

Medical Staff PROGRESS NOTES

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First Pancreas Transplant Performed at LVH

In mid-July, Jeffrey Mann and his family had planned to leave their home in Jim Thorpe to drive to Indiana to visit friends and enjoy a change of scenery. Instead, the 40-year-old man took a detour to Lehigh Valley Hospital (LVH), which changed his life.

During the late evening and early morning hours of July 14-15, Jeffrey Mann became the first person to receive a pancreas transplant at LVH. Craig R. Reckard, MD, chief, Transplantation Surgery, and Pradip K. Chakrabarti, MD, associate chief, Transplantation Surgery, gave Mr. Mann a new pancreas and kidney during a six-hour surgery.

Since 1991, LVH has performed more than 330 kidney transplants. And now, the hospital is the area's first and only pancreas and kidney transplant center.

"As the only transplant center in the region, LVH is proud to provide access to this life-enhancing -- and sometimes life-saving -- surgery of the same high quality available in large urban centers, but closer to home," said Dr. Reckard.

Mr. Mann had suffered from Type 1 -- insulin dependent -- diabetes for 28 years. The chronic disease caused his kidneys to fail, requiring him to undergo peritoneal dialysis



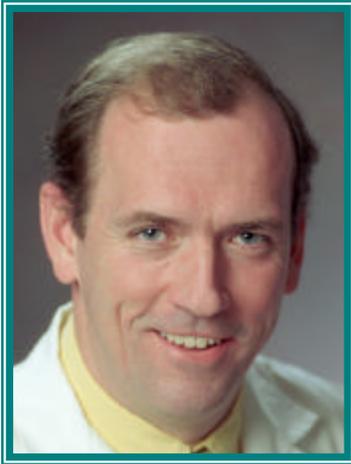
Jeffrey Mann, Dr. Chakrabarti, and Dr. Reckard answer questions at a press conference held on July 24 at Lehigh Valley Hospital.

for the past year. An electrician, he worked for Kovatch Mobile Equipment in Nesquehoning until February 2002, when he went on disability because of his illness. Since last year, he has also put fishing and hunting, his main hobbies, on hold because of fatigue.

"Pancreas transplantation dramatically improves the lives of persons with Type 1 diabetes," Dr. Chakrabarti said. "In addition to curing diabetes, it often reverses the cardiovascular complications and nerve and vision degeneration caused by the chronic disease."

Mr. Mann was on the transplant waiting list at the University of Pennsylvania for 18 months, until March, when he was put on the list at LVH.

A General Medical Staff meeting will be held on **Monday, September 8**, beginning at **6 p.m.**, in the hospital **Auditorium, Cedar Crest & I-78**, and via videoconference in the **First Floor Conference Room at LVH-Muhlenberg**. An internationally renowned expert on CMEs will give a presentation at the meeting. Please see Page 3 for more details.



From the President

Six age-enhanced, visually-otherwise-abled wisepersons were sitting on the steps of the temple snoozing in the hot, still, noonday sun. A sharp, young wisecracker came by leading an elephant, and challenged them to identify the animal he was leading by touch. The wise persons were sages, steeped in the experience of their years, and were confident that they could easily meet this child's challenge. One of them stepped up, grabbed hold of the elephant's trunk, and proudly proclaimed the animal to be a snake. Another one caught hold of the tail, and stated that this was obviously a donkey. Another one put her arms around a leg, and exclaimed that this was clearly not an animal, but indeed was a mighty tree. Still another touched the elephant's broad ear and stated that this was a gigantic bird, the likes of which had never been seen on the earth. Another one ran a withered hand along the tusk of the elephant, and stated that the others were all wrong, and that this was unquestionably a unicorn, and that they should take it from the young wisecracker to seek their fortunes. The sixth wise person sat quietly on the step and mused as the others made their identifications. When the others were satisfied that they had answered the sharp, young wisecracker's challenge, this wiseperson stood up and ran a hand along the trunk, down the ear, over the flank, and onto the tail of the elephant. "My friends, you are all right, and you are

all wrong! This is in sum, an elephant, mighty as a tree, with a trunk like a snake, a tail like a donkey, an ear like a wing, a tusk like a unicorn, but together unlike all of these others. We should in the future work together, and we can figure out any task these young whippersnappers bring to us." The others cheered the wise person, and the sharp, young wisecracker led his elephant away, kicking the dust in disgust at having been bested.

It is astonishing, but in many ways, the operating room at Cedar Crest & I-78 resembles this elephant. Not only is it massive, but it tends to move inexorably forward in ways that defy management. It looks different to different observers, depending on how they interact with it. It has a mind of its own, or at least seems to. And there are many observers who ponder this elephant from different viewpoints, struggling over how they can both understand this elephant and manage its inexplicable movements.

Over the past few weeks, I had the opportunity to talk with a number of people about the OR, asking them their observations about this elephantine and Byzantine institution. Their answers, like that of the wisemen, varied depending on their perspective and position. As an outside observer, I was struck with how difficult it would be to fix a problem where each observer had a different view of the genesis of the problem, the possible solutions, and whether there was a problem at all.

From the surgeons, I heard frustration that their add-on cases were often bumped until late in the night, or delayed for days. I heard that they had waiting lists of elective cases that they couldn't get into the hospital. I heard that the nurses appeared dispirited in the OR, and that there were still not enough rooms open or enough CRNAs to meet the volume needs. "We've been hearing the same things for years and it doesn't get any better," said one surgeon.

From the nurses, I heard of the difficulty of deciding how to apportion rooms to various surgeons, how to staff rooms, and how to turn over rooms after complex cases. I heard about problems with recruitment and retention of nurses nationally.

From anesthesia, I heard of the reorganization of anesthesia, the difficult national recruitment situation for CRNAs and anesthesiologists, and the burden of more procedures outside of the operating room.

From administration, I heard frustration that the extensive efforts at meeting the issues of nursing recruitment and retention, anesthesia recruitment and retention, increasing OR availability, and unloading the PACU seemed to go unnoticed. There are problems matching ORs, anesthesia staff, and nursing staff so that each of these is in parallel so that even with appropriate staffing in one area, it may not 'match' another.

I guess it all depends on your perspective on the elephant. One thing's for sure: this elephant has been growing. In July, we have had record volumes in the OR, with some of the busiest OR days in Cedar Crest & I-78 history. As of June, the surgical admissions for fiscal year 2003 were 11,315, about 400 ahead of budget, but an astonishing 790 or 7% above the previous year! On a day in mid July, not only were there 19 add-on cases, but there was a very complex 18-hour vascular case, two Code Reds, as well as the usual busy schedule. That day, OR nurses were called in from vacation, and a CRNA from obstetrics was pulled to help out.

So what's being done to 'fix' the OR? The answer is, quite a lot. There has been a strong push to recruit and retain OR nurses. Over the past two years, there has been a reduction of OR staff vacancies from 20% to 10%, so that out of 61 FTE positions in the OR, there are currently 6.5 FTE vacancies.

Continued on next page

The number of agency staff in the OR went from 17 to one in the same time period. We have continued to add CRNAs and anesthesiologists, renegotiate contracts with the CRNAs, and since the spring, have not lost any CRNAs from the OR. On Saturday and Sunday, there are three ORs open, instead of the usually staffed two, to make up for time needed for the astonishing burn case volume (there were 30 burn cases in the hospital one day a few weeks ago, a new record). This will continue as needed depending on the anticipated volumes seen late each week. The Growing Organizational Capacity team has made unloading PACU a number one priority so that the OR doesn't back up due to problems moving cases out. OR shifts have been reorganized in some cases so that staffing is available for the 7 a.m. to 7 p.m. shift. As we move into the fall, fewer people will be on vacation, which should improve the staffing of ORs. Positions have been added to the PACU, and we have more OR nurses overall. There are four new ORs in the past year. More rooms are available to run until 11 p.m. Focused and cooperative efforts have improved first case starts by 50%, and there is a continued

effort on improved first starts and turnaround time. By September, the room closures are expected to improve. There have been numerous meetings with surgeons to talk about the OR situation lead by Mark Holtz and Dr. Hoover. There is a monthly meeting of the OR governing board which has representation from all interested parties in the OR.

None of which is to say the problem is fixed. Let's just say this seems to be a moving, complex target, this elephant. For those surgeons who feel they are unsupported out there, the answer is that the message is loud and clear. Anything that can be done to open up the OR to the volume needs should be done, with the primary goal of serving the patients who seek our care.

What can you do individually to help this problem? Well, here are some ideas:

1. Do you see something that would aid in increasing OR capacity? Some system fix that could be put in place? Why not refer this to Working Wonders, or notify your Chair, Administrator, or boss about this idea?

2. Are there ways that you individually might be slowing down the OR? Could you change any behaviors to improve turnaround time in some way, so that Mrs. Jones on 4A doesn't have to have her hip fixed at 2 a.m.?

3. Do you have cases that could be done at 17th & Chew or LVH-Muhlenberg? There is more capacity at these institutions, and the data show that turnaround time between cases is significantly less than at Cedar Crest & I-78. I have driven back and forth the 11 miles between the two hospitals, and on a good day it takes less than 20 minutes.

Know also that the issues of the Cedar Crest & I-78 OR are constantly on the front burner of the administration, the Chairs, Troika, OR administration, nursing, and anyone else who has anything to do with the OR.

Try to be like that sixth wise person and see the whole elephant. At least it makes a bit more sense of this huge, lumbering beast.



Alexander D. Rae-Grant, MD
Medical Staff President

Medical Staff to Host CME Expert at GMS Meeting

David A. Davis, MD, an internationally renowned expert in the field of Continuing Medical Education will be the guest speaker at the General Medical Staff meeting on Monday, September 8. "All You Ever Wanted to Know About CME . . . But Were Afraid to Ask" will be the topic of discussion.

Dr. Davis is a Professor in the Department of Health Policy, Management and Evaluation and Family and Community Medicine, and Associate Dean, Continuing Education (CE), Faculty of Medicine, at the University of Toronto. He is also chair of the Guidelines Advisory Committee of the Ontario Medical Association and the Ministry of Health, Ontario, and is the leader of the Knowledge Translation Program of the Faculty of Medicine.

Following completion of his medical training at the University of Western Ontario and the University of Toronto, Dr. Davis en-

tered into private family practice in Burlington, Ontario, and began a life-long interest in continuing medical education. This interest culminated in the development of a community hospital-based continuing education program at Burlington's Joseph Brant Hospital, and his appointment as Director of CME at the new Faculty of Health Sciences at McMaster University in Hamilton.

To welcome and meet Dr. Davis, a reception will be held on **Monday, September 8, from 5:15 to 6 p.m.**, in the **Presidents' Room**, prior to the General Medical Staff meeting at 6 p.m., in the Auditorium. A brief business meeting will be held prior to Dr. Davis' presentation. The meeting and presentation will also be videoconferenced to the First Floor Conference Room at LVH-Muhlenberg.

All members of the Medical Staff are encouraged to attend.

On Monday, September 8, at 6 p.m., outside the First Floor Conference Room at LVH-Muhlenberg, a vendor fair, sponsored by the LVPHO, will be held in conjunction with the General Medical Staff meeting. Representatives from various companies that participate in the Preferred Vendor Program will be available to answer questions regarding their products and/or services. Plan to attend to see and hear about these value-added products and services. Door prizes will be awarded to some lucky attendees.

LVH-Muhlenberg to End Aetna Participation

On July 31, Lehigh Valley Hospital and Health Network notified Aetna that it would end the Lehigh Valley Hospital-Muhlenberg contract with the insurer effective March 1, 2004. This means that individuals with health insurance through Aetna will not be covered for care at LVH-Muhlenberg after that date if the contract is not renewed.

"We regret the current circumstances that have made a separation from Aetna necessary," said Elliot J. Sussman, MD, LVH's President and CEO. "We place the highest priority on excellent patient care and improved community health. This requires significant resources, including highly trained and expert physicians, dedicated nurses and skilled, professional staff. That, in turn, requires adequate payment from insurance companies,

and acceptance of physician-led care management to achieve the best health outcomes for our patients."

"We are prepared to negotiate with Aetna, but if we are not successful, LVH-Muhlenberg will not be a participating Aetna hospital after March 1, 2004," he said.

Lehigh Valley Hospital (Cedar Crest & I-78 and 17th & Chew) has not contracted with Aetna since March 2001.

Dr. Sussman said that Aetna paid LVH-Muhlenberg about \$1.1 million less last year than was required for health care services provided to its enrollees. That's a payment of approximately 65 cents for every dollar LVH-Muhlenberg spent caring for Aetna enrollees and less than Medicare and Medical Assis-

tance while Aetna's patients are sicker. Going forward, LVH-Muhlenberg seeks a 45 percent increase in payment rates to make up that difference and produce a positive margin to meet the community's growing demand for the hospital's services.

The LVH-Muhlenberg contract with Aetna will remain in effect until March 1, 2004, and, until then, Aetna subscribers remain covered for all inpatient and outpatient services at the hospital.

Materials prepared by LVH's public affairs department can assist physicians and their staff in answering patients' questions. For talking points for staff and a question and answer document for patients, as well as sample letters to send to patients please call 610-402-CARE.

Dr Dean Ornish
PROGRAM for reversing heart disease



The Regional Heart Center of Lehigh Valley Hospital and Health Network is offering the Dr. Dean Ornish Program for Reversing Heart Disease to patients with heart disease or with a high risk for it. This scientifically validated and clinically proven program combines moderate exercise, stress management, group support, and low-fat and whole foods eating to help break the cycle of heart disease.

Ornish and his colleagues at the Preventive Medicine Research Institute have found through more than 25

years of research that heart disease can be slowed, stopped and even reversed by making changes in diet and lifestyle. The findings of Ornish's studies have been published in leading medical journals including the *Journal of the American Medical Association*, *The Lancet* and the *American Journal of Cardiology*.

The Ornish Team at LVH consists of co-medical directors Gerald E. Pytlewski, DO, and Robert H. Biggs, DO, program director Barbara Carlson, as well as a nurse case manager, registered dietitian, exercise physiologist, behavioral health clinician and group support facilitator.

This team keeps in touch with each

participant's physician to ensure the continuum of care. The program offers 12 weeks of intensive instruction and participation, after which patients are risk stratified and continue at various levels for the remainder of one year. Once they have completed the Ornish Program, they may participate in the Ornish Community Support Group to assist them with compliance and continued success.

To obtain patient referral forms, inclusion and exclusion criteria, or brochures for your office, or for more information on the program, contact Barbara Carlson, Director of the Helwig Health and Diabetes Center, at 610-402-5099.

Safety Pearl of the Month

Remember to verify that you are ordering the correct medications on the correct patient's medical record. Up to 25% of physician orders received have been ILLEGIBLE. Also, often there is not a legible patient name on the order sheet. Valuable time is wasted in attempting to locate the correct patient with the correct physician.

News from CAPOE Central

Want to visit Bermuda? CAPOE may be the way

Overall CAPOE utilization has been approximately 57% for the past several months. The Medical Staff should be commended on their cooperation and use of the system. As I discuss our efforts with other hospitals, they are quite impressed by our compliance and our overall success. As a way to congratulate those who are contributing to this important patient safety initiative, we will begin our monthly drawings for a weekend trip to Bermuda. All physicians and physician extenders who are using the system, and whose **utilization is greater than 60%**, will be eligible for the drawing. The first drawing will take place during the second week in October. Further details about the drawing will follow. We will continue to hold the drawing on a monthly basis during the next year. Good luck to all those CAPOE users who will qualify!

Pain Medications – don't be a pain about supplying reasons

When ordering PRN pain medications, please remember to assign a **different level of pain** for each specific medication. You should not order Morphine 2mg q4 PRN severe pain, and also Morphine 4mg q4 PRN severe pain.

This will cause confusion with both pharmacy and nursing, and will result in a call back for clarification. Each pain medication should have a specific and different level of pain attached to it. The menu of PRN pain reasons that is listed on the detail screens will facilitate this. Also, there is a pain medication order set with various medications listed that have the reasons (mild, moderate and severe pain) defaulted into the comment line.

Updating allergies before entering medications

It is very important to enter and update patient allergies prior to entering medication orders, especially when entering admission orders. In the paper world, physicians could write the allergies at the top of the order sheet. In the CAPOE world, this should be done in the allergy screen. Entering and updating allergies is critical to good patient care. Everyone on the care team is responsible for keeping the allergies up to date, but the admitting physician is usually the first person to access the patient's electronic record. If the allergies are not entered along with the new orders, the pharmacy cannot verify and dispense the ordered medications. The pharmacists must then communicate with nursing or the ordering physician to determine the patient's

allergies. This can interfere with the patient receiving their meds in a timely manner. Instructions on how to use the allergy screen are available via the CAPOE Help web page (accessible through the HELP menu at the top of the screen; click on "Viewlets" and then choose, "Entering allergies in Last-Word.") **Please remember to update the allergy screen prior to entering your admission orders.**

"Taper Down IV" – because you asked for it

In response to physician and user requests, we have created an order to taper down an IV rate. This order is to be used for maintenance IV solutions and other non-titratable medications. The order can be found in the NURSING button in the "IV's menu" and in the FLUIDS/LYTES button under "Heplocks/Flushes/Other." The order provides fields to designate which fluid or med is to be tapered down and the goal rate to taper to. Nursing is aware of this order and will refer to it for instructions to taper down and discontinue IV's.

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

402-CARE Needs Your Updated Information

Lehigh Valley Hospital and Health Network's physician referral service, 402-CARE, is currently updating physician profiles. At the end of July, you should have received a form in the mail regarding you and your practice. Please take a few minutes to review your profile and make the necessary additions or corrections. Then fax your completed form to 610-402-2295 by September 27. If you have not received a form, please call 610-402-CARE (2273).

Updating your office practice profile allows the physician referral service to provide members of the community with the most current information about you and your practice.

For example:

- ✓ Special interests or procedures
- ✓ Location changes
- ✓ Insurance information
- ✓ Acceptance of children

402-CARE handles more than 9,000 calls each month. Last year, those calls resulted in nearly 17,000 referrals to participating physicians and programs.

If you have any questions, please call Chris Morehouse, call center manager, at 610-402-CARE (2273).

Palliative Care Initiative

Palliative Care initiatives continue to become a reality at Lehigh Valley Hospital and Health Network. Gregory R. Harper, MD, PhD, Physician in Chief, Cancer Services, John & Dorothy Morgan Cancer Center, wrote the following article regarding Palliative Care initiatives in Oncology:

Palliative Care in Oncology

Cancer treatment is always best approached by being clear about the goals of care. When cure is possible, treatment of the patient may be uncomfortable, require hospitalization, and be accompanied by suffering from significant side effects of chemotherapy or radiation therapy. But, the care team is focused on the goal of cure, and spares nothing in supporting the patient towards that goal.

Cancer treatment in adults is often not curative. Thus, oncologists are trained from the beginning in the palliative treatment of patients with cancer. When cure is not the goal, I often tell my patients that my job is to first and foremost maintain (or restore) their quality of life by relieving or preventing problems from their cancer. I tell them I will help them with all the tools available to me—chemotherapy, radiation therapy, surgery when necessary, cancer support services, and drugs—to maintain their quality of life for as long as possible, without doing unnecessary harm. This is the fundamental art of cancer care—to help the patient without doing harm—and, in my mind, is also the fundamental tenet of palliation in medicine. When cure is not possible, we are to relieve suffering, improve quality of life, and do no harm.

Thus, palliative care is integral to all that we do in medicine. It is not a separate discipline, although we can learn from people who have studied how effective we are in palliating patient problems, and from those who care for patients at the end of life when symptom management is often the primary goal.

In oncology, we are introducing the principles of palliative medicine into the curriculum for our specialty resident in training (oncology fellow) by utilizing the self-study modules published by the American Academy of Hospice and Palliative Medicine. These modules not only address symptom management, but the principles of interdisciplinary team care, the importance of addressing spiritual and psychosocial issues facing patients and families with life-threatening illness, and ethical considerations in the treatment of patients at the end of life. By integrating the teaching of palliative medicine into the daily life of the fellow, our goal is to embed knowledge about palliative care, from the beginning, in the teaching we do for all patients with cancer.

Fast Fact of the Month

The medical interview is an integral part of palliating patient problems, therefore, this month's fast fact deals with Patient Centered Interviewing.

Title: Fast Fact and Concept #17; Patient-Centered Interviewing: Understanding The Illness Experience

Author(s): Ambuel, B.; Weissman, D.

This Fast Fact & Concept provides an outline for assessment of a patient's illness experience, not just their disease, through the medical interview.

This material is suitable for discussion on ward rounds or as a handout at a teaching conference or communication skills workshop.

Educational Objective(s):

Learn how to assess the illness experience. Understand components of the FIFE interview.

Clinical Case: You admit Mary, a new patient, to the hospital. Mary has end-stage, metastatic pancreatic cancer. She has not seen a physician since she was given a terminal diagnosis 6 months ago at another institution. She is nutritionally depleted and has an apparent gastrointestinal obstruction

causing significant bloating and discomfort. While you are admitting her she informs you that she is curing herself by drinking fresh fruit and vegetable juices. She refuses to discuss advanced directives because she "does not trust you."

How might you begin to develop a working relationship with Mary? One strategy is to strive to understand both Mary's disease and her illness. Disease refers to a biological, pathophysiological process. Illness refers to the patient's experience. You can assess a patient's illness experience by asking about four dimensions -- Feelings, Ideas, Function and Expectations. The acronym FIFE can be a helpful reminder.

F = FEELINGS related to the illness, especially fears

- What are you most concerned about?
- Do you have any specific fears or worries right now?
- I imagine you have had many different feelings as you have coped with this illness.
- Sometimes people have fears that they keep to themselves and don't tell their doctor.

I = IDEAS and explanations of the cause

- What do you think might be going on?
- What do you think this pain means?
- Do you have ideas about what might have caused this illness?

F = FUNCTIONING, the illness' impact on daily life

- How has your illness affected you day to day?
- What have you had to give up because of your illness?
- What goals do you have now in your life? How has your illness affected your goals?
- How does this illness affect important people in your life?

E = EXPECTATIONS of the doctor & the illness

Continued on next page

- What do you expect or hope I can do for you today?
- Do you have expectations about how doctors can help?
- What do you hope this treatment will do for you?
- What are your expectations about what might happen with this illness?

Teaching Points:

1. Understanding the patient's illness experience complements but does not replace understanding the disease.
2. Asking FIFE questions takes additional time. As you become experienced you will become more efficient. The time you invest understanding the patient's illness experience can save time later.

References:

Stewart, M, JB Brown, WW Weston, IR McWhinney, CL McWilliam, TR Free-

man. Patient Centered Medicine: Transforming the Clinical Method. Sage Publications, Thousand Oaks, California, 1995. Rosenberg, EE, M Lussier & C Beaudoin. Lessons for clinicians from physician-patient communication literature. Arch Fam Med, 6:279-283

(1) Type "Ctrl A" to select all; (2) Type "Ctrl C" to copy; (3) "Paste" into new word processing document; (4) Name and Save.

Contact: David E. Weissman, MD, FACP Palliative Care Program Director Medical College of Wisconsin (P) 414-805-4607 (F) 414-805-4608 dweissma@mail.mcw.edu.

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Experience. June, 2000. End-of-Life Physician Education Resource Center www.eperc.mcw.edu.

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

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

Clarification for Ordering and Prescribing for Physician Assistants and Nurse Practitioners

Following are ordering and prescribing clarifications as they relate to Physician Assistants and Nurse Practitioners:

- ◆ "Range" Orders – "Range" Orders are strictly prohibited (e.g., MsO_4 2-4 mg IV).
- ◆ Prescriptive Privileges – Physician Assistants and Nurse Practitioners must apply for and be granted the specific privilege to prescribe at Lehigh Valley Hospital. Physician Assistants and Nurse Practitioners are not permitted to prescribe certain categories of drugs, per State Law. In addition, State Law does not permit a Physician Assistant to order blood or blood products.

NOTE: Obtaining this privilege at LVH is a separate process from requesting authorization from the Pennsylvania State Board of Medicine/Nursing. Please contact Medical Staff Services for more information.

- ◆ Controlled Substances – Physician Assistants and Nurse Practitioners may only prescribe controlled substances (within the limitations of State Law for the particular practitioner type) if they have a valid DEA Certificate AND if they have applied for and been granted prescriptive privileges for controlled substances through Medical Staff Services. Physician Assistants may only prescribe Classes III, IV, and V. Nurse Practitioners may prescribe Classes II, III, IV, and V, with specific limitations.

NOTE: If you were previously approved for prescriptive privileges for non-controlled substances, and then later obtain your DEA, you may not automatically begin prescribing controlled substances. Instead, you must apply for and be approved for prescriptive privileges specifically for the controlled substances through the Medical Staff Services Office.

- ◆ Telephone/Verbal Orders – Physician Assistants may not give telephone/verbal orders. State Law allows a Physician Assistant to "relay a medical regimen", but also requires the PA to "record, date, and authenticate the medical regimen on the patient's chart at the time it is relayed." Such documentation could not occur if the regimen is being relayed over the telephone.

Nurse Practitioners, however, who are functioning under protocols developed between the NP and the collaborative physician, may give telephone orders that are in accordance with such protocols.

For copies of the Pennsylvania Board of Medicine/Nursing's Rules and Regulations for Physician Assistants or Nurse Practitioners, or for any additional questions you may have, please contact the Medical Staff Services Office at 610-402-8900.

Moderate Sedation/Analgesia

On April 1, 2003, the Medical Executive Committee approved **Medical Staff and Allied Health Professional Staff Credentialing Criteria for Administration of Moderate Sedation.**

This criteria works hand in hand with the Moderate Sedation/Analgesia Policy which is intended to facilitate a safe and comparable level of pre-procedure, intra-procedure, and post-procedure care to patients receiving moderate sedation. Moderate sedation is utilized by the practitioner for patients undergoing diagnostic, therapeutic, or surgical procedures. This policy does not apply to those situations in which medications are used solely for pain control or anxiety relief. (To review the policy in

its entirety, go to the hospital's homepage on the Intranet, click "Resources," "Applications," Administrative Manual," "M," and "Moderate Sedation/Analgesia.")

In order to administer moderate sedation, all physicians on the Medical Staff will be required to complete certification in NRP, NALS, ACLS, PALS, APLS, or ATLS by December 31, 2003 as appropriate for patient practice population. The Emergency Medicine Institute is in the process of scheduling a number of dates for certification.

Various divisions of the Medical Staff who may administer moderate sedation have been identified. Some of these

divisions include Cardiology, Gastroenterology, Pulmonary, Pediatric Critical Care Medicine, Cardio-Thoracic Surgery, General Surgery, Oral and Maxillofacial Surgery, etc. Letters have been sent to these individuals along with supporting documentation regarding the credentialing criteria. If you have received this letter, please return the requested information as soon as possible.

If you have not received a letter and are currently administering moderate sedation or if you have questions regarding this issue, please contact Brenda E. Lehr, Director of Medical Staff Services, at (610) 402-8975 or via email as soon as possible.

2003 LVHVN United Way Campaign

Reach High! "Serve" Your Community through Your United Way -- September 18 to November 6, 2003

Last year, the Lehigh Valley Hospital and Health Network's United Way Campaign raised over \$289,000! This wonderful show of generosity put LVHVN in the lead for the amount of dollars raised by area hospitals.

This year, LVHVN has a lofty goal of raising \$300,000, and everyone needs to "reach high" to attain this goal. The current economic and business climate has greatly impacted giving in the Lehigh Valley. Between 1994 and 2000, the Lehigh Valley lost 18,000 jobs. National charitable contributions de-

clined by 2.3% last year for the first time in seven years, and United Way campaign revenue dropped below \$11 million. Everyone needs to do his or her part to help this year's campaign succeed.

David Gilgoff, President of Valley Youth House, reports that "funding reductions are in excess of \$250,000 with major reductions to families receiving counseling services and to youth receiving drug prevention services." This is only an example of cuts facing many not-for-profit organizations that serve the poor, at-risk and needy in our community.

The support you have given to this cause in the past is very much appreciated; it is

hoped that you will continue your support this year. Pledge forms are available through Medical Staff Services or the Volunteer Services Department at Cedar Crest & I-78. A mailing will be distributed to members of the Medical Staff in September.

Please consider making a pledge to your United Way. **You can truly make a difference!**

If you have any questions regarding this year's United Way Campaign, please contact one of the LVHVN United Way Campaign co-chairs -- Betty Anton at 610-402-8897, or Don Hougendobler at 484-884-2293.

Survey on Pain Knowledge

On August 18, a survey regarding pain knowledge was made available for you to complete on the LVH_List in email. The purpose of this survey is to develop standards of care for the patient with pain. To complete the survey, click on the link and complete the sur-

vey titled "Pain Knowledge and Attitude Scale." Once you have completed the survey, click on the "submit" button and you are done.

All participants will be entered for a random drawing. Your user ID number will

be used to identify prizewinners.

If you have any questions regarding the survey, please contact Maryjane Cerrone, Clinical Research Specialist, at 610-402-9003.

News from the HIM Department

During the 2003 Department of Health Licensure survey, the following documentation items were identified as needing improvement.

Verbal Orders

According to the Medical Staff Bylaws, "a physician shall not give a verbal order except in an emergency situation. When a verbal order is taken in an emergency, it must be countersigned by a practitioner within twenty-four (24) hours. If the practitioner is not the attending physician, he or she must be authorized by the attending physician and must be knowledgeable about the patient's condition."

*All Physician Assistants orders need

to be countersigned by a licensed physician.

*All Medical Student orders shall be countersigned by a licensed physician.

CAPOE provides alerts to electronically sign verbal orders. For handwritten orders, please review the medical record daily to make sure that all the verbal orders are signed.

Identification of Patient Prior to Surgery

It is the surgeon's responsibility to identify the patient **prior to** the beginning of the procedure and document on the medical record. Under the JCAHO Patient Safety Guidelines, including this information in the operative report after the procedure is non-compliant.

Discharge/Transfer Instructions

The physician must document that discharge/transfer instructions have been given to the patient. A copy of the discharge instructions in the record is not sufficient evidence that the patient has received a copy of the instructions.

Abbreviations

Only approved abbreviations may be used in medical record documentation. Refer to Abbreviation List, under Administrative Policies on the LHHHN Intranet. For patient safety, the following abbreviations **MAY NOT** be used anywhere in medical record documentation.

Abbreviations/ Dose Expression	Intended Meaning	Misinterpretation	Correction
x_d (e.g. x3d)	For # days #e.g. for 3 days)	Mistaken for # doses (e.g. 3 doses)	Specify "days" or "doses" (e.g. "three days" or "three doses"
Zero after decimal point (e.g. 1.0)	1 mg	Misread as 10 mg if the decimal point is not seen	Do not use trailing zeros for doses expressed in whole numbers
No zero before decimal dose (e.g. .5 mg)	0.5 mg	Misread as 5 mg	Always use zero before a decimal when the dose is less than a whole unit (e.g. Xanax 0.5 mg)
MTX	Methotrexate	Mitoxantrone	Use the complete spelling for drug name

Consents

The Medical Staff Bylaws state that "a surgical operation shall be performed after consent has been obtained from the patient or his or her legal representative by the physician and/or the physician designee."

Pain Medication

Range dosing of pain medication is not acceptable. Dosage must be specific and designate the type of pain (moderate, severe, etc.).

If you have any questions, please contact Zelda Greene, Director of Health Information Management, at 610-402-8330.

Professional Liability Insurance Coverage

Physicians are required to provide evidence of continuous coverage PRIOR to the expiration date of their medical malpractice insurance. Failure to provide evidence of coverage will result in a 30-day suspension of medical staff privileges until evidence of coverage is provided to the Medical Staff Services Office.

A copy of the medical malpractice insurance facesheet may be faxed to Medical Staff Services at 610-402-8926.

If you have any questions, please contact Cindi Ault in Medical Staff Services at 610-402-8900.

Physician Satisfaction Survey

Over the next few months, some of you will receive a phone call from The Jackson Organization. Please don't hang up! This is not a phone solicitation, and they will not be asking you to send money. The Medical Staff Leadership, in conjunction with Mr. Lou Liebhaber, Chief Operating Officer, has contracted with The Jackson Organization to conduct a medical staff survey. The Jackson Organization is a well-established medical survey company that has conducted numerous surveys in other hospitals of both patient and physician satisfaction. This survey is designed to take the least amount of your time, focus in on areas where you have the most knowledge, and cover the maximum amount of territory. Areas covered will include your overall impression of the hospital, of the particular services you use and the floors you round on, the operating rooms, the emergency rooms, the labs, radiology, nursing, as well as administration, medical staff leadership, and

the cleanliness of the floors. You will be given the opportunity not only to respond, but to give your comments, good or bad, and your ideas, crazy or enlightened. This is a unique opportunity to let your voice be heard. We will use this survey to help us focus on areas that need improvement, areas of opportunity, and areas of concern. Without your help, this will not succeed. With it, you have a much greater chance of being effectively represented.

About 250 doctors who use the services at Cedar Crest & I-78, LVH-Muhlenberg, and referring physician practices will be contacted, and recontacted, and recontacted, until an effective representation is reached. The survey should take no more than a few minutes of your time. Please take the time. It's your chance to let us know how you view the environment you work in and work with.

Obesity in Children

In the United States, childhood obesity is at an all-time high, up 50% since 1991. In 2001, over 60% of Pennsylvania adults and 18% of its youth were classified as overweight. From 1979 to 2000, healthcare costs from obesity-related conditions in children and adolescents ages 6-17 years increased from \$35 million to \$127 million.

In an effort to prevent or lower the incidence of obesity and promote healthy lifestyles in children, a new program -- **B & N Explorers** -- has been developed by registered dietitians and exercise physiologists.

B & N (Body & Nutrition) Explorers is a six-week food and fitness program for

children ages 7-12 years and their parents being offered by a registered dietitian from Lehigh Valley Hospital and an exercise physiologist at the Bethlehem YMCA. Each week, participants will be "exploring" food strategies to develop high energy, prevent disease and overweight with fun activities and snacks. In the "body" portion of the program, participants will be able to sample everything from Kickboxing and strength training to Tai Chi and Yoga.

The program will run from October 20 through December 1, every Monday and Thursday evening from 5 p.m. to 6:30 p.m., at the Bethlehem YMCA, 430 E. Broad Street, Bethlehem.

The cost of the program is \$125.00, which includes the registration for one child and one parent. Additional family members can join the program for \$75.00.

Each participant will need comfortable workout clothes, sneakers and a water bottle. Each child who completes the six-week program will receive a sweat-shirt and certificate.

The deadline for registration, which is limited, is October 10. To register, please call 610-867-7588.

For more information about the program, please contact Mildred Bentler, Pediatric Nutrition Specialist, at 484-884-3399.



Beginning on August 1, Healthy You Spa Rejuvenation Services became available for patients at the bedside. Introduced to create an environment

that promotes relaxation and healing, these self-pay services are provided by staff members of the Youthful You Institute and are available at all sites.

Services include:

- Neck, back and shoulder massage
- Natural nails and hand treatment
- Hair care

- Healing foot treatment
- Hydrating facial for all skin types
- Mineral make-up application

For more information or to schedule patients for any of these services, please call Healthy You at 484-884-2100.

Release of Records for Minors

What does HIPAA have to say about release of records related to minors?

The HIPAA Privacy Rule basically defers to state laws for the ability of a parent or legal guardian to obtain health information about a minor child. Therefore, there was no significant change in release of information laws related to minors.

The Privacy Rule permits a covered entity to disclose to a parent, or provide the parent with access to, a minor child's protected health information when and to the extent it is expressly permitted or required by State law, including case law. The Privacy Rule provides for three instances where a parent is not considered the child's personal representative, and therefore, would not be able to obtain the minor's health care information. These exceptions generally track the ability of minors to obtain health care services without parental consent; therefore, the parent would not control the health information related to that care.

First Exception: A parent is not considered the personal representative of the minor when the State law does not require the consent of a parent or other person before a minor can obtain a particular health care service, and the minor consents to the health care services.

In accordance with Pennsylvania Law, a minor is defined as a person under the age of 18. Generally, the parents will be the personal representative of the minor and will be able to make health care decisions for the minor, and as such, shall have access to the child's health information. However, there are exceptions. Pursuant to Pennsylvania law, a minor can be considered emancipated and be able to make health care decisions for himself / herself if the minor has graduated from high school; has married; or has been pregnant. A minor who has received a judicial decree of emancipation may also consent to his/her own care. A minor who has married or has borne a child may also give consent for the medical care for his / her child. Please take note that "borne" can only be a woman; therefore, a minor father, unless married, cannot consent for his children.

Minors can also consent for their own care in certain circumstances without parental consent as listed below:

1. Minors can consent for the testing of and treatment for venereal diseases and diseases reportable under the Disease Prevention and Control Law of 1955, which is published by the Department of Health.
2. Case law has recognized the right of minors to receive contraceptives without parental consent. Physicians should exercise their best medical judgment in providing contraceptives to minors.
3. Minors can consent for the testing of and treatment for pregnancy (However, this does not include abortions. Pursuant to the Abortion Control Act, if a pregnant woman under the age of 18 seeks an abortion, the performing physician must ordinarily obtain the informed consent of the patient and her parent or guardian before performing the abortion. The consent of only one of the minor's parents is required, or if the parent will not consent, the minor can seek an order from the court.
4. Minors can consent for the medical care and counseling related to the diagnosis or treatment of a substance abuse problem
5. Minors 14 years of age or older may consent to mental health treatment if they substantially understand the nature of their voluntary treatment.

Second Exception: The parent is not considered the personal representative of the minor when a court determines or other law authorizes someone other than the parent to make treatment decisions for a minor. For example, a court may grant authority to make health care decisions for the minor to an adult other than the parent, or the court may make the decision(s) itself.

As a side note, when the courts place a minor in the Child Welfare System, a number of individuals generally get involved in the child's care. Typically, the County Children and Youth Agency becomes the child's legal custodian, which is not to be confused with the child's legal guardian. Pennsylvania law does not preclude the parents' right to access the minor's medical

record. Children and Youth can consent to the routine examination and treatment of the child, and are entitled to the child's health information. The agency generally places the child in the physical custody of a foster parent or relative. Because the HIPAA regulations permit release of information to those involved in the patient's care, the foster parent would be able to have access to the minor's health information as it pertains to their ability to care for the child. For minors in the Child Welfare System, Pennsylvania law makes a distinction between routine and non-routine treatment. A child's parent is still required by law to consent to each instance of non-routine care. Non-routine treatment examples include non-emergency surgery, cosmetic surgery or experimental treatment. Absent the parent's consent, a court order is needed.

Third Exception: The parent is not considered the personal representative of the minor when a parent agrees to a confidential relationship between the minor and the physician. For example, a physician asks the parent of a 16-year old if the physician can talk with the child confidentially about a medical condition and the parent agrees. In the event that the parent later revokes consent, the physician may maintain the confidentiality of the prior communications with the child to the extent that the physician has relied on the parent's consent.

Lastly, notwithstanding State law, HIPAA's Privacy Rule permits a provider to elect not to treat a person as the personal representative of the minor if the provider has a reasonable belief that the minor has been or may be subjected to abuse or neglect by such person; or treating such person as the personal representative could endanger the minor and the provider, in the exercise of professional judgment, decides that it is not in the best interest of the minor to treat the person as the minor's personal representative.

If you have any questions related to this article, please contact Glenn Guanowsky, Legal Services at (610) 402- 2776.

Upcoming Seminars, Conferences and Meetings

Greater Lehigh Valley Independent Practice Association

The quarterly informational session for the membership of the Greater Lehigh Valley Independent Practice Association will be held on Tuesday, September 23, at 6 p.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78.

Plan to attend to hear the latest updates. If you have any questions, please contact Eileen Hildenbrandt, Coordinator, GLVIPA, at 610-402-7423.

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	Word 97	Excel 97
GUI Email	PowerPoint 97	PowerPoint 4.0	

Computer-based training takes place in **Information Services** (Educational Room) at **1245 S. Cedar Crest Boulevard, First Floor**, and in the **LVH-Muhlenberg I/S training room** (off the front lobby). The schedule of upcoming classes is as follows:

2003 CBT sessions for 1245SCC (Educational Room):
(All sessions will be held from 8 a.m. to noon)

September 25 October 28 November 25 December 23

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

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

September 18 October 16 November 20 December 18

Twelve slots are available for 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.

Department of Family Practice

The Department of Family Practice will host "Insuring the Future: Politics, Access and Joy" on Saturday, October 11, 2003. This is the second in the Primary Care Workshop Series and will coincide with the Department's 10th Anniversary and Family Practice Month.

At the workshop, you will be able to explore alternatives to the current health care system that reflect and support the ideals and values of Family Practice. Workshop sessions will provide the opportunity to learn how to advocate for change in the current system and the opportunity to rediscover the joy and meaning of family practice.

The workshop will be held from 8 a.m. to noon, in the Auditorium at Lehigh Valley Hospital, Cedar Crest & I-78.

For more information, please contact Davida Leayman in the Department of Family Practice at 610-402-4954.

Medical Grand Rounds

Medical Grand Rounds will resume on Tuesday, September 2. 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 September will include:

- ❖ September 2 - "Lupus and Secondary Osteoporosis -- Therapeutic Options"
- ❖ September 9 - "Reaching for Quality and Remembering Our Strengths: Health Information Technology and the Future of Internal Medicine"
- ❖ September 16 - "Inspector Clouseau in the Hospital: Investigating Hospital Epidemics"
- ❖ September 23 - "Treating the Diabetic Patient in the Hospital Setting"
- ❖ September 30 - "Primary Prevention Trials in the Post-MI and CHF Patient"

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

Division of Neurology Conferences

The Division of Neurology conferences are held on Fridays in the location noted, beginning at noon. Conferences are also videoconferenced to the First Floor Conference Room at LVH-Muhlenberg. Topics to be discussed in September will include:

- ❖ September 5 - Regular Division Meeting - Canceled
- ❖ September 12 - "Update on CNS Lymphomas" - Cedar Crest & I-78, Classroom 1 (Anderson Wing)
- ❖ September 19 - "Operating in Eloquent Areas" - Cedar Crest & I-78, Board Room (Third Floor, Anderson Wing)

Continued on next page

- ❖ September 26 - "Tumor Markers" - Cedar Crest & I-78, MICU/ SICU Education Room (Second Floor, Jaindl Pavilion)

For more information, please contact Sharon Bartz in Neurosciences at 610-402-9008.

OB/GYN Grand Rounds

OB/GYN Grand Rounds are held on Fridays, from 7 to 8 a.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78, unless otherwise noted. Topics to be discussed in September will include:

- ❖ September 5 - Tumor Board
- ❖ September 12 - Journal Club
- ❖ September 19 - "Breast Cancer and Hormones"
- ❖ September 26 - GYN M&M

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

Department of Pediatrics

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

- ❖ September 2 - Joint Family Practice/Pediatric Grand Rounds - "Pre-Participation Exam for Normal and Special Needs Populations" - **Time and Location Change - 7-9 a.m., Auditorium, Cedar Crest & I-78**

- ❖ September 9 - Pediatric Jeopardy
- ❖ September 16 - "Emergence of Bacterial Resistance: Implications for Oral Management of Common Respiratory Infections"
- ❖ September 23 - "Evaluation and Management of Adolescent Idiopathic Scoliosis"
- ❖ September 30 - Case Presentation

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

Surgical Grand Rounds

Surgical Grand Rounds will resume on Tuesday, September 9, and 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 September will include:

- ❖ September 9 - "Disclosure of Unanticipated Outcomes and Medical Errors"
- ❖ September 16 - "Perioperative Hypertension - Targeting Anti-hypertensive Therapy to Improve Outcome"
- ❖ September 23 - Division of Orthopedic Surgery - TBA
- ❖ September 30 - Division of Urology - TBA

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

News from the Libraries

Ovid Training

To arrange for instruction in the use of OVID's MEDLINE and its other databases, please contact Barbara Iobst, Director of Library Services, at 610-402-8408.

Some Fulltext journals are available through OVID. They are primarily in the areas of behavioral health and nursing.

PubMed Database

PubMed is a MEDLINE search engine sponsored by the National Library of Medicine. Sometimes it is possible to retrieve fulltext journal articles, for which the library subscribes to the paper version, through this website since the library staff at LVH has been able to make special arrangements with publishers.

PubMed is available by accessing the LVHHN Intranet site. On the homepage, select "Departments," then "Clinical," then "Clinical Services." PubMed is included in the list of clinical services.

Recently Acquired Publications

Library at 17th & Chew

- ❖ Lavin. Manual of Endocrinology and Metabolism. 2002.
- ❖ Larsen. Williams Textbook of Endocrinology. 2003.

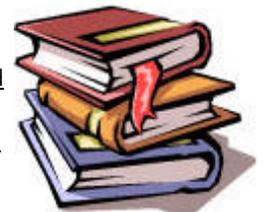
Library at Cedar Crest & I-78

- ❖ Irwin. Irwin and Rippe's Intensive Care Medicine. 2003.
- ❖ McDonald. Atlas of Procedures in Neonatology. 2002.

Library at LVH-Muhlenberg

- ❖ Rothrock. Alexander's Care of the Patient in Surgery. 2003
- ❖ Park. Pediatric Cardiology Handbook. 2003

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



Papers, Publications and Presentations

John P. Fitzgibbons, MD, Chair, Department of Medicine, was invited to participate in a conference held by the American Board of Internal Medicine Foundation in Sun Valley, Idaho. During the meeting, which was held August 2-5, Dr. Fitzgibbons participated in a panel discussion concerning the future of the hospitalist movement in the United States.

Geoffrey G. Hallock, MD, Associate Chief, Division of Plastic Surgery, recently had an article published in the *Clinics of Plastic Surgery* titled "Doppler Sonography and Color Duplex Imaging for Planning a Perforator Flap." This was part of a quarterly specifically on "Perforator Flaps" written at the invitation of the guest editor, Dr. Fu-Chan Wei, who is an in-

ternationally respected microsurgeon and fellow colleague from Taipei, Taiwan. He has also done extensive free flap research with perforator flaps.

Patrice M. Weiss, MD, Director of Undergraduate Medical Education and Interim Residency Program Director, Department of Obstetrics and Gynecology; **Frank G. Finch, MD**, Division of General Internal Medicine; and **L. Wayne Hess, MD**, Chair, Department of Obstetrics and Gynecology, co-authored an article -- "Insulin Delivery System Options in Diabetes: Novel Approaches to an Old Disease" -- which was published in both the OB/GYN edition and the Primary Care edition of *The Female Patient* in July.

Congratulations!

Mark C. Knouse, MD, Division of Infectious Diseases, was recently informed that he has been elected to Fellowship in the American College of Physicians.

Who's New

This section contains an update of new appointments, address changes, status changes, resignations, etc. Please remember to update your directory and rolodexes with this information.

Medical Staff

New Appointments



Aras O. Ali, MD
Allentown Anesthesia Associates Inc.
1245 S. Cedar Crest Blvd.
Suite 301
Allentown, PA 18103-6243
610-402-9082
Fax: 610-402-9029

Department of Anesthesiology
Section of Cardiac Anesthesia
Provisional Active



Robert B. Barnes, DO
East Penn Medical Practice, Inc.
723 Chestnut Street
Emmaus, PA 18049-2017
610-967-4830
Fax: 610-965-7737

Department of Family Practice
Provisional Affiliate



David B. Burmeister, DO
LVPG-Emergency Medicine
Lehigh Valley Hospital
Cedar Crest & I-78, P.O.
Box 689
Allentown, PA 18105
610-402-8111

Fax: 610-402-4546
Department of Emergency Medicine
Division of Emergency Medicine
Provisional Active



Kimberly Legg Corba, DO
Green Hills Family Health Care, Inc.
Lehigh Valley Office Plaza
1150 Glenlivet Drive, Suite A17
Allentown, PA 18106-3104
610-530-9155

Fax: 610-530-4495
Department of Family Practice
Provisional Active



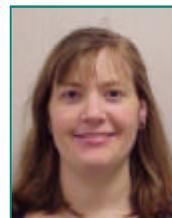
Rajiv Dhawan, MD
Pottstown Medical Specialists, Inc.
1591 Medical Drive
Pottstown, PA 19464-3224
610-326-8005
Fax: 610-327-9629

Department of Medicine
Division of Cardiology
Provisional Active



Shanth A. Goonewardene, MD
Health Network Laboratories
Lehigh Valley Hospital
Cedar Crest & I-78, P.O.
Box 689
Allentown, PA 18105

610-402-8140 ❖ Fax: 610-402-1691
Department of Pathology
Division of Anatomic Pathology
Provisional Active



Kathleen E. Kane, MD
LVPG-Emergency Medicine
Lehigh Valley Hospital
Cedar Crest & I-78, P.O.
Box 689
Allentown, PA 18105
610-402-8111
Fax: 610-402-4546

Department of Emergency Medicine
Division of Emergency Medicine
Provisional Active



Vivian B. Kane, MD
LVPG-Emergency Medicine
Lehigh Valley Hospital
Cedar Crest & I-78, P.O.
Box 689
Allentown, PA 18105
610-402-8111

Fax: 610-402-4546
Department of Emergency Medicine
Division of Emergency Medicine
Provisional Active



Edward G. Liszka II, MD
Lehigh Valley Cardiology
Associates
2649 Schoenersville Road
Suite 301
Bethlehem, PA 18017
610-866-2233
Fax: 610-866-7738

Department of Medicine
Division of Cardiology
Provisional Active



Ilana A. Rachshtut, MD
Hamburg Family Practice
Center
700 Hawk Ridge Drive
P.O. Box 488
Hamburg, PA 19526
610-562-3066
Fax: 610-562-3125

Department of Family Practice
Provisional Active



Rochelle Steiner, MD
College Heights OBGYN
Associates, PC
2597 Schoenersville Road
Suite 302
Bethlehem, PA 18017-
7331
610-317-0208

Fax: 610-317-0210
Department of Obstetrics and Gynecology
Division of Primary Obstetrics and Gynecol-
ogy
Provisional Active



James C. Wasson, MD
(Solo Practice)
122 S. Main Street
Nazareth, PA 18064-2051
610-746-1860
Fax: 610-746-5068
Department of Medicine
Division of General Inter-
nal Medicine

Provisional Active

Status Changes

Charles C. Norelli, MD
Department of Medicine
Division of Physical Medicine-Rehabilitation
From: Associate
To: Active

Amy L. Post, DO
Department of Medicine
Division of General Internal Medicine
From: Limited Duty
To: Provisional Active

Address Change

Clifford H. Schilke, MD
Lehigh Valley Hospital-Muhlenberg
2545 Schoenersville Road, 5th Floor
Bethlehem, PA 18017-7384
484-884-6500 ❖ Fax: 484-884-6504

Practice Changes

Todd R. Holbrook, MD has joined
Drs. Bub and Young Family Medical Center
619 Dalton Street, P.O. Box 899
Emmaus, PA 18049-0899
610-967-3646 ❖ Fax: 610-965-6595

Celeste M. Saunders, MD has joined
Healthworks
2649 Schoenersville Road, Suite 102
Bethlehem, PA 18017-7317
484-884-2249
Fax: 484-884-8034

Resignations

Weldon E. Chafe, MD
Department of Obstetrics and Gynecology
Division of Gynecologic Oncology/
Gynecology

Jayson M. Dupre, DO
Department of Medicine
Division of General Internal Medicine

Rebecca L. England, MD
Department of Obstetrics and Gynecology
Division of Primary Obstetrics and Gynecology

John P. Ford, MD
Department of Medicine
Division of Hematology-Medical Oncology

Shannon Kearney, DO
Department of Medicine
Division of General Internal Medicine

P. Rao Kondur, MD
Department of Anesthesiology

Nancy R. Lembo, DO
Department of Medicine
Division of Physical Medicine-Rehabilitation

James G. McHugh, MD
Department of Emergency Medicine
Division of Emergency Medicine

Jennifer C. Reap, DO
Department of Medicine
Division of General Internal Medicine

Craig J. Sobolewski, MD
Department of Obstetrics and Gynecology
Division of Gynecology/Primary Obstetrics
and Gynecology

Allied Health Staff

New Appointments

Anthony J. Lewandowski, CRNA
Certified Registered Nurse Anesthetist
(Supervising Physician - Thomas M.
McLoughlin, Jr., MD)

Anne K. McDonald, RN
Registered Nurse
(Supervising Physician - Thomas A.
Hutchinson, MD)

Jane D. Najpauer, MA
Medical Assistant
(Supervising Physician - Donald J.
Belmont, MD)

Change of Supervising Physician

Kristen M. Buchman, PA-C
Physician Assistant-Certified
From: Linda L. Lapos, MD
To: Rovinder S. Sandhu, MD

Gretchen P. Fitzgerald, CRNP
Certified Registered Nurse Practitioner
From: Bruce D. Nicholson, MD
To: Joseph E. Vincent, MD

Additional Supervising Physician

Krista T. Carson, PA-C
Physician Assistant-Certified
Additional Supervising Physician - Gavin
C. Barr, Jr., MD

Nancy J. Crane-Roberts, CRNP
Certified Registered Nurse Practitioner
Additional Supervising Physician -
Michael J. Consuelos, MD

Sandra R. Kowalski, CRNP
Certified Registered Nurse Practitioner
Additional Supervising Physician - Neal J.
Berkowitz, MD

Kimberly A. O'Sullivan-Smith, CRNP
Certified Registered Nurse Practitioner
Additional Supervising Physician - Ralph
A. Primelo, MD
Substitutes - Pushpi P. Chaudhary, MD
and Mary E. Cohen, MD

Resignations

Linda Silverberg, RN
Registered Nurse
(The Heart Care Group, PC)

Sue E. Stork, RN
Registered Nurse
(The Heart Care Group, PC)

LEHIGH VALLEY

HOSPITAL AND HEALTH NETWORK

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

Phone: 610-402-8590
Fax: 610-402-8938
Email: janet.seifert@lvh.com

Medical Staff Progress Notes

Alexander D. Rae-Grant, MD
President, Medical Staff

Donald L. Levick, MD, MBA
President-elect, Medical Staff

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

John W. Hart
Vice President, Medical Staff Services

Brenda E. Lehr
Director, Medical Staff Services

Janet M. Seifert
Coordinator, Communications & Special Events
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Articles should be submitted by e-mail to janet.seifert@lvh.com or sent to Janet M. Seifert, Medical Staff Services, Lehigh Valley Hospital, Cedar Crest & I-78, P.O. Box 689, Allentown, PA 18105-1556 by the 15th of each month. If you have any questions about the newsletter, please contact Mrs. Seifert by e-mail or phone at (610) 402-8590.