Inside This Issue:

From the President 1-2
Troika Education Fund 2
Patient Disclosure of Healthcare Associated Infections 3
Doctors’ Day Celebration 3
Imaging Protocols for Appendicitis 4
Audiology Services 5
Multipurpose Area Hypersensitivity Protocol 5
News from Health Information Management 6-7
News from CAPOE Central 7
Advanced Practice Clinicians 8
Construction Update 9
Papers, Publications and Presentations 9
Congratulations 10
Upcoming Seminars, Conferences and Meetings 11-13
LVHHN Digital Library Services 13
Who’s New 14-15

From the President

The first week of March is Ethics Week here at LVHHN, an opportunity to learn more about medical ethics, and also a chance to focus on the Medical Staff Ethics Committee.

Ethics Week includes a guest speaker for Medical Grand Rounds and Surgical Grand Rounds, along with lectures for staff and for the community on advanced directives and other pertinent (and sometimes misunderstood) issues.

Since Bob Barraco, MD, took over as chair of the Ethics Committee last summer, he has been building on the excellent foundation laid by Joe Vincent, MD, founder of the Ethics Committee and its Chair for many of the past 20 years.

The committee held a retreat in October 2007 to reflect on progress so far, and to set goals and plan projects for the future. In addition to planning Ethics Week, the committee is working on other educational programs for staff and for the community, and on updating the Ethics Handbook.

Members of the committee include attending physicians, residents, nurses, and representatives from pastoral care, as well as community members. Medical ethicist, Steve Lammers, PhD, is a longtime committee member and a vital resource. New members are welcome.

A key function of the committee is to respond to ethics consults, which are requested when clinicians, patients and their families encounter ethical dilemmas. The committee is working to improve ethics consults by making them more timely and more useful.

My thanks to all members of the Ethics Committee for the work they are doing, and for their dedication to this important task. A strong focus on medical ethics is a key part of the quality care we give our patients at Lehigh Valley Hospital.

Continued on next page
Have you ever logged on to the computer to check your incomplete charts and found a confusing question from Medical Records? Something like: “What is the clinical significance of the patient’s pathology report?” Huh?

These “Physician Queries” can seem annoying to busy clinicians, and Troika is working with Medical Records to make them more understandable and easier to complete. And, in fact, they do have an important and legitimate purpose.

Accuracy and completeness in documentation and coding are vital for a number of reasons, including ensuring proper reimbursement from payors like Medicare. However, government regulations restrict the wording Medical Records can use in their queries, sometimes resulting in seemingly ambiguous or non-specific questions.

Medical Records is trying to improve the system. Soon, physicians will be able to type in the required information on the query form rather than dictating the answer. And Medical Records is working with physicians from various departments and divisions to explain the system and to solicit advice on ways to make it easier for doctors to understand the questions and to respond.

Meanwhile, please respond to every Physician Query. Our responses are important to ensure complete and accurate medical records, and, yes, to ensure regulatory compliance and full reimbursement for the hospital.

Linda L. Lapos, MD
Medical Staff President

Troika Education Fund

Several years ago, an Education Fund was created to be used at the discretion of Troika for the development of educational initiatives felt to be important by the members of Troika for the benefit of the Medical Staff and its members.

Examples of these initiatives could include, but are not limited to:

... Funding speakers for educational sessions or lectureships for Active members of the Medical Staff
... To provide funding for members of the Medical Staff to attend conferences, courses, or symposia which would allow them to be better able to function in leadership roles in the Medical Staff
... To provide funding for members of the Medical Staff which, in the opinion of Troika, would help to foster a more collaborative and understanding relationship between members of the Medical Staff, the Hospital Administration, and the organization.

Access to funds will be approved or denied by the members of Troika with the concurrence of John W. Hart, Vice President, Medical Staff Services.

Criteria for Funding

... Any Active member of the Medical Staff may apply.
... There will be a maximum of five grantees in a calendar year.
... Only one grant per Medical Staff member per year.
... There will be a maximum of $2,000 per grant.
... Each request will be reviewed and approved by Troika on the basis of importance to issues facing the Medical Staff.
... A written report must be submitted to Troika and an oral presentation given at the forum of Troika’s choosing.

Written requests for funding must be submitted to Troika, c/o Medical Staff Services, Lehigh Valley Hospital, Cedar Crest & I-78, P.O. Box 689, Allentown, PA 18105-1556. The written request should include the proposed use of the funding, the reasons supplemental funds are needed, and the anticipated benefit to Troika, the Medical Staff, and/or Lehigh Valley Hospital.

If you have any questions regarding the Troika Education Fund, please contact a member of Troika or John W. Hart in Medical Staff Services at 610-402-8980.
Patient Disclosure of Healthcare Associated Infections

Patient disclosure of healthcare (nosocomial) associated infections (HAIs) is one of numerous requirements under Act 52 of 2007 signed into law by Governor Ed Rendell last July. Act 52 was added as an amendment to the Medical Care Availability and Reduction of Error (MCARE) Act 13 of 2002 to create a new chapter to address the reduction and prevention of HAIs.

Compliance with Act 52 requires hospitals to consider all HAIs (with the lone exception of asymptomatic bacteriuria) as serious events. Act 13 mandates that patients receive written notification when a serious event occurs, which now includes HAI’s. Physicians will be notified by the Infection Control and Prevention Department by way of a sticker placed in the progress notes that their patient has been identified with an HAI that meets the criteria as established under Act 52. A telephone and fax communication will be sent to physician office practices in the event a patient is discharged when the infection is declared an HAI. It is important that the patient be informed by their physician of this infection. In accordance with Act 13, within seven days of the confirmation of the occurrence (HAI), the patient will receive a letter from the Patient Safety Officer notifying them of the event.

For an HAI to be deemed a serious event, it must qualify as an HAI as defined by the Centers for Disease Control and Prevention’s (CDC) National Healthcare Safety Network (NHSN). Each CDC HAI type has discrete criteria to determine if the infection meets the definition of an HAI. More information on the NHSN can be found at http://www.cdc.gov/ncidod/dhqp/nhsn.html

If you have any questions regarding this issue, please contact Deborah Fry, Infection Control Specialist, at 610-402-0687.

DOCTORS’ DAY CELEBRATION

In honor of Doctors’ Day, a buffet luncheon will be available for members of the Medical Staff as follows:

- Tuesday, March 25
- 11 a.m. to 1:30 p.m.
- LVH-Cedar Crest & I-78 — Medical Staff Lounge
- LVH-Muhlenberg — Medical Staff Lounge
- LVH-17th & Chew — ASU O.R. Lounge

HAPPY DOCTORS’ DAY—ENJOY!
Imaging Protocols for Appendicitis

Imaging plays an important role in the evaluation of patients with right lower quadrant pain/suspected appendicitis. For this review, the patient population has been divided into pediatric/adolescent, adult, and the pregnant patient. The following outlines are recommended imaging protocols for each patient group.

**Adult Patients with Suspected Acute Appendicitis**

CT imaging of the abdomen and pelvis performed with oral and intravenous contrast material.

- Accuracy 93-98%
- Sensitivity 87-100%
- Specificity 95-99%

**Pediatric/Adolescent Patients**

Ultrasound imaging of the right lower quadrant is recommended as the initial examination for children and thin adolescents. The benefits of ultrasound include: no harmful ionizing radiation and is relatively inexpensive. The limitations of ultrasound include: accuracy depends upon the skill and experience of the sonographer. Fat absorbs and diffuses the ultrasound beam making it more difficult to scan overweight patients. Pain and/or anxiety may make the ultrasound examination difficult in children. It may be difficult to identify an appendix that is focally inflamed such as a “tip” appendicitis. Therefore, a negative ultrasound in the presence of persistent symptoms is not sufficient to exclude appendicitis. If the appendix is not identified sonographically, a CT scan of the abdomen and pelvis with oral and intravenous contrast material is recommended if there is a high index of suspicion. In overweight children, CT imaging is recommended as the initial examination. Limitations of CT in children in the evaluation of appendicitis are that a normal appendix is more difficult to visualize in children with a small amount of intraperitoneal fat. Fluid filled bowel may be misinterpreted as an inflamed appendix. A Meckel’s diverticulum can be misinterpreted as an enlarged appendix.

**Pregnant Patients**

Ultrasound is recommended as the initial imaging modality. If the appendix cannot be visualized sonographically, CT imaging of the abdomen and pelvis with oral and intravenous contrast material can be obtained after weighing the risks versus the benefits. MRI may play a greater role in the future.

If you have any questions regarding these protocols, please contact Michael C. Vichnin, MD, Division of Diagnostic Radiology, or Howard D. Rosenberg, MD, Division of Diagnostic Radiology, Section of Pediatric Radiology, at 610-402-8088.
Audiology Services

Hearing loss can happen to anyone, of any age. Although many people deny they have hearing loss, more than half the population older than 65 have impaired hearing. Additionally, no child is too young to be tested. Infants are routinely screened for hearing loss prior to their discharge from the hospital.

Audiology services are now available at all three campuses for adults and children. To refer a patient for an audioligic evaluation, call Central Scheduling at 610-402-TEST (8378).

Following is an overview of Pediatric Audiology Services.

Pediatric Ambulatory Services

Reasons for Audiologic Evaluation:

- Failed Newborn Screening
- Significant Birth History (cleft lip and palate)
- Head Trauma
- Delayed Speech and Language
- Significant history of Middle Ear involvement (including PE tubes).
- Syndromes associated with hearing loss, e.g., von Recklinghausen’s
- Disease - Pierre Robin Syndrome
- Reported educational difficulties
- Parental concern
- Family history of hearing loss

Methods of Testing (age and developmentally dependent):

- Behavioral Testing – Observation in soundfield (VRA), Conditioned Play Audiometry
- Electrophysiologic testing: Oto-acoustic Emissions, Auditory Evoked Brainstem Response testing, Acoustic Reflex testing and Tympanometry

A test battery approach is employed to determine the presence, the type and degree of hearing loss.

Auditory processing disorders are evaluated to determine how the central nervous system uses auditory information.

Habilitation/Rehabilitation:

- Determine amplification needs as soon as a hearing loss is confirmed, e.g., Hearing Aids, Cochlear Implant, Bone Anchored Hearing Aid.

Speech and Language Therapy

- Early Intervention Referral

For more information or if you have any questions, please contact Gregory Delfino, MA, CCC-A, Director of Speech and Audiology, at 484-884-3205.

Multipurpose Area Hypersensitivity Protocol

At the February 5 meeting, the Medical Executive Committee approved expansion of the Hypersensitivity/Anaphylactic Chemotherapy Biotherapy Reaction Management - Adult Oncology Patients Only, Clinical Practice Guideline, to include all patients treated in the Cancer Center outpatient infusion areas at both Cedar Crest & I-78 and LVH-Muhlenberg. This change is effective immediately. The guideline is located on the hospital’s intranet Clinical Services page, under Clinical Practice Guidelines.

If you have any questions regarding this issue, please call Darlene Matthias, Director, Cancer Center Patient Care Services, at 610-402-0571.
Discharge Summaries

According to many physicians, the discharge summary should not be viewed as a chore; it is a tool to transition the inpatient to outpatient care. Frequently, the discharge summary is too long, too detailed and does not always accurately reflect a patient’s hospital course.

The following are frequently asked questions and best practice responses:

1. **What is the average length of a discharge summary?**
   The discharge summary should be **concise**. Average summaries are usually 1-2 pages, dependent on the length of stay and the patient’s condition.

2. **What elements should be contained in the discharge summary?**
   - Reason for hospitalization with specific diagnoses
   - Significant finding(s)
   - Procedures performed and care, treatment and services provided to the patient
   - Information regarding input from consultative services
   - Pending diagnostic test results at the time of discharge
   - Condition of patient on discharge (specific measurable comparison with the condition on admission)
   - Discharge instructions (physical activity, medication, diet and follow up care)

3. **How soon after discharge should the discharge summary be dictated?**
   Ideally, for continuity of care and patient safety, the discharge summary should be dictated at the time of discharge, while it is fresh in your mind.

4. **Do I need to dictate a discharge summary on a short hospital stay?**
   Yes – in short hospital stays, intensity of services is usually high and requires appropriate supportive documentation.

5. **Do I need to repeat all the information in the history and physical and all progress notes in the discharge summary?**
   No – there is no need to repeat all the information in the history and physical and progress notes. **Keep the summary concise.** Dictate the summary as though you are the provider on the receiving end and want to quickly review the patient’s hospitalization.

6. **Does anyone really read/utilize the discharge summary?**
   Discharge summaries are forwarded to primary care and family physicians on patient discharge. Providers utilize the summary to capture a “quick view” of the patient’s hospitalization and continue care on an outpatient basis.

If you have questions regarding this issue, please contact Zelda Greene, Administrator, Health Information Management, at 610-402-8330.

Documentation Improvement Project

The goal of the Documentation Improvement Project is to review every patient admission for potential documentation improvement. The program is very effective in prompting physicians for documentation improvement specifically for severity of illness.

Present on Admission (POA)

Following the October 2007 Centers for Medicare & Medicaid Services mandate to collect documentation present on admission, the Coding Department began data collection to determine whether all principal diagnoses were present on admission. “Present on admission is defined as present at the time the order for inpatient admission occurs – conditions that develop during an outpatient encounter including emergency department, observation, or outpatient surgery, are considered as present on admission.”

Continued on next page
Documentation Improvement Project initiatives to assure that certain POA are accurately documented include:

1. UTI due to indwelling catheter – Emergency Department Documentation
2. PICC related infections – Green Sheet Documentation
3. Pressure Sores/Decubitus ulcers – Wound Care Documentation

Medical Records requests your help by validating and signing the documentation as listed above. In addition, when documenting in the medical record, please clearly document diagnoses that were present on the patient’s admission.

The Documentation Improvement Project will have a new look in April . . . be on the lookout for new and improved documentation prompts.

If you have any questions regarding this issue, please contact Anthony Matejicka II, DO, Lead Physician Coach, at 610-868-6880.

Documentation - Operative Reports

Third Quarter 2007 Medical Record review of documentation revealed a reduction in the number of operative notes that were dictated immediately following the procedure. As stipulated in the Medical Staff Bylaws, “Operative Reports . . . shall be dictated in the medical record immediately after the procedure.” Also, when dictating the operative report, please provide the date of the procedure. If no date is given, the transcriptionist assumes that the date of the procedure is the same as the dictation date. With more operative reports not being dictated on the date of the procedure, there is an increase in reports with inaccurate dates requiring corrections.

If you have any questions regarding this issue, please contact Zelda Greene, Administrator, Health Information Management, at 610-402-8330.

News from CAPOE Central

Asking for a Consult? Call the consultant

When requesting a consult, please remember to call the consultant to inform him/her of the consult and what is expected. As per the bylaws, this is required for Urgent and Emergency consults. When a patient’s discharge is dependent upon the consult, then the Consult Priority of “I - Impacts Discharge” should be selected. When this priority is selected, a pop-up advisory will appear reminding you to personally contact the consultant. This will ensure timely care and an efficient discharge process.

Please remember to personally call the consultant for these situations. It is the right thing to do for our patients and for our colleagues.

Who’s got the Post-Op Orders?

To help clear up any confusion regarding who is responsible for a patient in the post-op period, you will notice a change to the “Admit to PACU” order. The order will show the detail when processed, and will allow the ordering physician to designate who will be caring for the patient in the post-op period. The field is not required, and if the field is not completed, the patient will remain on the pre-op service. This should clear up any confusion for the PACU staff and the units when they receive a patient.

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

Lehigh Valley Hospital Resident Graduation

Friday, June 13, 2008 — 6 p.m.
Kasych Family Pavilion — ECC Rooms 6, 7 & 8
Advanced Practice Clinicians

With support from the leadership of Lehigh Valley Hospital and Health Network, over a year ago, a steering committee, composed of several individuals from the Advanced Practice Clinician (APC) staff, was formed and has met regularly to discuss issues related to the APC staff. Members of the APC staff include Physician Assistants, Nurse Practitioners, Nurse Anesthetists, Nurse Midwives and Psychologists. The mission and vision of this group has been developed and the APC Staff Charter was approved at the August, 2007 meeting of the Medical Executive Committee.

Over the past several months, two Get Acquainted Forums were held – one in October and one in January – to provide members of the APC staff an opportunity to mingle with other members and provide input to the group.

At the first forum in October, those in attendance formed breakout groups and discussed issues of concern to their groups. At the forum held in January, one of the topics discussed was an overview of the process for the election of officers of the APC Executive Council. Positions on the Executive Council will include a President, President-elect, Secretary/Treasurer, and six At-Large Executive Council members.

Nominations are now being accepted for the positions noted above. Any member of the APC staff interested in running for one or more of these positions should contact Medical Staff Services at 610-402-8590 to obtain a Nomination for Office form. All nomination forms must be completed and returned to Medical Staff Services no later than Monday, March 31, 2008.

Election of officers will be held on Thursday, April 10, beginning at 5:30 p.m., in the hospital’s Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78.

If you have any questions regarding nominations or the election of officers, please contact John W. Hart, Vice President, Medical Staff Services, at 610-402-8980.

APC Executive Council Positions/Responsibilities

President

× 2-Year Term
× Meeting attendance required at the following meetings:
  • 12 APC Executive Council meetings
  • 12 Medical Executive Committee meetings
  • 4 General APC Staff Meetings

President-elect

× 2 + 2 Year Term - 2 Years as President-elect followed by 2 Years as President (automatic succession)
× Meeting attendance required at the following meetings:
  • 12 APC Executive Council meetings
  • 4 General APC Staff Meetings
  • Filling in at meetings in absence of President

Secretary/Treasurer

× 1-3 Year Term depending on post-election lottery
× Responsible for oversight of meeting minutes and treasury
× Meeting attendance required at the following meetings:
  • 12 APC Executive Council meetings
  • 4 General APC Staff Meetings

(After inaugural election of Secretary/Treasurer, appointments will be made by a vote of the APC Executive Council)

6 At-Large Executive Council Seats

× 1-3 Year Term depending on post-election lottery
× Meeting attendance required at the following meetings:
  • 12 APC Executive Council meetings
  • 4 General APC Staff Meetings
More Renovations at Cedar Crest
Although much of the construction is complete in the Kasych Family Pavilion, numerous renovations will continue within the main hospital over the next several months. Some of these renovations and relocations include:

**Anderson Wing**

... ECC Rooms 1 and 2 have been relocated to the first floor of Kasych.

... The Medical Library has moved temporarily to the basement of Kasych. The new Medical Library is expected to be completed sometime this Fall.

... The Volunteer Office has moved to the first floor of Kasych.

... The hallway between the former Medical Library and the former ECC rooms has closed, along with the bathrooms in that hallway.

... Demolition of the old Open Heart Unit and Transitional Open Heart Unit is underway.

... A hallway that connects the Pool and Kasych pavilions on the second floor is under construction. The hallway is expected to be open in April.

... A new surgery waiting area is under construction. Approximate opening date is September.

**Patient Units**

... 4A has relocated to 4C in the Pool pavilion.

... 6B has temporarily relocated to 7B in the Pool pavilion.

... Expansion of Pediatrics will begin shortly.

... Work is being done to create a trauma overflow unit in the ICU West area.

**Other Projects**

... A new and expanded cafeteria

... A renovated Open Heart Unit

... Two new Operating Rooms

... An expanded Post Anesthesia Care Unit

... Surgical Staging Unit

... Radiology Department

... Renovations to the Emergency Department

**Moves into the Center for Advanced Health Care**

... The practice of Neurosurgical Associates of LVPG will open in its new location on the 4th floor on March 10.

... The practice of Lehigh Neurology will open in its new location on the 4th floor on March 17.

... The practice of Lehigh Valley Heart Specialists will open in its new location on the 3rd floor on March 31.

*Please note: The LVH-Muhlenberg campus offices for each of the above practices will remain open and are not relocating.*

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**Papers, Publications and Presentations**

- **Dale A. Dangleben, MD**, Division of Trauma-Surgical Critical Care/General Surgery, along with General Surgery residents Erik Teicher, MD, and Paul Cesanek, MD, co-authored an article – “Small Bowel Obstruction Caused by Phytobezoars” – which was published in *The American Surgeon*, Volume 74, Number 2 (February, 2008), pp. 136-137.

- **Ronald S. Freudenberger, MD**, Division of Cardiology, co-authored an article – “Acute Electromechanical Effects of Atrioventricular Coupled Pacing in Patients with Health Failure” – which was published in the *Journal of Cardiac Failure*, Volume 14, Issue 1 (February, 2008), pp. 35-40.

- **Nelson P. Kopyt, DO**, Chief, Division of Nephrology, authored an article – “Hypertension Awareness, Treatment and Control” – which was published in Volume 1, Number 4 (November, 2007) of *Dialogue and Diagnosis*, a publication of the American Osteopathic Association.

- **Jack A. Lenhart, MD**, Department of Family Medicine, Section of Geriatrics, and Medical Director of Valley Preferred, provided a presentation on Valley Preferred’s Pay-for-Performance Program at the America’s Health Insurance Plans Annual Medical Leadership Forum held in October, 2007. Valley Preferred was one of five PPOs recognized nationally at the event.
James J. Goodreau, MD, Division of Vascular and Endovascular Surgery, was recently recertified in Surgery and Vascular Surgery by the American Board of Surgery. Dr. Goodreau has been a member of the Medical Staff since October, 1981. He is in practice with Peripheral Vascular Surgeons, PC.

Pamela A. Howard, MD, Division of Burn/Trauma-Surgical Critical Care/General Surgery, was invited to serve on the Practicing Physicians Advisory Council (PPAC) for a four-year term which began February 28, 2008. The function of the PPAC, which was established by the Secretary of the Department of Health and Human Services, is to advise the Secretary and the Administrator of the Centers for Medicare & Medicaid Services on certain proposed changes in Medicare regulations and contractor manual instructions related to physician services identified by the Secretary. Dr. Howard has been a member of the Medical Staff since November, 2004. She is in practice with Surgical Specialists of the Lehigh Valley.

Daniel D. Lozano, MD, Chief, Division of Burn, was recently inducted as a Fellow of the Philadelphia Academy of Surgery at its February meeting held at the College of Physicians in Philadelphia. Dr. Lozano joined the hospital’s Medical Staff in October, 2004, and is in practice with Surgical Specialists of the Lehigh Valley.

Paul J. Mosca, MD, PhD, Vice Chair, Department of Surgery, Research, was awarded the Hal Dolenga Emerging Leader Award in December, 2007, by the Lehigh Valley Chapter of the American College of Health Care Executives. The Dolenga Award recognizes an outstanding student in the Health Care Management System concentration of the DeSales University MBA program. Dr. Mosca joined the Medical Staff in July, 2004, and is in practice with Lehigh Valley Surgical Oncology.

Kamalesh T. Shah, MD, Division of General Surgery/Trauma-Surgical Critical Care, was recently recertified in Surgery by the American Board of Surgery. Dr. Shah has been a member of the Medical Staff since July, 1989, and is in private practice.

In December, 2007, Marc A. Vengrove, DO, Division of Endocrinology, has been appointed to the Board of Directors of the American Osteopathic Board of Internal Medicine to head the Endocrinology and Metabolism subsection. His primary responsibilities will include writing questions for the Internal Medicine and Endocrinology certifying/recertifying exams and overseeing the certification process for these candidates. Dr. Vengrove joined the Medical Staff in April, 2007, and is in practice with LVPG-Diabetes & Endocrinology.

The Joint Commission Core Measure Tip

Patients who are provided comfort measures only are excluded from AMI, CHF, and pneumonia core measure reporting. Physicians can assist the abstractors in correctly identifying patients receiving comfort measures by documenting this statement on the Withholding of Therapy document and including the date and time with his/her signature.
Upcoming Seminars, Conferences and Meetings

General Medical Staff Meeting
The quarterly meeting of the General Medical Staff will be held on Monday, March 10, beginning at 6 p.m., in ECC Rooms 7 and 8 on the first floor of the Kasych Family Pavilion at Lehigh Valley Hospital, Cedar Crest & I-78, and videoconferenced to the Educational Conference Center, Rooms C and D, at LVH-Muhlenberg.

All members of the Medical Staff are encouraged to attend.

GLVIPA General Membership Meeting
The quarterly general membership meeting of the Greater Lehigh Valley Independent Practice Association will be held on Tuesday, March 25, beginning at 6 p.m., in the hospital’s Auditorium at Cedar Crest & I-78, and teleconferenced to the Educational Conference Center, Room C, at LVH-Muhlenberg. “Pay for Performance” will be presented by Dennis Kennedy from the Noblis Organization.

If you have any questions, please contact Eileen Hildenbrandt, Coordinator, GLVIPA, at 610-969-0423.

Emergency Medicine Grand Rounds
Emergency Medicine Grand Rounds are held on Thursdays, beginning at 8 a.m. (unless otherwise noted) at various locations. Topics to be discussed in March will include:

March 6 – LVH-M Educational Conference Center, Room B
... “Current State of Emergency Medicine” and “Abdominal Pain in the Elderly” – Robert McNamara, MD, Professor of Emergency Medicine, Temple University, and Chief, Department of Internal Medicine, Section of Emergency Medicine, Temple University Hospital

March 13 – LVH-M Banko Building
... Resident Lecture Series – Agnes Sulewski, DO
... Resident Lecture Series – Karen Pheasant, DO
... Longitudinal Module – Bryan Kane, MD
... “Bringing Order Out of Chaos: Effective Strategies for Medical Response to Mass Chemical Exposure” – William Zajdel, DO
... Rosen’s Club – Gavin Barr, Jr., MD

March 20 – EMI – 2166 S. 12th Street
... Resident Lecture Series – Joseph Quercia, DO
... Resident Lecture Series – Ryan Coates, DO
... “Drugs of Abuse” – Gavin Barr, Jr., MD
... SANE
... SART

March 27 – LVH-M Banko Building
... “Pneumonia” – Steve Frei, MD
... “Pediatric GI” – Andy Miller, DO
... Rosen’s Club – Gavin Barr, Jr., MD
... Clinical Case Reviews – Kevin Weaver, DO, Tecla Brabazon, DO, Shawna Murphy, DO, and Ryan Coates, DO

For more information, please call Dawn Yenser in the Department of Emergency Medicine at 484-884-2888.

Ethics Week Schedule
Ethics Week will be celebrated during the first week of March. A number of presentations have been planned as follows:

Tuesday, March 4
... Surgical Grand Rounds – 7 a.m., Auditorium, Cedar Crest & I-78, “Questioning the Use of Feeding Tubes in Chronic Serious Illness: Ethics and Evidence” - David Casarett, MD, Associate Professor of Medicine, University of Pennsylvania

Continued on next page
... Medical Grand Rounds – Noon, Auditorium, Cedar Crest & I-78, “An Evidence-Based Approach to Having Difficult Hospice Discussions” – David Casarett, MD
... Advance Directive Community Presentation – 6 p.m., Kasych ECC Room 6

Wednesday, March 5
... Schwartz Rounds – Noon, Kasych ECC Room 6, “Confounders in Determining Capacity: Clarity through the Clouds?” – Susan Wiley, MD; Robert Barraco, MD; Joseph Vincent, MD; Stephen Lammers, PhD; Cindy Umbrell, RN
... Advance Directive Community Presentation – 4 p.m., 17th & Chew, School of Nursing Auditorium

Thursday, March 6
... Advance Directive Community Presentation – 1:30 p.m., ECC Room B, LVH-Muhlenberg

For more information, please contact Diane Biernacki, Administrative Secretary, Critical Care, at 610-402-8450.

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 videoconferenced to the ECC Room B at LVH-Muhlenberg. Topics to be discussed in March will include:

... March 4 – “An Evidence-Based Approach to Having Difficult Hospice Discussions” – David J. Casarett, MD, Associate Professor of Medicine, University of Pennsylvania
... March 11 – “Ventilator Associated Pneumonia” – Susan G. Gerhardt, MD
... March 18 – “The State of Hospital Medicine” – Michael J. Pistoria, DO
... March 25 – Hematology/Oncology Topic and Speaker – TBA

For more information, please contact Becky Sherman in the Department of Medicine at 610-402-8045.

Neurology Conferences
The Division of Neurology conferences are held on Thursdays beginning at noon at the location noted. Topics to be discussed in March will include:

... March 6 – “Is This MS? Diagnosing and Not Diagnosing MS” – Alexander D. Rae-Grant, MD, Staff Neurologist, Mellen Center for Multiple Sclerosis, Cleveland Clinic — Location – Kasych ECC Rooms 6, 7 and 8
... March 13 – “Compared Regular 3T Cells Function in MS” – Jeffrey Greenstein, MD — Location – Kasych ECC Room 7
... March 20 – TBA
... March 27 – “MS Mimics/Differential Diagnosis” – David Jones, MD — Location – Auditorium, Cedar Crest & I-78

For more information, please contact Sharon Bartz, Conference Coordinator, Neurosciences and Pain Research, at 610-402-9001.

Pediatric Grand Rounds
The Department of Pediatrics holds Grand Rounds every Tuesday, beginning at 8 a.m., in Kasych ECC Room 6, unless otherwise noted. Topics to be discussed in March will include:

... March 4 – “Neonatology & NICU Transitional Bed Status Update” – Lorraine Dickey, MD
... March 11 – “Patient Safety Case Studies” – Georgine Olexa
... March 18 – Pediatric Surgery topic – TBA – William Hardin, Jr., MD
... March 25 – Case Presentations – Richard Mazzaccaro, MD, PhD — Note Location change – Auditorium, Cedar Crest & I-78

For more information, please contact Kelli Ripperger in the Department of Pediatrics at 610-969-2540.
Continued from Page 12

Psychiatry Grand Rounds

The next Department of Psychiatry Grand Rounds presentation will be held on **Thursday, March 20**, beginning at noon (registration at 11:45 a.m.), in the Educational Conference Center Rooms C and D, at LVH-Muhlenberg. The topic of discussion will be:

... “Psychosocial and Psychiatric Aspects of Cancer Survivorship” – Shanthi Lewis, MD

For more information, please contact Tammy Schweizer in the Department of Psychiatry at 610-402-5255.

Spine Conferences

Conferences relating to interesting spine cases are held the first Wednesday of every month beginning at 7 a.m. Attendees typically include spine surgeons, neurosurgeons, physiatrists, pain management specialists, radiologists, among others. All clinicians are invited to bring interesting cases to the meeting.

The next Spine Conference will be held on **Wednesday, March 5**, in Kasych ECC Room 6, at Lehigh Valley Hospital, Cedar Crest & I-78.

For more information, please contact James C. Weis, MD, Division of Orthopedic Surgery, or Laura Warner, Clinical Coordinator, at 610-973-6338.

Surgical Grand Rounds

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

... March 4 – “Questioning the Use of Feeding Tubes in Chronic Serious Illness: Ethics and Evidence” – David Casarett, MD, Associate Professor of Medicine, University of Pennsylvania

... March 11 – “Surgical Management of Duodenal Injuries” – Fermin Morales, MD


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

LVHHN Digital Library Services

FirstConsult: Differential Diagnosis by Age

Most medical reference resources present alphabetic lists of medical conditions and disorders. **FirstConsult** has this information but goes a step further. The Differential Diagnosis section provides a rapid evaluation by symptom with interactive access to possible diagnoses ordered by age and by prevalence. Not only that, several potential diagnoses can be selected and compared side-by-side for characteristics such as onset, male:female ratio, ethnicity, characteristics, pattern, precipitating factors, relieving factors, clinical course, co-morbidities, procedure results and test findings. Information is continually updated with major content released quarterly. To access this from the intranet, go to Departments/NonClinical/LibraryServices and click on the link to FirstConsult.

If you have any questions regarding this issue, please contact Library Services at 610-402-8410.
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 Appointment

William D. Hardin, Jr., MD
LVPG-Pediatric Surgery
1259 S. Cedar Crest Blvd., Suite 210
Allentown, PA 18103-6376
610-402-7999     Fax: 610-402-7995
Department of Surgery
Division of General Surgery
Section of Pediatric Surgery
Provisional Active

Medical Staff Leadership Appointments

Department of Dental Medicine

Elliot S. Shear, DDS
Chief, Division of Periodontics

Joseph A. Silvaggio III, DMD
Chief, Division of Endodontics

Department of Obstetrics and Gynecology

Joseph D. DeFulvio, DO
Chief, Division of Primary Obstetrics and Gynecology

Joseph E. Patruno, MD
Residency Program Director

Meredith L. Rochon, MD
Assistant Residency Program Director

Michael Sheinberg, MD
Director, Quality Assurance and Performance Improvement

Hospital Lab/Service Directors

Sean R. Lacey, MD (GI)
Director, GI/Pulmonary Endoscopy Unit

Practice Changes

George A. Arangio, MD
(No longer with VSAS Orthopedics)
George A. Arangio, MD, PC
5925 Tilghman Street, Suite 200
Allentown, PA 18104-9158
610-336-7472     Fax: 610-336-7473

Zirka M. Halibey, MD
(No longer with Lehigh Valley Women’s Health Care Alliance)
Women’s Health Consultants
1611 Pond Road, Suite 101
Allentown, PA 18104-2258
610-841-8020     Fax: 610-366-8550

Status Change

Anthony K. Killian, MD, PhD
Department of Pediatrics
Division of Neonatology
From: Limited Duty     To: Active

Addition to Departmental Assignment

Kara M. Coassolo, MD
Department of Obstetrics and Gynecology
Division of Maternal-Fetal Medicine/Obstetrics
Active

Meredith L. Rochon, MD
Department of Obstetrics and Gynecology
Division of Maternal-Fetal Medicine/Obstetrics
Active

Resignations

Thomas M. Boetel, DO
Department of Medicine
Division of Physical Medicine-Rehabilitation

James J. Bradbury, DO
Department of Medicine
Division of General Internal Medicine

Address Change

Stephen S. Campbell, MD
Neurosurgical Associates of LVPG
1770 Bathgate Road, Suite 402
Bethlehem, PA 18017-7302
484-884-8950     Fax: 484-884-8952

Continued on next page
Continued from Page 14

John M. Davidyock, MD  
Department of Medicine  
Division of Hospital Medicine/General Internal Medicine

Douglas D. Ditmars, MD  
Department of Surgery  
Division of Orthopedic Surgery

Michael J. Gordon, MD  
Department of Surgery  
Division of Otolaryngology-Head & Neck Surgery

Raquel M. Pasimio, MD  
Department of Pediatrics  
Division of Pediatric Subspecialties  
Section of Cardiology

Stephan R. Sher, DO  
Department of Family Medicine

Marsha R. Snyder, MD  
Department of Family Medicine

Division Name Change
Division of Vascular Surgery is now:  
Division of Vascular and Endovascular Surgery

Allied Health Staff
New Appointments

Christina L. Felten, CNM  
Certified Nurse Midwife  
(The Midwives & Associates, Inc. – Garry C. Karounos, MD)

Sheldon C. Lamoreaux, Jr., CRNA  
Certified Registered Nurse Anesthetist  
(Lehigh Valley Anesthesia Services, PC – Thomas M. McLoughlin, Jr., MD)

Rachel L. Moyer, PA-C  
Physician Assistant-Certified  
(Neurosurgical Associates of LVPG – Stephen S. Campbell, MD)

Ruth A. Rice, CRNP  
Certified Registered Nurse Practitioner  
(Center for Women’s Medicine – Eduardo Lara-Torre, MD)

Erin P. Rooney, PA-C  
Physician Assistant-Certified  
(Lehigh Valley Infectious Diseases Specialists – Jaan P. Naktin, MD)

Kristen Severinsen, PA-C  
Physician Assistant-Certified  
(Allen Ear Nose & Throat Association – Niketu M. Patel, MD)

Melissa S. Hix, CRNP  
Certified Registered Nurse Practitioner  
(LVPG-Emergency Medicine – Anthony T. Werhun, MD)  
Addition of: Pulmonary Associates – Daniel E. Ray, MD

Traci A. Stahl, CRNP  
Certified Registered Nurse Practitioner  
(Lehigh Valley Heart Specialists – Ronald S. Freudenberg, MD)  
Addition of: Pulmonary Associates – Daniel E. Ray, MD

Change of Supervising Physician

Melissa S. Hix, CRNP  
Certified Registered Nurse Practitioner  
(LVPG-Emergency Medicine – Anthony T. Werhun, MD)  
Addition of: Pulmonary Associates – Daniel E. Ray, MD

Additional Supervising Physician

Erin P. Rooney, PA-C  
Physician Assistant-Certified  
(Lehigh Valley Infectious Diseases Specialists – Jaan P. Naktin, MD)

Change of Supervising Physician and Group

Kimberly A. Attwood, CRNP  
Certified Registered Nurse Practitioner  
(LVPG-Psychiatry – Muhamad Aly Rifai, MD)  
From: Lehigh Neurology – Glenn A. Mackin, MD  
To: Allentown Anesthesia Associates Inc – Lisa A. Keglovitz, MD

Catherine L. Monhollen, CRNP  
Certified Registered Nurse Practitioner  
From: Center for Women’s Medicine – Joseph E. Patruno, MD  
To: Lehigh Valley Family Health Center – Jeffrey S. Mathieu, MD

Resignations

Roxanne Gerow-Smith, CRNP  
Certified Registered Nurse Practitioner  
(Lehigh Valley Heart Specialists)

Pamela Miller, RN  
Registered Nurse  
(Brndjar Medical Associates, PC)

Carol A. Skinner, CMT  
Certified Massage Therapist  
(Carol A. Skinner, CMT)
Medical Staff Progress Notes

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Matthew M. McCambridge, MD
President-elect, Medical Staff

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Past President, Medical Staff

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Vice President, Medical Staff Services

Janet M. Seifert
Coordinator, Communications & Special Events

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We’re on the Web!
Visit the Medical Staff Services website through the hospital’s Internet Homepage at: www.lvh.org and select “Professionals”

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.