

Medical Staff PROGRESS NOTES

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LVHHN Receives National Award for Patient Safety

Lehigh Valley Hospital and Health Network (LVHHN) has been honored as a 2003 recipient of the annual John M. Eisenberg Patient Safety Award. The awards are given annually by the National Quality Forum (NQF) and Joint Commission on Accreditation of Healthcare Organizations (JCAHO) in order to recognize groups and individuals dedicated to promoting patient safety and better healthcare quality for all Americans.

The awards were presented on September 30 at the NQF's fourth annual meeting in Washington, DC.

LVHHN was cited in the Local Advocacy category "for its advocacy for and commitment to multi-disciplinary systems approaches, specifically including the active engagement of health care consumers and community to reduce preventable adverse events in the delivery of health care."

"LVHHN has a strong tradition of quality," said Elliot J. Sussman, MD, LVHHN's President and CEO, "and we continually strive to provide the best possible care to our patients and community, and encourage our patients to participate with us as active members of the healthcare team."

One of the integral factors in LVHHN's honor is a new patient safety video. This video, believed to be the first of its kind, addresses six topics relevant to optimum patient safety: treatment plan, medication safety, falls, surgical site identification, handwashing and discharge planning. It

is shown to hospital staff, and patients are encouraged to view it while in the hospital.

The video is also available for hospital/physician settings, community libraries, community functions, colleges and universities, senior citizen groups, nursing programs, health bureaus, and any other organization that may request information about patient safety.

The patient safety awards program – launched in 2002 by NQF and JCAHO – honors John M. Eisenberg, MD, MBA, who was the administrator of the Agency for Healthcare Research and Quality (AHRQ) at the time of his death in March 2003. Dr. Eisenberg was also one of the founding leaders of the NQF and sat on its Board of Directors. In his roles, both as AHRQ administrator and chair of the federal government's Quality Inter-Agency Coordination Task Force, he was a passionate advocate for patient safety and personally led AHRQ's new grant program to support patient safety research.

LVHHN has been honored numerous times for its patient safety initiatives. LVHHN is the only recipient of the National Quality Healthcare Award in 2003 and has been recognized by The Leapfrog Group for patient safety excellence. LVHHN is also one of the 11 "best practice Intensive Care Units" in the nation as cited by The National Coalition for Health Care, the Institute for Health, and the Society for Critical Care Medicine.





From the President

ORs, ERs, and consultation etiquette: Shakespearean opportunities.

*"Yet herein will I imitate the sun
Who doth permit the base, conta-
gious clouds
To smother up his beauty from the
world
That when he please again to be
himself,
Being wanted, he may be more won-
dered at,
By breaking through the foul and
ugly mists
Of vapors that did seem to strangle
him."*

-Prince Hal, Henry the IVth Part 1,
William Shakespeare

We've been spoiled at LVH by the quality of the physical plant, the nursing staff, the information systems, and the doctors around us.

We have come to expect consistent, effective results and a high level of competence.

We pay little attention to how clean the floors are, how nice the cafeterias are, how capable the trauma service, or the endocrinology service, or the ICU service, or indeed any number of other services are in the ways that they perform their tasks.

We take for granted that things will be fixed when broken, lights replaced when burned out, and that outdated equipment will be replaced.

*"If all the year were playing-holidays,
To sport would be as tedious as to
work;
But when they seldom come, they
wish'd for come,
And nother pleaseth but rare acci-
dents."*

It becomes obvious, therefore, when certain areas just don't come up to the level of excellence we expect, for whatever reason.

We try to ignore such areas, but there they are, noticeable, grating, a constant reminder of our own imperfections.

We try to explain them away, to say "Next year they'll go away".

But these areas that seem to stay broken become a source of irritation and concern for all.

In the OR, the issue is being able to provide the kind of timely service that physicians deserve, patients expect, and the support staff ought to have. It's a chronic issue, and almost as complex as a Rube Goldberg device.

In the ED, the issue of waiting to land in the hospital continues to worsen, despite a focus not only in the ED but also institutionally. Our patients, their families, and the consultants who work with the ED all are aware of this issue that just won't go away.

Among the wards, a chronic, glaring and apparently worsening problem is the lack of communication between attendings and consultants as well as vice versa. This lack of direct communication reduces the effectiveness of consultation, may worsen patient care, and makes the environment of care less delightful.

*"So when this loose behavior I throw
off,
And pay the debt I never promised,
By how much shall I falsify men's
hopes."*

Prince Hal, the future Henry the Fifth, King of England, was known as a wastrel, associating with the low life of London, among them Falstaff, the epitome of a dissipated scoundrel.

He was often compared unfavorably to the son of the Earl of Northumberland, Henry Percy, also known as Hotspur, a famous soldier and leader.

Henry the Fourth almost gave up on his son, assuming that Prince Hal would spend the rest of his days among the fleshpots and dens of iniquity and finish his life tragically.

Little was expected of Prince Hal.

*"And like bright metal on a sullen
ground,
My reformation glittering over my
faults,
Shall show more goodly and attract
more eyes
Than that which hath no foil to set it
off."*

In this famous soliloquy from Henry the Fourth Part 1, Prince Hal lays out his strategy. He will be a carefree, undisciplined and sinful youth, associating with the dregs of society. He will sink to the point of almost disappearing in the depths. But when the time comes, he will transform himself into a paragon of virtue, a kingly shining example. By making the change, his new behavior will be so much more noticeable that it will impress all in a way that those practicing moderation can never achieve.

*"I'll so offend to make offence a skill,
Redeeming time when men think
least I will."*

Ultimately he repays money stolen from the treasury by his comrades, rescues his father from the sword of the Earl of Douglas, wins the battle of Shrewsbury, and executes Worcester and Sir Richard Vernon.

Continued on next page

So here's our golden opportunity. Where we have consistently failed to meet the mark in the OR, ED and on the wards, we have a chance of pulling a Prince Hal. By changing the status quo, improving the efficiency of the OR so elective cases no longer get pushed

to late in the day, by shortening the time to getting patients into hospital beds from the ED, and by improving communication between physicians, we will attract more attention from our peers and patients than we ever could if we were perfect all along.

It's a wonderful opportunity.



Alexander D. Rae-Grant, MD
Medical Staff President

National Medical Staff Services Awareness Week

November 2-8, 2003

In 1992, the United States Congress, by House Joint Resolution 399, and George Bush, President of the United States, issued a proclamation designating the first week of November as "National Medical Staff Services Awareness Week."

President Bush's proclamation read, in part:

"The professionals who direct or manage medical staff services, from hospital communications to the accreditation of physicians and nurses, play an important role in our Nation's health care system. In addition to serving in hospitals and other primary care facilities, these professionals also work in health maintenance organizations, medical societies, State licensing boards, and consulting firms. By administering rules and regulations, by ensuring accreditation compliance, and by providing a wide range of support to physicians, medical staff coordinators help to promote the quality and efficiency of health care.

Today many medical staff services professionals are striving to promote efficiency and professionalism in health care by working through the legal, financial, and regulatory requirements that have increased along with new challenges and opportunities in the health care industry. This week, we acknowledge the value of such efforts."

In the years since this proclamation was issued, the work of Medical Staff Services professionals has increased in complexity and significance. This statement also holds true at Lehigh Valley Hospital. With a staff of nine, Medical Staff Services provides support to the Medical Staff Leadership and the various committees and functions of over 1,200 physicians, dentists, and podiatrists consisting of the organized

Medical Staff, in addition to the almost 400 members of the Allied Health staff.

Members of the team are responsible for credentialing members of the Medical Staff and Allied Health Staff. Through various communication tools, such as **Medical Staff Progress Notes**, **Pro Tempore**, the Medical Staff Handbook, the Medical Staff Directory, and the Medical Staff Services web site on the hospital's intranet, keeping the Medical Staff informed is another key function of the department. Other services provided by Medical Staff Services include custom reports and labels, on-line good standing letters, Palm Pilot updates, Photo ID badges, the 402-DOCS line, and notary services.

Members of the Medical Staff Services team include:

Administration - **John W. Hart**, Vice President; **Beth A. Martin**, Executive Secretary; and **Janet M. Seifert**, Coordinator, Communications & Special Events

Information Technology - **Barrie L. Borger**, Coordinator, Information Technology, and **Rita M. Mest**, Coordinator, Information Technology

Credentialing - **Brenda E. Lehr**, Director, Medical Staff Services; **Cindi A. Ault**, Credentialing Technician; **Karen L. Fox**, Credentialing Coordinator; and **Kathy Schaeffer**, Credentialing Coordinator

If you get an opportunity, take a moment to acknowledge their efforts during National Medical Staff Services Awareness Week -- November 2-8, 2003.

Cease and Desist -- Do Not Use Felt-Tipped Markers

As stated in the Medical Staff Bylaws, "All orders must be written clearly, legibly and completely." The use of a felt-tipped marker causes orders to be illegible and/or unclear. "Orders which are illegible or improperly written will not be carried out until rewritten or understood by the nurse. Any practitioners with non-legible handwriting will be required to print or stamp his or her full name under his or her signature."

Therefore, in the best interest of your patients, please DO NOT use felt-tipped markers. When writing orders, the preferred writing instrument is a black ballpoint pen.

Community Acquired Pneumonia to be Added as Core Measure

Beginning in January 2004, Lehigh Valley Hospital and Health Network will be adding Community Acquired Pneumonia (CAP) as the third JCAHO Core Measure. The CAP core measure set contains measures applicable to both adult and pediatric (29 days of age and older) populations.

The following is the list of measures included in the CAP Core Measure set:

CAP-1	Oxygenation assessment within 24 hours of hospital arrival
CAP-2	Inpatients screened for, and/or given pneumococcal vaccination
CAP-3	Blood cultures obtained prior to first antibiotic administration
CAP-4a	Adult CAP smoking cessation counseling
CAP-4b	Pediatric CAP smoking cessation counseling
CAP-5	Time from initial hospital arrival to first dose of antibiotic

One-month of discharges from each quarter is reported and reviewed by the Community Acquired Pneumonia (CAP) team for the adult population. This report is shown below.

Lehigh Valley Hospital						Lehigh Valley Hospital-Muhlenberg				
		Jul-02	Oct-02	Jan-03	Apr-03		Jul-02	Oct-02	Jan-03	Apr-03
Patients with Admitting Dx of Pneumonia	#	7	19	26	21	#	10	14	7	9
ALOS	#	4.1	6	4.2	5.2	#	7.4	3.9	5.7	6.2
Average Antibiotic Administration Time	hours	4.5	4.7	2.9	2.8	hours	3.7	3.5	3	2.9
Patients who received antibiotics within 4 hours	#	4	11	24	18	#	5	10	5	8
	%	57.1%	57.9%	92.3%	85.71%	%	50.0%	71.4%	71.4%	88.9%
Patients with blood cultures ordered	%				80.90%	%				66.7%
Patients with blood cultures ordered and obtained before antibiotics administered	%				82.35%	%				83.3%
Patients screened for Pneumococcal vaccine	#	6	14	17	21	#	5	14	7	8
Patients with current smoking history	#	1	3	7	3	#	3	0	2	0
Current smokers who were offered/received smoking cessation counseling	#	1	0	5	2	#	0	N/A	1	N/A

In preparation for submission of the CAP core measures to JCAHO, the CAP team asks your assistance.

- ... Consider using the newly revised Adult CAP pre-printed orders that are available in the Emergency Department and on all inpatient units. The adult CAP order set is also available in CAPOE.
- ... Remember to date and time all handwritten orders. When using CAPOE while patients are in the ED, please remember to notify the RN that antibiotics were ordered in CAPOE.
- ... Remember to order the initial dose of antibiotic and blood cultures STAT in all pneumonia patients and notify the nursing staff that there are STAT orders. Blood cultures should be obtained prior to administration of antibiotics.
- ... Consider administering the pneumococcal and/or influenza vaccine prior to hospital discharge in the clinically stable patient. The CDC recommends the pneumococcal vaccine for patients over 65 and for those patients at risk with chronic medical conditions. When unsure of vaccination status, the CDC recommends administering one dose of vaccine.
- ... Please consider smoking cessation counseling in your patients who are current smokers or have smoked anytime during the year prior to hospital arrival.

If you have any questions, please contact Jay H. Kaufman, MD, Chief, Division of Pulmonary, at Pager 610-776-5524 or Marlene Ritter, BS, RRT, Clinical Information Analyst, Care Management, at 610-402-1707.

News from CAPOE Central

A Comment about Comment Fields

One of the advantages of CAPOE is the ability to communicate clearly and legibly with the entire healthcare team. When used appropriately, the comment fields within the electronic orders facilitate this communication. However, in reviewing CAPOE orders, we are finding an increasing frequency of misuse of the comment fields, especially on medication orders. Please DO NOT use the comment fields to change routes of administration ("give one dose IV then change to PO"); change IV rates ("run at 100cc/hr for two hours then decrease to 50cc/hr"); or to define parameters (a scheduled med with the comment "give prn anxiety"). For diagnostics, please DO NOT use the comment fields to define frequencies of tests.

Misuse of the comment fields creates re-work for everyone and can delay care or lead to potential errors. Fortunately, the Pharmacists recognize these comments and correctly re-enter the orders, but this is quite inefficient. If you are unclear about how an order should be entered, please contact the CAPOE support team (402-CAPO) and ask for assistance.

Get Charged Up—More Batteries Placed on the Floors

As more physicians are using LifeBooks, the demand for batteries has increased. In response to requests from the attendings and residents, more batteries are being placed on each unit at Cedar Crest & I-78. The batteries and chargers will be placed with the already existing batteries and chargers -- at the central reception desk outside the elevators on the 4th, 5th, 6th, and 7th floors, and in the ED.

Please remember to recharge your old battery when you take a fresh one from the charger. We are finding batteries laying around the hospital, not plugged into chargers. This makes it difficult to maintain an adequate supply of charged batteries for everyone's use.

Less Conflict with the Conflict Screen

In response to a suggestion from one of our more vocal users, we have made a small change to the conflict screen. When a user is presented with a conflict, there is an option to discontinue the existing medication. Once this was done, and "Process Actions" was clicked, it was difficult to see if the original medication was discontinued. Therefore, the

column that shows the status has been moved to the left and was made bigger. It will be much easier to recognize. This will be illustrated in next month's supplement of *The Last Word*.

Where are the Meds for My Patient?

The Order Profile screen can be quite busy for patients who are very ill or have been in the hospital for a prolonged period. The most efficient method to view the patient's current medications is by clicking on the Med Profile tab, where medications can be viewed by generic or trade names. In addition, one click will bring up the list of inactive medications. Also, the Viewer will show the times and doses of the medications that were actually administered.

If you have any questions regarding these issues, please contact me.

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

Medical Executive Committee Approves CAPOE as Required Mode of Entry in Critical Care Units

The next phase of the CAPOE implementation will be the critical care units. This will be integrated with the rollout of MetaVision, the ICU documentation system, and is expected to begin this winter. In discussions with staff and physicians in the critical care units, it is felt that maintaining dual documentation systems (paper and electronic) could lead to potential errors. Consequently, the CAPOE Coordinating Group, with the support of Dr. Stephen C. Matchett, recommended to the Medical Executive Committee that CAPOE be the required mode of order entry in each of the critical care units as they are brought live.

At its meeting on October 7, the Medical Executive Committee unanimously approved the recommendation to require CAPOE as the single mode of order entry in each of the critical care units as they are brought live.

The Medical Intensive Care Unit and Surgical Intensive Care Unit in the Jandl Pavilion will be the first units to go live, shortly after the new year. As with other CAPOE units, the nurses will begin charting medications and vital signs on-line. Shortly after that, the unit will go "live" with CAPOE and paper order sheets will be removed. Except for special circumstances, it will then be expected that all orders will be entered electronically in the CAPOE system. The other critical care areas will follow throughout the year.

If you have any questions regarding this issue, please contact Don Levick, MD, Physician Liaison, Information Services, at 610-402-1426 or pager 610-402-5100 7481.

Palliative Care Initiative

Palliative Care at Lehigh Valley Hospital

The Palliative Care research team at Lehigh Valley Hospital and Health Network, supported by a grant from the Robert Wood Johnson Foundation (RWJF), has worked to develop strategies to implement and evaluate a palliative care model in critical care. These strategies include developing better communication between physicians, nurses, patients, and families, and improved palliative care education. The researchers, under the direction of principle investigator, Dr. Daniel Ray, began baseline data collection in the medical and surgical intensive care units. The palliative care coordinators began obtaining patient/family consent in anticipation of implementing new strategies beginning in January 2004. Dr. Ray also initiated a Lunch and Learn program for the Intensive Care Unit at LVH-Muhlenberg that focused on Palliative Care. The researchers are also investigating the physical layout, comfort of environment, and availability of a computer kiosk in the critical care waiting room. A palliative care brochure is being developed for families of patients in the intensive care units.

The medical and surgical intensive care units at Cedar Crest & I-78 and LVH-Muhlenberg have also been invited to participate as pilot sites in a research project to validate a Palliative Care Quality Assessment Audit Tool developed by the Robert Wood Johnson Foundation (RWJF) Critical Care End-of-Life Peer Workgroup centered at Brown University. The workgroup is working to validate the audit tool in 20 intensive care units (10 university based and 10 community based institutions) nationwide. The hope is that this tool could then be used to help institutions standardize the quality of palliative care for surviving and dying patients in their intensive care units.

A site visit by the researchers from

Brown University was recently completed at both Cedar Crest & I-78 and LVH-Muhlenberg. The visit included both a general and patient-based survey of 20 nurses and 20 physicians. A chart review of 20 patients who recently expired in the ICU was also completed.

Fast Fact of the Month

As part of the Palliative Care effort to provide useful information on various topics related to the practice of palliative care, the following Fast Fact deals with physician prognostication.

Title: Fast Fact and Concept #30: Prognostication

Author(s): Eric Warm, MD; David E. Weissman, MD

Doctors are poor prognosticators

Physicians tend to be overly optimistic when dealing with prognosis. A recent study by Christakis illustrates this point¹. He asked 343 physicians to provide survival estimates for 468 terminally ill patients at the time of hospice referral. Only 20% of predictions were accurate (as defined as within 33% of actual survival). Overall, doctors overestimated by a factor of 5.3! Every type of doctor tended to overestimate, although the more experienced physicians had less error. Inaccurate predictions were given for all types of patients, including cancer patients and those with chronic non-malignant disease. Interestingly, as the duration of the physician patient relationship increased, prognostic accuracy decreased. In other words, the longer a doctor knew his/her patient, the less likely he/she was to correctly predict prognosis.

Why does this matter?

Undue optimism may hurt patients in multiple ways. First of all, it may explain some of the findings of the SUPPORT trial.² This study showed that a large number of DNR orders are written in the last 2 days of life, and that physician knowledge about patient DNR preference is poor. Why review issues

surrounding EOL care when the prognosis is rosy? In the same vein, undue optimism may lead to late hospice referral. Hospice care, however, is most beneficial when utilized for months, not days, as commonly happens currently. Lastly, an overestimation of prognosis may cause patients to request futile care. Learning the true prognosis of a disease very late in the course is a difficult pill to swallow, and makes for an abrupt transition from curative/life-prolonging care to palliative care.

Appropriate prognostic information is essential for informed advance planning decisions. This is often acutely true in the setting of the DNR discussion. Murphy showed that people change EOL care decisions based on their perception of prognosis.³ He asked 371 adults age 65 or older if they wanted CPR in case of arrest during an acute illness. Before learning the true probability of survival, 41% wanted CPR. After learning the true probability of CPR, only 22% wanted it. If asked about a chronic disease, in which the life expectancy was less than one year, only 5% wanted CPR.

What to do?

Innumerable reasons have been put forward for why we overestimate prognosis (see Christakis' book *Death Foretold*⁴). Probably the most important step in correcting the problem is recognizing that it exists. Ask yourself, "Would I be surprised if my patient died in the next year?" Answering "no" may trigger a reassessment of the patient's current state and immediate future. There are many scientifically derived models of patient survival probability that can be used, and there are many well recognized clinical predictors (see Fast Fact #13). Metastatic cancer has the most predictable course; assessing where a patient is along the dying trajectory is relatively easy. Other diseases such as COPD or CHF are more difficult to predict. Each exacerbation can lead to remission (and future exacerbation) or death, and knowing which will occur on any given

Continued on next page

admission can be extremely challenging. This uncertainty, however, can be an excellent starting place for discussion with the patient; communicating that one of the possible outcomes of an exacerbation is death allows you both to plan accordingly.

Finally, you may want to consider a second opinion for patients you are particularly close to. Present the data objectively to a colleague and ask them to prognosticate using the information alone. Studies by Christakis and others suggest that impartial observers are more accurate than physicians well invested in the patient-physician relationship.

References:

Christakis NA, Lamont EB. Extent and Determinants of Error in Doctor's Prognoses in Terminally Ill Patients: Prospective Cohort Study. *BMJ*. 2000;320:pp.469-472
The SUPPORT principle investigators. *JAMA* 1995;274:1591-1598.

Murphy DJ, et al. The Influence of the Probability of Survival on Patient's Preferences regarding CPR. *NEJM*. 1994;330:pp.545-49

Christakis NA. Death Foretold : Prophecy and Prognosis in Medical Care. January 2000. Univ of Chicago Pr (Trd); ISBN: 0226104702

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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.

Creation Date: 12/2000

Keyword(s): Discussing hospice care, Hope, Negotiating treatment goals, Prognosis

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.

Moderate Sedation — Time is Running Out!

For those physicians who would like to continue their moderate sedation privileges for diagnostic, therapeutic, or surgical procedures, they will need to be certified in NRP, NALS, ACLS, PALS, APLS, or ATLS by December 31, 2003. This certification will need to be renewed in order to continue with this privilege.

The Emergency Medicine Institute (EMI) is providing an accelerated 8-hour combined BLS/ACLS course. The dates of training are November 25, December 2, and December 6, 2003.

Each session begins promptly at 7:45 a.m. and ends by 4:30 p.m. Early registration is suggested as class size is limited to 40 participants each.

Lunch will be included with your training session. Registration forms are available from the Emergency Medicine Institute by calling 610-402-7088 or from Medical Staff Services at 610-402-8900. Once your certification/re-certification is completed, please provide a copy of the certificate to Medical Staff Services. If you currently are certified, please provide a copy of current certification to Medical Staff Services.

If you have any questions regarding this issue, please contact Brenda E. Lehr, Director, Medical Staff Services, at 610-402-8975.

Special Awards to be Presented at Next Physician Recognition Dinner

Mark your calendar! The next Physician Recognition Dinner will be held on **Saturday, May 1, 2004**, at the Holiday Inn Conference Center in Fogelsville. Plan to attend the event to celebrate with your colleagues and recognize those who will be celebrating 25 and 50 years of service on the hospital's medical staff. In addition to the years of service awards, there will be several new awards presented at next year's big event. These new awards will be presented to the individuals who best meet the criteria for each award. The awards and criteria include:

- **Community Service Award** - Given to the physician who best embodies the importance of participation in community activities in terms of service on boards, involvement in community groups, philanthropic interests, or other community activities over a period of years.
- **Team Builder Award** - Given to the physician who best embodies the ability to build a team of physicians, allied health professionals, or other health care workers and to nurture the cohesive actions of the team over a period of years.

- **Physician Research Award** - Given to the physician who has shown excellence in the pursuit of academic activities in clinical research, primarily in terms of peer reviewed publications.

- **Friend of the Medical Staff Award** - Given to the allied health professional, management professional, or other health care worker who over a period of years has shown exceptional ability in assisting physicians in improving the care of patients at Lehigh Valley Hospital and Health Network.

Nominations for these awards will be accepted until **Friday, February 6, 2004**. To submit a nomination, list the name of the award, the nominee's name, and your name, and send them to John W. Hart, Vice President, Medical Staff Services, Lehigh Valley Hospital, Cedar Crest & I-78, P.O. Box 689, Allentown, PA 18105-1556 or send an email to john.hart@lvh.com.

If you have any questions regarding the Physician Recognition Dinner or the new awards, please contact Janet M. Seifert in Medical Staff Services at 610-402-8590.

Congratulations!

Robert X. Murphy, Jr., MD, Division of Plastic Surgery/Hand Surgery, Section of Burn, and Medical Director of LVH-Muhlenberg, was elected Secretary of the Northeastern Society of Plastic Surgeons at its 20th Anniversary meeting held October 2-4 in Baltimore, Md.

Papers, Publications and Presentations

Ö **Joseph V. Episcopio, MD**, Division of General Internal Medicine, had an article -- "Nerve Damage From Coronary Artery Bypass Surgery Can Affect Arm Functioning" -- published in the July/August 2003 issue of *Geriatric Times*.

Ö **Geoffrey G. Hallock, MD**, Associate Chief, Division of Plastic Surgery, presented a paper titled "Composite Free Flaps Are Better Than Muscle Alone for Long Term Skull Protection" at the 20th Annual Meeting of the Northeastern Society of Plastic Surgeons held in Baltimore, Md. This was a long-term retrospective study of the durability of various free tissue transfers for extensive wounds with exposure of the skull.

Ö On October 2 and 3, **William F. Iobst, MD**, Internal Medicine Residency Program Director and Vice Chair for Educational Affairs (LVH), Department of Medicine, presented a workshop session on "Connecting Teaching to Learning: Putting Developmental Perspective of Teaching Principles into Practice with a Special Focus on Systems-Based Practice" at the 2003 fall meeting of the Association of Program Directors in Internal Medicine, which was held in Washington, D.C.

Ö **Jayne D. Lieberman, MD**, General Surgery resident; **Michael D. Pasquale, MD**, Chief, Division of Trauma-Surgical Critical Care; **Mark D. Cipolle, MD, PhD**, Chief, Section of Trauma Research; **P. Mark Li, MD, PhD**, Chief, Division of Neurological Surgery; and **Thomas E. Wasser, PhD**, Research Scientist, Community Health and Health Studies, co-authored the paper, "Use of Admission GCS, Pupil Size, and Pupil Reactivity to Determine Outcome for Trauma Patients,"

which appeared in the September issue of the *Journal of Trauma*.

Ö **Robert X. Murphy, Jr., MD**, Division of Plastic Surgery/Hand Surgery, Section of Burn, and Medical Director of LVH-Muhlenberg, attended the 20th Anniversary Meeting of the Northeastern Society of Plastic Surgeons held October 2-4, in Baltimore, Md. At the meeting, he participated in the American Society of Plastic Surgeons (ASPS) Workshop with ASPS President James H. Wells, MD. In addition, Dr. Murphy gave a presentation titled "Medical-Legal Issues Facing the Northeastern Plastic Surgeon."

Ö **Patrick B. Respet, MD**, Division of Orthopedic Surgery, Section of Ortho Trauma, was an invited speaker at the recent Pennsylvania "Trauma Update" held in Harrisburg. This course focused on the latest issues for managing patients with traumatic injuries of the extremity. The title of Dr. Respet's presentation was "Early Clinical Results Using an Elastic Humeral Nail."

Ö **Patrice M. Weiss, MD**, Residency Program Director and Director of Undergraduate Education, Department of Obstetrics and Gynecology, gave a Grand Rounds presentation at Penn State College of Medicine, Milton S. Hershey Medical Center, titled "Osteoporosis: Bone Strength, Bone Remodeling, and Bone Turnover," as well as a resident lecture titled "Disclosure of Unanticipated Outcomes and Medical Errors," on September 24.

News from the Libraries

Recently Acquired Publications

Library at 17th & Chew



- Ö Wynn. Drug Information Handbook for Dentistry. 2003
- Ö Bonder. Functional Performance in Older Adults. 2001

Library at Cedar Crest & I-78

- Ö Amdur. Institutional Review Board Member Handbook. 2003
- Ö Hillyer. Blood Banking & Transfusion Medicine. 2003

Library at LVH-Muhlenberg

- Ö Wynn. Drug Information Handbook for Dentistry. 2003
- Ö Staheli. Pediatric Orthopedic Secrets. 2003

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

Ovid Training

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

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 Word 97 GUI Email
PowerPoint 97 PowerPoint 4.0 Excel 97

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)

November 25 December 23 (**canceled**)

2003 CBT sessions for LVH-Muhlenberg I/S Training Room: (All sessions will be held from noon to 4 p.m.)

November 20 December 18 (**canceled**)

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.

GLVIPA General Membership Meeting Canceled

The General Membership meeting of the Greater Lehigh Valley Independent Practice Association scheduled for Monday, December 15, has been CANCELED.

Family Practice Grand Rounds

Family Practice Grand Rounds are held the first Tuesday of every month from 7 to 8 a.m., in the Educational Conference Room 1, Lehigh Valley Hospital, Cedar Crest & I-78, unless otherwise noted. The topic for November is:

- November 4 - "An Evidence Based Approach to the Management of Acute Low Back Pain"

For more information, please contact Staci Smith in the Department of Family Practice at 610-402-4950.

Medical Grand Rounds

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

- November 4 - "The State of Hospital Medicine"
- November 11 - "Hormonal Therapy of Breast Cancer—Update"
- November 18 - "Pre End-stage Renal Disease—It's Not Just High Creatinine Anymore"
- November 25 - "An Update in Gastroenterology"

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

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 November will include:

- November 7 - "Rheumatologic Disorders in Women"
- November 14 - "Management of the Breech Fetus"
- November 21 - "Alternative Therapies in the Menopause" - **Location Change** - Classroom 1, Cedar Crest & I-78
- November 28 - No Grand Rounds - Happy Thanksgiving

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

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 November will include:

- November 4 - "Gamma Knife"
- November 11 - "Evaluation of the Cervical Spine in the Multi-Injured Patient"
- November 18 - "Applied Scar Prevention: Transcye and Other Treatment Modalities in Burns"
- November 25 - "Life After Residency"

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

Safety Pearl of the Month

When providing prescriptions for your patients, especially children, please remind the parents to use a correct measuring device to provide the correct dosage of the medication to their child. A teaspoon from their utensil drawer is not an adequate measuring device.

Who's New

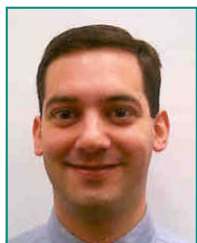
This section contains an update of new appointments, address changes, status changes, resignations, etc. Please remember to update your directory and rolodexes with this information.

Medical Staff New Appointments



James J. Daley, MD
Good Shepherd Physician Group
Good Shepherd Rehab Hospital
501 St. John Street
Allentown, PA 18103-3296
610-776-3278
Fax: 610-776-3168

Department of Medicine
Division of Physical Medicine-Rehabilitation
Provisional Active



Jason D. Fragin, DO
Department of Medicine
Lehigh Valley Hospital
Cedar Crest & I-78, P.O. Box 689
Allentown, PA 18105-1556
610-405-5200
Fax: 610-402-1675

Department of Medicine
Division of General Internal Medicine
Provisional Limited Duty



Helene B. Leonetti, MD
Bethlehem Gynecology Associates
190 Brodhead Road, Suite 103
Bethlehem, PA 18017-8617
610-882-3100
Fax: 610-882-9161

Department of Obstetrics

and Gynecology
Division of Gynecology
Provisional Active



Karen M. Sciascia, DO
Bethlehem Gynecology Associates
190 Brodhead Road, Suite 103
Bethlehem, PA 18017-8617
610-882-3100
Fax: 610-882-9161

Department of Obstetrics

and Gynecology
Division of Gynecology
Provisional Active



Shawn M. Weigel, DO
Lehigh Valley Eye Physicians
2663 Schoenersville Road
Bethlehem, PA 18017-7308
610-867-9900
Fax: 610-867-0730

Department of Surgery
Division of Ophthalmology
Provisional Active



Brian G. Wilson, MD
Anesthetic Anesthesia Services, Inc.
123 W. Germantown Pike, Suite 2
Norristown, PA 19401-1382
610-278-7456

Fax: 610-278-7457
Department of Anesthesiology
Provisional Limited Duty



Timothy J. Yeager, DO
LVH Pediatric Inpatient Care
Lehigh Valley Hospital
Cedar Crest & I-78, P.O. Box 689
Allentown, PA 18105-1556
610-402-7632

Fax: 610-402-7600
Department of Pediatrics
Division of General Pediatrics
Provisional Active

Practice Changes

Mitchell E. Cooper, MD

(No longer with Orthopaedic Associates of Bethlehem, Inc.)
Valley Sports & Arthritis Surgeons
798 Hausman Road, Suite 100
Allentown, PA 18104-9116
610-395-5300
Fax: 610-395-5551

MaryAnne Freeman Brndjar, DO

(No longer with M. Bruce Viechnicki, MD & Associates PC)
(Now in Solo Practice)
1941 W. Hamilton Street, Suite 100
Allentown, PA 18104-6470
610-432-4665
Fax: 610-432-8512

Bradford G. Young, DMD

(Now in practice with Anthony P. Abdalla, DMD)
1275 S. Cedar Crest Blvd.
Allentown, PA 18103-6260
610-439-1363
Fax: 610-439-1892

Address Changes**Cindy M. Barter, MD****Holly L. Binnig, MD****Abby S. Letcher, MD****Lou A. Lukas, MD****Sarah Nicklin, MD**

HealthSpring
2101 Emrick Blvd.
Bethlehem, PA 18020-8000
484-895-3300
Fax: 484-895-3333

A. Wayne Howard, DO

Lehigh Valley Hospitalist Services
2649 Schoenersville Road, Suite 201
Bethlehem, PA 18017-7326
484-884-9677
Fax: 484-884-9297

Carol A. Hunter, MD

Family Doctor, Inc.
1040 Chestnut Street
Emmaus, PA 18049-1903
610-966-5549
Fax: 610-967-0204

Chand Rohatgi, MD

3735 Nazareth Road
Easton, PA 18045-1963
610-252-1999
Fax: 610-252-0573

Fax Number Correction**Creeside Family Health**

Lisa J. Caffrey, DO
Michael A. Moclock, MD
Fax: (610) 253-3325

Pager Number Changes**Eric J. Fels, DO**

Eastern PA Nephrology Associates, PC
610-606-3610

Henry L. Schairer, Jr., MD

Eastern PA Nephrology Associates, PC
610-740-2067

Status Changes**Peggy E. Chatham-Showalter, MD**

Department of Psychiatry
From: Associate
To: Affiliate

Christopher R. Ferrante, MD

Department of Surgery
Division of Orthopedic Surgery
From: Provisional Active
To: Affiliate

David D. Marvi, MD

Department of Psychiatry
From: Active
To: Honorary

Carolyn E. Parry, MD

Department of Radiology-Diagnostic
Medical Imaging
Division of Diagnostic Radiology
Section of Mammography
From: Active
To: Honorary

Stanley R. Walker, MD

Department of Medicine
Division of General Internal Medicine/
Geriatrics
From: Associate
To: Active

Six-Month Leave of Absence**Sonali Chokshi, MD**

Department of Medicine
Division of General Internal Medicine

Resignation**Stephen K. Klasko, MD**

Department of Obstetrics and
Gynecology
Division of Primary Obstetrics and
Gynecology

Death**Thomas H. Weaber, Jr., MD**

Department of Family Practice
Honorary

Allied Health Staff**New Appointments****Joelene Betz, CRT**

Certified Respiratory Therapist
(Youngs Medical Equipment - Richard
J. Strobel, MD)

Judith J. Canaday, CRNP

Certified Registered Nurse Practitioner
(Bethlehem Gynecology Associates -
Helene B. Leonetti, MD)

Pamela A. Hunt, RRT

Registered Respiratory Therapist
(Youngs Medical Equipment - Richard
J. Strobel, MD)

Aimee R. Kessler, CNM

Certified Nurse Midwife
(Bonnie E.B. Osterwald, MD)

Mary Lou Shook

Anesthesia Technical Assistant
(Lehigh Valley Anesthesia Services,
PC - Thomas M. McLoughlin, Jr., MD)

Todd B. Warmkessel

Anesthesia Technical Assistant
(Lehigh Valley Anesthesia Services,
PC - Thomas M. McLoughlin, Jr., MD)

Resignations**James S. Moser**

Peripheral Intervention Technician
(Guidant Corporation)

Anthony J. Pack, PA-C

Physician Assistant-Certified
(The Heart Care Group, PC)

Vanessa N. Pagan

Dental Assistant
(Marsha A. Gordon, DDS)

Coding Tip of the Month

CVA is a generic term that is non-specific, ill-defined, and grouped in the "non-infarction" category. Document whether the patient had a stroke, the manifestation (thrombotic, embolic, or hemorrhagic), but most importantly if there was a cerebral infarction or not. An infarction occurs when ischemia lasts longer than a few minutes resulting in permanent neurological damage.

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

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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

Managing Editor

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Alexander D. Rae-Grant, MD

Victor R. Risch, MD, PhD

Michael A. Rossi, MD

Raymond L. Singer, MD

Elliot J. Sussman, MD

Ronald W. Swinfard, MD

John D. Van Brakle, MD

Michael S. Weinstock, MD

James C. Weis, MD

Patrice M. Weiss, MD

We're on the Web!

***If you have access to the Lehigh
Valley Hospital intranet, you can
find us on the LVH homepage under
What's New — Medical Staff Services***

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

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