Lehigh Valley Hospital-Muhlenberg Board, and the Lehigh Valley Hospital Board:

Changes to Rules and Regulations - E. Records

E. RECORDS

10. It is required that the attending physician or his/her medical staff member designee record a daily progress note on each patient's chart. This requirement is in addition to daily progress notes written by residents and/or physician extenders, when approved to do so. For Transitional Skilled Unit progress note requirements see Rules and Regulations for Transitional Skilled Unit.



Password and Access Policies

In an effort to help you to understand LVHHN's password policies and guidelines, Information Services recommends the following password tips:

Select a Good Password

- Change the password you are initially assigned.
- Pick a password that is not easily guessed by someone else.
- Pick a password that you can easily remember.

Keep it Secret

- Do not give your password to anyone. Your password is equivalent to your written signature.
- If you must write it down, put it in a safe place (e.g., with your MAC card).

Log Off When You Leave your Workstation

- You are responsibility for any access under your ID.

LVHHN Password Requirements

- Passwords must be 6 to 8 characters long.
- Passwords must contain at least one numeral.
- Passwords must contain at least one alpha character.
- Passwords may be recycled after 12 iterations.
- Passwords must change every 90 days.

If you have any questions regarding this issue, please contact Brian Martin at (610) 402-1412 or Paula Olexa at (610) 402-1422.

News from the Libraries

Evidence Based Medicine (EBM)

The hospital's subscription to OVID now includes the following EBM databases:

Cochrane Database of Systematic Reviews (CDSR) – The reviews are prepared by contributors to the Cochrane Collaboration, an international network of individuals committed to preparing, maintaining, and disseminating systematic reviews of the effects of healthcare.

Also included are the York Database of Abstracts of Reviews of Effectiveness (DARE), the Cochrane Controlled Trials Register (CCTR), and the Cochrane Review of Methodology Database (CRMD).

These choices appear in the list of databases available after you log into OVID. The best place to start is the Cochrane Database of Systematic Reviews. Please keep in mind that not every topic may have been compiled by Cochrane, and the amount of information available fulltext may vary from topic to topic.

OVID Instruction

Contact Barb lobst at (610) 402-8408 to arrange for instruction in the use of OVID's MEDLINE and its other databases.

Recently Acquired Publications

Library at 17th & Chew

- AJCC Cancer Staging Manual. 2002
- Gershman. Geriatrics. 2002

Library at Cedar Crest & I-78

- Doherty. Washington Manual of Surgery. 2002
- Kaplan. Kaplan's Clinical Hypertension. 2002

Library at LVH-Muhlenberg

- AJCC Cancer Staging Manual. 2002
- Malamed. Sedation. 2003

Please forward new book suggestions to Barbara lobst at the Cedar Crest & I-78 Library.

Mystery Medical Staff Member

- ? Born in Karachi, Pakistan
- ? Earned a Bachelor of Science degree from the State University of New York
- ? Graduated from the New York College of Osteopathic Medicine
- ? Completed an internship at Interfaith Medical College
- ? Completed one year of residency at City Hospital of New York and two years at Hershey Medical Center
- ? Enjoys spending time with kids!

Give up? Turn to page 12 for the answer.



Congratulations!

Zubina M. Mawji, MD, MPH, Division of General Internal Medicine, was recently appointed to the Editorial Board of the *Joint Commission Journal on Quality and Safety* for 2003.

Papers, Publications and Presentations

In September, **Eamon C. Armstrong, MD**, Department of Family Practice, presented on Evidence Based Medicine/Morning Poems at the Rochester Family Medicine Alumni Conference held in Rochester, NY. In addition, he taught small group Evidence Based Medicine to Penn State medical students at the Penn State College of Medicine in Hershey.

In November, Dr. Armstrong gave a poster presentation on "Innovations in Medical Education" at the American Academy of Medical Colleges in San Francisco, Calif.

William F. Bond, MD, Department of Emergency Medicine, authored the article, "The Use of Simulation for Emergency Medicine Resident Assessment," which was published in the November 2002 issue of *Academic Emergency Medicine*.

Mary E. Cohen, MD, Division of Psychiatric Ambulatory Care, co-authored an article -- "The Association Between Schizophrenia and Cancer: A Population-based Mortality Study" -- which was published in the October issue of *Schizophrenia Research*.

Dennis B. Cornfield, MD, Chief, Section of Hematopathology & Clinical Lab Medicine, and **David Prager, MD**, Division of Hematology-Medical Oncology, were two of several authors of a paper which was published in the November issue of the *American Journal of Hematology*. The paper -- "Unusually Indolent T-Cell Prolymphocytic Leukemia Associated with a Complex Karyotype: Is This T-Cell Chronic Lymphocytic Leukemia? -- was a joint venture with the Hematopathology Section of the University of Pennsylvania Medical Center.

Larry R. Glazerman, MD, Division of Primary Obstetrics and Gynecology, presented a paper titled "Internet-based Prenatal Records: Moving

Obstetrics into the 21st Century" at the MEDNET 2002 meeting -- the 7th World Congress on the Internet in Medicine, held in Amsterdam, the Netherlands, on December 6.

Geoffrey G. Hallock, MD, Division of Plastic Surgery/Hand Surgery, Section of Burn, and **David C. Rice**, Director of Advanced Clinical Technologies Department, recently returned from Taipei, Taiwan, where they presented their laboratory research and clinical studies of microsurgery at the 6th International Conference on Perforator Flaps.

"Prospective Randomized Study: Internal Sphincterotomy with Hemorrhoidectomy Does Not Relieve Pain," an article written by **Indru T. Khubchandani, MD**, Division of Colon and Rectal Surgery, was published in the November 2002 issue of *Diseases of the Colon and Rectum*. **Sally Lutz**, Editor, Department of Surgery, provided the editorial assistance, and **Thomas Wasser, PhD**, Senior Biostatistician, performed the statistical analysis.

Larry N. Merkle, MD, Chief, Division of Endocrinology; **Sam Bub, MD**, Department of Family Practice; **Zubina M. Mawji, MD, MPH**, Division of General Internal Medicine; and **Paula L. Stillman, MD, MBA**, Senior Vice President, Quality and Care Management, were among the co-authors of an article -- "A Diabetes Disease Management Model in the Primary Care Setting" -- which was published in the December issue of the *Journal of Clinical Outcomes Management*.

In November, **William L. Miller, MD**, Chairperson, Department of Family Practice, and **Lou Lukas, MD**, former Family Practice resident and Robert Wood Johnson Clinical Scholar, presented a workshop, "Sensemaking in the Clinical Encounter," at the North American Primary Care Research Group Conference in New Orleans, La.

Craig J. Sobolewski, MD, OB/GYN Residency Program Director, and **Joseph D. DeFulvio, DO**, Division of Obstetrics and Gynecology, attended the 31st Annual Meeting of the Global Congress of Gynecologic Endoscopy, sponsored by the American Association of Gynecologic Laparoscopists, in Miami, Fla., from November 20 through November 24, 2002. Their videotape, "Laparoscopic Hysterectomy of a Bicornuate Uterus Using Marionette Retraction and In Situ Morcellation" was presented at the meeting.



Upcoming Seminars, Conferences and Meetings

Computer-Based Training (CBT)

The Information Services department has computer-based training (CBT) programs available for Lehigh Valley Hospital (LVH) staff. CBT programs replace the instructor-led classes previously held at LVH. 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.

Topics covered by the CBT programs include:

Access 97	Windows NT 4	Excel 97
Word 97	GUI Email	
PowerPoint 97	PowerPoint 4.0	

Computer-based training takes place in **Suite 401 of the John & Dorothy Morgan Cancer Center** (*the training room*) and in the **Lehigh Valley Hospital-Muhlenberg I/S training room** (*off the front lobby*). The schedule of upcoming classes is as follows:

2003 CBT Sessions for JDMCC, Suite 401:

(All sessions will be held from 8 a.m. to noon)

February 25	March 25	April 22
May 27	June 24	

2003 CBT Sessions for LVH-Muhlenberg, I/S Training Room:

(All sessions are held from noon to 4 p.m.)

January 16	February 20	March 20
April 17	May 15	June 19

Twelve seats are available at each session. To register for a session in email, go to either the **Forms_LVH** or **Forms_MHC** bulletin board, (based on your choice of site and training room). The form has all the available information in an easy to choose format, detailing titles, dates, times and locations. Simply do a "Use Form" (a right mouse option) on the **I/S Computer Educ Request** form. Complete the form indicating your desired session selection and mail the form. Shortly thereafter, you will receive a confirmation notice.

If you have any questions, please contact Information Services by calling the Help Desk at (610) 402-8303 and press option "1." Tell the representative that you need assistance with I/S education.

Greater Lehigh Valley Independent Practice Association

The Greater Lehigh Valley Independent Practice Association (GLVIPA) will hold its Annual meeting on Monday, January 27, 2003 at 6 p.m. in the Auditorium at Lehigh Valley Hospital, Cedar Crest & I-78, at which time the annual election for Board of Trustees will be held.

If you cannot attend the meeting and wish to vote by proxy, please make certain that your signed proxy is available at the time of the meeting. Credit will be given for your attendance.

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

Medical Grand Rounds

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

- January 7 - TBA
- January 14 - "The New Antiepileptic Drugs"
- January 21 - "Update in Osteoporosis"
- January 28 - "Update in General Internal Medicine"

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

Department of Pediatrics

Pediatric conferences are held every Tuesday beginning at 8 a.m. Beginning this month, Pediatric conferences will be held in the **Education Conference Room 1** at Lehigh Valley Hospital, Cedar Crest & I-78, unless otherwise noted. Topics to be discussed in January will include:

- January 7 - "Morbidity & Mortality Conference"
- January 14 - "Evaluation of Syncope in Children and Adolescents"
- January 21 - "Evidence Based Medicine in Pediatrics"
- January 28 - "Case Presentation"

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

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Surgical Grand Rounds

Surgical Grand Rounds are held every Tuesday at 7 a.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78, and via videoconference in the First Floor Conference Room at LVH-Muhlenberg. Topics to be discussed in January will include:

- January 7 - "Rectal Prolapse and Rectocele"
- January 14 - "Craniofacial Surgery"
- January 21 - COMBINED SURGERY/ ANESTHESIA GRAND ROUNDS - "Perioperative Cardiac Evaluation & Management for Non-Cardiac Surgery"
- January 28 - UROLOGY DIVISION, TBA

In addition, topics to be discussed are posted each week on the Auditorium and OR Lounge doors and in the LVH_LIST bulletin board in email.

For more information, please contact Catherine Glenn in the Department of Surgery at (610) 402-8334.

Safety Pearl of the Month

The @ sign can be a dangerous abbreviation to use. Recently a physician ordered Sodium Bicarbonate to run @50cc/hr. The "@" sign was misinterpreted as a 2, thus the infusion was hung at 250cc/hr instead of the intended 50cc/hr. Avoid this error by maintaining sufficient space between the @ and the rate intended, or avoid the use of this sign when possible.

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 New Appointments

Dominique R. Bailey, MD
Kids First Pediatrics, PC
484 S. Nulton Avenue
Easton, PA 18045-3758
(610) 250-6575 * Fax: (610) 250-2766
Department of Pediatrics
Division of General Pediatrics
Provisional Associate

Diane P. Begany, MD
LVH Pediatric Intensive Care
Lehigh Valley Hospital
Cedar Crest & I-78, P.O. Box 689
Allentown, PA 18105-1556
(610) 402-5500 * Fax: (610) 402-6744
Department of Pediatrics
Division of Critical Care Medicine
Provisional Active

Angela M. Camasto, MD
Kids First Pediatrics, PC
484 S. Nulton Avenue
Easton, PA 18045-3758
(610) 250-6575 * Fax: (610) 250-2766
Department of Pediatrics
Division of General Pediatrics
Provisional Associate

Ludmila M. Kissi, MD
Peters, Caccese, Scott & Slompak
Allentown Medical Center
401 N. 17th Street, Suite 201
Allentown, PA 18104-5085
(610) 432-6862 * Fax: (610) 432-9705
Department of Medicine
Division of General Internal Medicine
Provisional Active

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**William J. Liaw, DO**

Macungie Medical Group
3261 Route 100, Box 487
Macungie, PA 18062-9389
(610) 966-4646 * Fax: (610) 965-6201
Department of Family Practice
Provisional Active

Anuradha S. Maganti, MD

In practice with Eric Schoeppner, MD
1723 Northampton Street
Easton, PA 18042-3133
(610) 253-7211 * Fax: (610) 252-8685
Department of Medicine
Division of General Internal Medicine
Provisional Associate

Daniel A. Mascarenhas, MD

Popkave-Mascarenhas Cardiology
900 Coventry Drive
Phillipsburg, NJ 08865-1974
(908) 859-3800 * Fax: (908) 859-4310
Department of Medicine
Division of Cardiology
Provisional Active

Maria M. Mountis, DO

LVH Department of Medicine
Lehigh Valley Hospital
Cedar Crest & I-78, P.O. Box 689
Allentown, PA 18105-1556
(610) 402-5200 * Fax: (610) 402-1675
Department of Medicine
Division of General Internal Medicine
Provisional Limited Duty

Arthur H. Popkave, MD

Popkave-Mascarenhas Cardiology
900 Coventry Drive
Phillipsburg, NJ 08865-1974
(908) 859-3800 * Fax: (908) 859-4310
Department of Medicine
Division of Cardiology
Provisional Active

Wael Yacoub, MD

Whitehall Medical and Dental Associates
450 Pershing Blvd.
Whitehall, PA 18052-6452
(610) 434-6678 * Fax: (610) 434-6671
Department of Family Practice
Provisional Active

Address Change**Marian P. McDonald, MD**

Keystone Surgical Associates
744 Ostrum Street
Bethlehem, PA 18015-1120
(610) 776-5025
Fax: (610) 882-2018

New Practice Name➤ **Bruce A. Ellsweig, MD**➤ **Henry T. Liu, MD**

Ellsweig & Liu MD's, LLC
(No longer affiliated with Lehigh Valley Physician Group)

Address and Phone Numbers remain the same:

1251 S. Cedar Crest Blvd.
Suite 102A
Allentown, PA 18103-6212
(610) 776-0377 * Fax: (610) 776-0382

➤ **William F. Iobst, MD**➤ **James M. Ross, MD**

LVPG-Arthritis and Rheumatology
Address and Phone Numbers remain the same:
1210 S. Cedar Crest Blvd., Suite 3600
Allentown, PA 18103-6208
(610) 402-1150 * Fax: (610) 402-1153

Practice Changes

Lehigh Rheumatology Associates will be dissolved
12/31/2002

Albert D. Abrams, MD has joined
Orthopaedic Associates of Allentown
1243 S. Cedar Crest Blvd., Second Floor
Allentown, PA 18103-6268
(610) 433-6045 * Fax: (610) 433-3605

Kerry D. Miller, MD has joined
LVPG-Arthritis and Rheumatology
3131 College Heights Blvd.
Suite 2600
Allentown, PA 18104-4881
(610) 776-1966 * Fax: (610) 776-1232

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- **Heiwon Chung, MD** (formerly with Oncology Specialists of Lehigh Valley)
- **Gerald P. Sherwin, MD** (formerly Breast Health Surgical Specialists)

LVPB-Breast Health and General Surgical Specialists

1240 S. Cedar Crest Blvd., Suite 114

Allentown, PA 18103-6218

(610) 402-7884 * Fax: (610) 402-8876

New Suite Number

LVPB-Transplant Surgery

- **Pradip K. Chakrabarti, MD**
- **Craig R. Reckard, MD**

1210 S. Cedar Crest Blvd.

Suite 3300

Allentown, PA 18103-6208

(610) 402-8506 * Fax: (610) 402-1682

New Fax Number

General Surgical Care PC

- **Richard W. Conron, Jr., DO**
- **Mark E. Schadt, MD**

New Fax Number: (610) 625-4300

Status Changes

Francis S. Kleckner, MD

Department of Medicine

Division of Gastroenterology

From: Active/LOA

To: Honorary

Robert G. Madeira, MD

Department of Medicine

Division of General Internal Medicine

From: Active

To: Affiliate

Sethuraman Muthiah, MD

Department of Medicine

Division of General Internal Medicine

From: Active

To: Affiliate

Resignations

James D. Balshi, MD

Department of Surgery

Division of Vascular Surgery

Orest Balytsky, DMD

Department of Dental Medicine

Division of Endodontics

Eric J. Bodish, MD

Department of Medicine

Division of General Internal Medicine

Pricha Boonswang, MD

Department of Surgery

Division of Colon and Rectal Surgery

Paul J. Chwiecko, MD, DPM

Department of Family Practice

Marguerite V. DeWitt, MD, JD

Department of Pathology

Division of Anatomic Pathology

Section of Forensic Pathology

Jay B. Fisher, MD

Department of Surgery

Division of Vascular Surgery

Robert L. Friedman, MD

Department of Surgery

Division of Orthopedic Surgery

Harsh Gandhi, MD

Department of Medicine

Division of Hematology-Medical Oncology

Marc A. Granson, MD

Department of Surgery

Division of Vascular Surgery

Don Walter Kannangara, MD

Department of Medicine

Division of Infectious Diseases

Lori A. Lawson, MD

Department of Emergency Medicine

Division of Emergency Medicine

George M. Nassoor, DPM

Department of Surgery

Division of Podiatric Surgery

Timothy C. Oskin, MD

Department of Surgery

Division of Vascular Surgery

Continued on next page



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Division of Hematology-Medical Oncology

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Department of Surgery
Division of General Surgery

Joel C. Rosenfeld, MD
Department of Surgery
Division of Vascular Surgery

Robert M. Russo, DO
Department of Family Practice

Edward M. Salgado, MD
Department of Surgery
Division of Plastic Surgery

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Department of Dental Medicine
Division of General Dentistry

Deborah L. Villeneuve, MD
Department of Obstetrics and Gynecology
Division of Primary Obstetrics and Gynecology

Stephen W. Wilz, MD
Department of Pathology
Division of Anatomic Pathology
Section of Genitourinary Pathology

Spage M. Yee, MD
Department of Surgery
Division of Ophthalmology

Death

William Gee, MD
Department of Surgery
Division of Vascular Surgery

Allied Health New Appointments

Julie N. Antidormi, GRNA
Graduate Registered Nurse Anesthetist
(Lehigh Valley Anesthesia Services, PC - Thomas M. McLoughlin, Jr., MD)

Maria J. Baker, PhD
Genetic Counselor
(Cancer Center - Gregory R. Harper, MD, PhD)

Scot W. Brayford, PA-C
Physician Assistant-Certified
(Orthopaedic Associates of Allentown - Christopher A. Hawkins, MD)

Deborah E. Feden, CRNP
Certified Registered Nurse Practitioner
(Helwig Diabetes Center - Larry N. Merkle, MD)

Kelly S. Harrison, PA-C
Physician Assistant-Certified
(Valley Sports & Arthritis Surgeons - Barry I. Berger, MD)

Diane R. Kuntz
Dental Assistant
(Marsha A. Gordon, DDS)

James B. Moffat, CRNA
Certified Registered Nurse Anesthetist
(Lehigh Valley Anesthesia Services, PC - Thomas M. McLoughlin, Jr., MD)

Vanessa N. Pagan
Dental Assistant
(Marsha A. Gordon, DDS)

Chandra A. Ruyak, PA-C
Physician Assistant-Certified
(Lehigh Valley Hospital-Muhlenberg)
(Supervising Physician: Anthony M. Urbano, MD;
Substitute Supervising Physician: Fernando Garzia, MD)

Jeffrey L. Sternlieb, PhD
Psychologist
(Lehigh Valley Family Health Center)

Nathan S. Wagner, PsyD
Psychologist
(The Guidance Program)

Theresa M. Wasno, RN
Registered Nurse
(Oncology Specialists of Lehigh Valley - Herbert C. Hoover, Jr., MD)

Change of Supervising Physician

Colin C. Bowers, PA-C
Physician Assistant-Certified
From: Orthopaedic Associates of Allentown - James C. Weis, MD
To: Lehigh Valley Orthopedic Group, PC - Randy Jaeger, MD

Continued on next page



James S. Moser
Pacemaker/ICD Technician
From: Gary G. Nicholas, MD
To: Bryan W. Kluck, DO

Additional Supervising Physician

Sandra R. Kowalski, CRNP
Certified Registered Nurse Practitioner
(Helwig Diabetes Center - Geraldo A. Saavedra, MD)
(Additional Supervising Physician: Eric P. Wilson, MD)

Removal of Supervising Physician

Deborah W. Busch, CRNP
Certified Registered Nurse Practitioner
(Scott A. Rice, MD, Pediatrics - Scott A. Rice, MD)
Remove: (ABC Family Pediatricians - Scott M. Brenner, MD)

Resignations

John F. Davis, PA-C
Physician Assistant-Certified
(Orthopaedic Associates of Allentown)

Elizabeth M. DelPezzo, PhD
Psychologist

Deborah J. Faust, RN
Registered Nurse
(Valley Sports & Arthritis Surgeons)

Erika L. Keller, CNM
Certified Nurse Midwife
(The Midwives & Associates, Inc.)

Anthony Lewandowski, CRNA
Certified Registered Nurse Anesthetist
(Lehigh Valley Anesthesia Services, PC)

Louise M. Mannion, RN
Registered Nurse
(College Heights OBGYN Associates, PC)

Liese K. Marshall, CRNA
Certified Registered Nurse Anesthetist
(Lehigh Valley Anesthesia Services, PC)

Carol A. Manspeaker, CNM
Certified Nurse Midwife
(The Midwives & Associates, Inc.)

Therese L. Schiowitz, CRNA
Certified Registered Nurse Anesthetist
(Lehigh Valley Anesthesia Services, PC)

Edwin M. Straub
Surgical Technician
(Valley Sports & Arthritis Surgeons)

Ronnie A. Tsopanis-Sellari, CRNP
Certified Registered Nurse Practitioner
(LVPG-Maternal Fetal Medicine)

Amil M. Qureshi, DO
Answer to Mystery Medical Staff Member

The Last Word...

Tips and Techniques for the Lastword™ User, by Kim Szep, RN, BSN

January, 2003 – Volume 2, Issue 3

New Expert Rule for Digoxin/Potassium

A new expert rule for ordering Digoxin related to serum potassium has been put into place in the CAPOE system (see Figure 1). Expert rules are “pop-up” boxes that remind you of various issues, such as creatinine clearance calculations.

There are six possible messages that you may see when ordering any form of Digoxin. Please note that the LVH lab uses **3.3 – 5.3 mEq/L** as the normal serum potassium range. The messages are as follows:

1. The patient’s potassium level is low and an oral supplement was ordered (dates of the lab and supplement order are provided for all of the rules).
2. The patient’s potassium level is low and no potassium supplementation is ordered.
3. No serum potassium result is present for the patient within two days, but a level is pending in the system for your review.
4. The last serum potassium was more than two days ago and was low.
5. Your patient’s last serum potassium was normal. The date will be provided.
6. There is no serum potassium level in the system for the patient within the last two weeks.

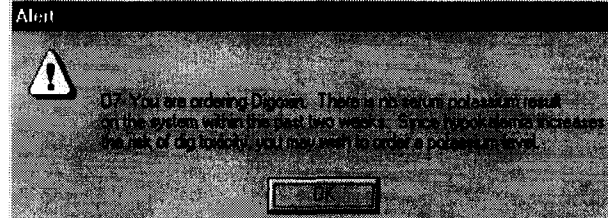
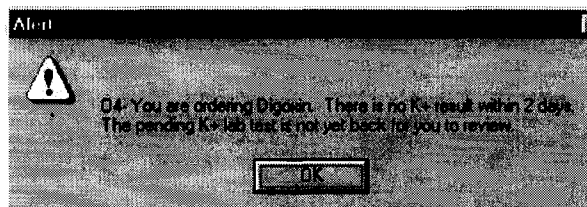
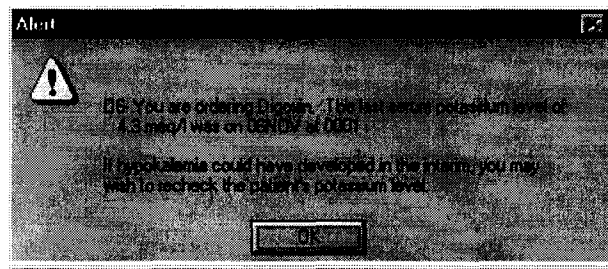
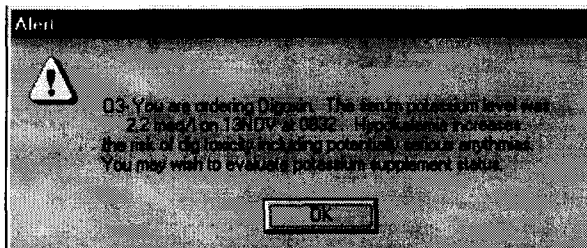
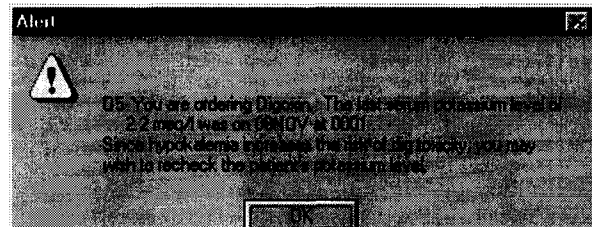
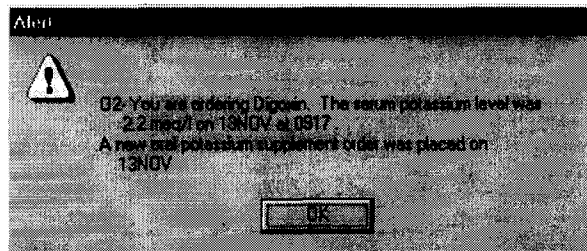


Figure 1 – Expert Rule “Pop-Up Boxes” you might see when ordering Digoxin

Coumadin – No Dose Today

Physician feedback is very important to the CAPOE team. The team has frequently been asked, “How do I order no Coumadin dose for today?” There are two ways to place this new order (see Figure 2). Access the *CAPOE Order Pad* from the *Physician Base* screen. Locate *Coumadin – No Dose Today* under the *A-L* section of *Formulary Medications* (you will also find the order listed under warfarin). Double-click to choose this order. You may also click on the *Nursing* button to locate this order. Double-click on the *Notify [+]* option to expand the list. Choose *Coumadin – No Dose Today*. Regardless of which method you use to obtain the order, it is processed in the same fashion as other CAPOE orders.

Should you wish to review the order you just placed, access the *CAPOE Order Pad*. It will be listed as *NURS-Coumadin – No Dose Today, ONCE*. This order serves as a notification to Nursing and will appear on their MAR. It will **NOT** appear on the *Med Profile*. After midnight, this order will be

removed from the active *CAPOE Order Profile*. This order needs to be reordered daily, if so desired.

Reminder, to see the most accurate anticoagulation status of your patient, access *COAG VIEW (Labs, Heparin Drip, Coag Meds)* located under the *Viewer* chart tab. This is the on-line equivalent of the paper Anti-Coagulation Flowsheet.

Med Profile Improved for Discharge

The *Med Profile* has been improved to make the medication portion of your patient’s discharge easier. From the *Physician Base Screen*, click on the *Med Profile* chart tab. All of the patient’s active medications will be listed. From this first screen, click on the right arrow button located on the bottom right side of the screen (see Figure 3). The next screen presents the information in standard medication ordering format, simplifying the discharge process. On this display, the medication brand name will be listed directly next to the generic name.

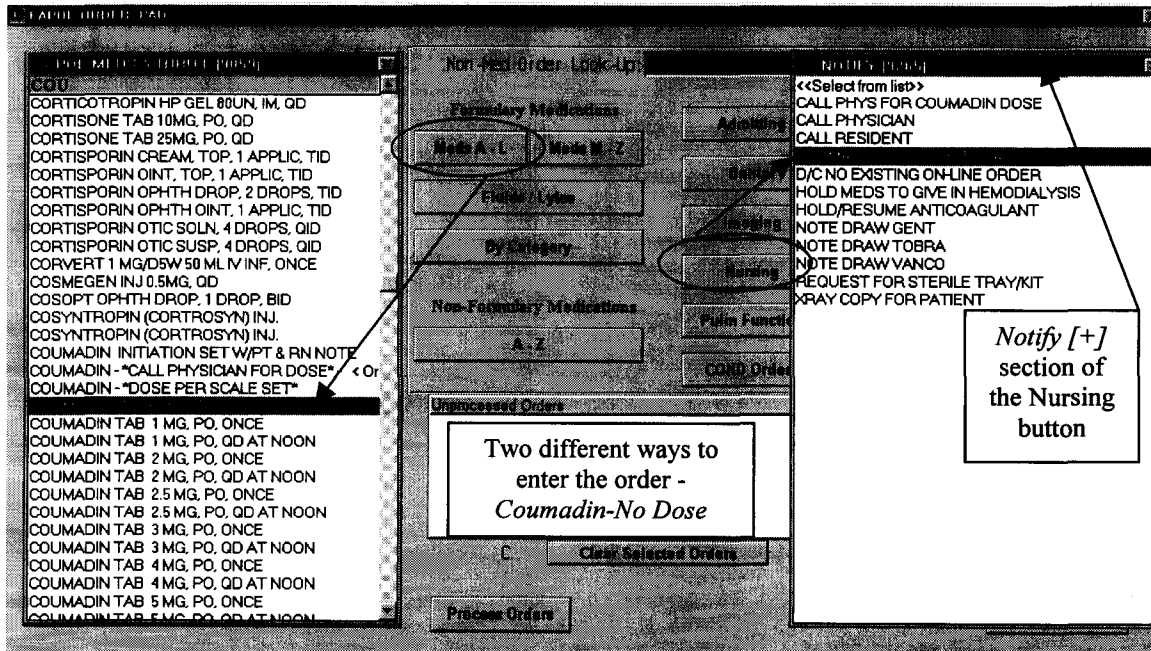


Figure 2 – Ordering *Coumadin – No Dose Today*

CAPOE FAQ's

Q Where do I get fresh LifeBook batteries and why don't the batteries last longer?

A At the Cedar Crest site, battery chargers can be located in the AP reception areas outside of the main elevators on floors 4 – 7 near the printers, in the Medical Staff Lounge, and in the common area of the Medical Residents' Call Rooms. Batteries can be found in the Medical Staff Lounge at MHC. To maximize battery life, utilize the *suspend* feature for long periods of inactivity and make sure the device is plugged in overnight. We have been experiencing average battery life of six hours. Once battery charging has been completed, the battery will begin to discharge. If your LifeBook is plugged in for an extended period of time (i.e. over the weekend), you may find it not at 100% charge.

Q How do I order a spiral CT?

A All of the CTs done at LVH are now spiral CTs.

Q How can I find a CAPOE order if I don't know where to look for it on the CAPOE Order Pad?

A Medication orders can be found under the listings *A-L* and *M-Z*, by brand or generic name. Non-medications can be found using the *Non-Med Order Look-Up* field (see Figure 4). Type the first few letters of the order you wish to find into the *Look-Up* field. Hit the **F1 (Search)** key located on the upper left side of the keyboard (on most keyboards, this will be very near to the *Escape* key). You will be taken to another screen where the choices for that order will be listed. Select the order by double clicking. This will place the complete order into the *Look-Up* field. Press enter to put the order into the *Unprocessed Orders* box. Process the order.

The screenshot shows the 'Active Medications' section of a medical profile. A table lists various medications with columns for Generic Name, Brand Name, Dose, Range, Units, Route, Freq, PRN, Comment, and Ord #. Annotations highlight a 'CAPOE feedback button', a 'Back' button, and improvements to the second page of the Med Profile.

Generic Name	Brand Name	Dose	Range	Units	Route	Freq	PRN	Comment	Ord #
Citalopram hydrobromide	CELEXA	20		mg	PO	FXQD		USE FOR CELEXA	45
Clerithromycin	BIAXIN	250		mg	PO	FXQ12H			50
D5w - 1/4 nss with kcl 20 meq	D5 1/4 NSS WITH 20 MEQ ...	1000		ML	IV	FXQ10H			31
Digoxin	LANOXIN	0.25		mg	PO	FXQD18			34
Enalaprilat dihydrate	VASOTEC I.V.	1.25		mg	IV	FXQ6H		HOLD FOR SBP < 110	55
Famotidine -d4kx	PEPCID	20		mg	IV	FXQ12H		UNTIL TOLERATING ORAL THEN GIVE PO	52
Famotidine -d4kx	PEPCID	20		mg	PO	FXBID			51
Furosemide	LASIX	20		mg	PO	FXQD		GENERIC LASIX	38
Haloperidol	HALDOL	0.5		mg	PO	FXBID			35
Humulin n (nph insulin u-100 (reco...	HUMULIN N	16		U	SQ	FXQD7			36
Lansoprazole -d4kx	PREVACID	15		mg	PO	FXQD7		*ADMINISTER ON AN EMPTY STOMACH*	43
Levothyroxine sodium	SYNTHROID	0.05		mg	PO	FXQD6		Do not given with food or iron products	39
Lisinopril	ZESTRIL	5		mg	PO	FXQD			40
Magnesium chloride	SLOW-MAG	64		mg	PO	FXBID		MAG CHLORIDE 64MG = MAGNESIUM 5.4 M...	42

Figure 3 – Improved Med Profile

I Need Help...

Should you encounter any difficulties or have questions while entering CAPOE orders, please call the **CAPOE Help Line at x 8303, option #9**. Enter your call back number and your call will be returned by the on-call CAPOE trainer/analyst. This service is available 24 hours a day, seven days a week. We will also be happy to assist with any Lastword (Phamis) questions or issues. If you have other hardware, software, or password issues, please choose **option #1** so we may provide you with optimal service.

The CAPOE staff is on-site on CAPOE units Monday through Friday during daytime hours, and weekends during the morning/early afternoon rounding hours. Please feel free to ask for any assistance you may need.

A Physician Software Educator is also available in the Medical Staff Lounge two mornings per month. The hours are posted in the Lounge. She can help you place orders on the practice workstation and answer any questions you may have.

Feel free to practice placing orders on your own on the dedicated CAPOE practice workstation. Instructions are provided.

While using the system, you may also utilize the CAPOE feedback button located in the upper right corner of the screen (see Figure 3). These comments will go directly to Dr. Donald Levick for review and evaluation. Signing your name is optional.

If you have training needs that pertain only to the Lastword (Phamis) system, please call **x1703**. Arrangements can be made for training at your convenience.

If you have already been **CAPOE trained** but feel you may need a **refresher**, the Educators will be happy to accommodate you.

Physician Software Educators on staff are:

Lynn Corcoran-Stamm – x1425
Carolyn K. Suess, RN – x1416
Kim Szep, RN – x1431

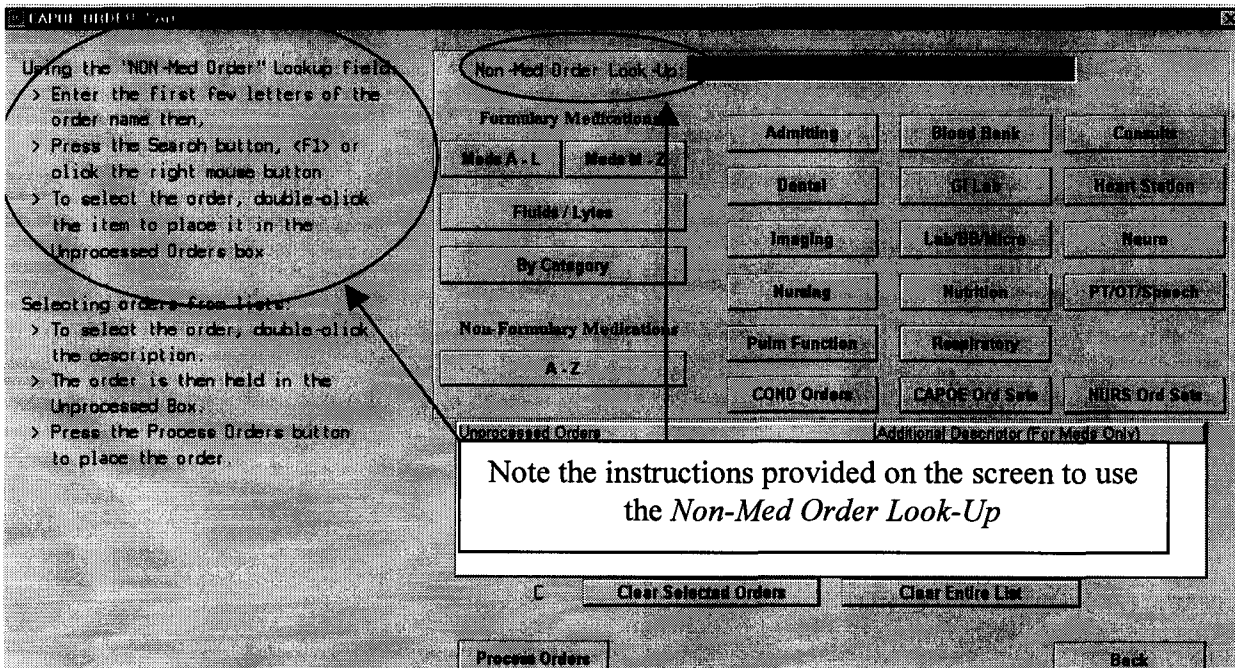


Figure 4 – Using the *Non-Med Look-Up* field to find an order.

Snooze Newz



Welcome to our newsletter!!!!

Our Goals:

Welcome to our first publication of Snooze Newz., a quarterly newsletter of The Lehigh Valley Hospital Sleep Disorders Centers. Our goals are to educate and entertain our readers so that they have a continued appreciation of the importance of sleep and of sleep disorders to themselves, families and patients.

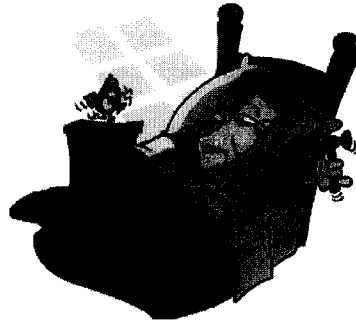
Our Centers:

LVH is proud to have two Sleep Disorders Centers on its campuses: a thirteen- bed center at 17th & Chew Sts. and a four- bed center at Muhlenberg Hospital. Both labs are state of the art facilities with highly skilled staff offering a wide variety of services. LVH has been providing sleep medicine services for over two decades and is one of the largest and best facilities in the U.S. Our centers routinely score above the 75th percentile on Press Ganey, Inc.

Patients one year and older can be evaluated at our centers. Primary care providers and specialists alike can refer patients directly to the centers for diagnostic studies or request a full consultation with a sleep specialist. The test is performed on an outpatient basis, therefore, it is covered by almost all insurance plans.

Our Message: SLEEP IS IMPORTANT!!!

It's estimated that over 40 million Americans suffer from serious sleep disorders... (National Sleep Foundation)



Surveys conducted by the National Sleep Foundation reveal that 60 % of adults report having sleep problems a few nights a week or more. More than 40 % experience daytime sleepiness severe

enough to interfere with daily activities at least a few days each month - with 20 % reporting problem sleepiness a few days a week or more

Despite the high prevalence of disorders affecting sleep, ***greater than 60 % of adults have never been asked about the quality of their sleep by a physician and fewer than 20 % ever initiated a discussion during their office visit.***

Q: Who should be screened for a sleep disorder?

A: Everyone!

Important questions to ask are:

- How many hours of sleep do you get per night?
- Do you snore?
- Have you been told that you stop breathing in your sleep?
- Are you sleepy during the day or fall asleep at inappropriate times??

Try adding these questions to your Review of Systems!

“See how many sleep patients are in your practice”

In the next issue...

Test your expertise by taking the
Great American Sleep Quiz!

Test your knowledge about “normal”
sleep practices in humans and animals.

January 2003

HIPAA UPDATE

Topic: What reasonable measures must be taken to protect patient data?

HIPAA's Privacy Rule adopts a reasonable approach to protecting patient data. Specifically, the Rule indicates that a covered entity must have in place reasonable administrative, technical, and physical safeguards to protect patient data and to limit incidental uses or disclosures. An example of an incidental disclosure is a hospital visitor overhearing a confidential conversation. However, what is reasonable is never defined in the Privacy Rule and is delegated to health care providers to determine in their best judgment.

The Office for Civil Rights (OCR), the Federal Agency responsible for monitoring compliance with the Privacy Rule, recently published guidance on the interpretation of the Rule. In its guidance, OCR notes that reasonable safeguards will vary depending on the size of the organization, its environment, and financial resources available. Some reasonable measures that are noted in its guidance are good confidentiality practices that we should be adhering to today. These include:

- Speaking quietly when discussing a patient's condition with family members in a waiting room or other public area;
- Avoid using patients' names in public hallways and elevators,
- Isolating or locking file cabinets or records rooms, and
- Limiting employees' access to patient's health information based on a need to know to perform job duties.

The guidance addressed some other concerns that health care providers expressed since the inception of the Rule. The following demonstrates permissible activities, provided that reasonable precautions are taken to minimize incidental disclosures:

- A physician may discuss a patient's condition or treatment regimen in the patient's semi-private room and the use of a curtain is a reasonable safeguard.
- It is permissible to communicate with patients by phone. However, it is recommended to limit the amount of information disclosed on an answering machine to the name of the caller and a call back number and other information necessary to confirm an appointment, or ask the individual to call back.
- Health care professionals may discuss a patient's condition during training rounds in an academic or training institution.
- Physician's offices may use patient sign-in sheets or call out patient names in waiting rooms provided that the information disclosed is appropriately limited and should not include medical information.
- It is permissible to place a patient chart in a plastic box outside an exam room if reasonable measures are taken. Examples of reasonable measures include escorting non-employees in the area, or placing the patient chart in the box with the front cover facing the wall rather than it being visible to patients who walk by.

In summary, the rule does not require that all risk of incidental disclosures be eliminated, but that providers use their professional judgment to implement reasonable safeguards. For a copy of OCR's recent guidance, go to www.hhs.gov/ocr/.

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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.

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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.