LVH Primary Stroke Center Receives Kudos

The LVH Primary Stroke Center completed its announced JCAHO recertification survey on May 11... and received NO findings!! As a matter of fact, Deborah Jewell, RN, the JCAHO Primary Stroke Center Certification Reviewer was extremely complimentary of the stroke program, its leadership, and the community education/outreach provided.

During the first day of the one and one-half day survey, Ms. Jewell was quite impressed with the Stroke Alert Program, the amount of community education provided (particularly to EMS), the advanced ICU program, and the quality of our data and performance improvement efforts. During the day, she visited the LVH-Cedar Crest & I-78 Emergency Department, CT Scan/Radiology, NSICU, and 7ANSU. Additionally, she reviewed both employee and medical staff files – both were flawless!

On day two, the visit to the 17th & Chew Emergency Department and CT Scan department went very well. Ms. Jewell even had an opportunity to hear about the Interpreter Services Program.

Some of the specific comments Ms. Jewell made during the closing conference included: “very outstanding,” “...really puts you at the Comprehensive Stroke Center level, as you look like, behave like, and talk like one...” She also noted that there has only been one other survey in which she did not provide any findings.

Many, many thanks to everyone involved with the Primary Stroke Center survey for all your hard work, dedication, and commitment to quality.
It is the patient who carries the burden of illness, but the compassionate physician shares that burden, lifting it when possible and lightening it when that is all that can be done. This sharing of the burden has always been the hallmark of the medical profession.

- Richard S. Hollis, MD

As we try to cram more appointments into our busy day, there is increasing pressure to become more skilled at the medical interview. The average physician conducts 120,000 to 160,000 patient interviews over a lifetime; so any improvement in quality or efficiency can have dramatic impact. The literature suggests that physicians’ interpersonal skills are critical to establishing strong, trust based physician-patient relationships that can offer multiple benefits. This relationship assumes even greater importance during periods of serious illness.

There is a growing focus during medical education to train doctors to become expert in ferreting out all of the patient’s most pressing concerns, symptoms and fears. The National Board of Medical Examiners has incorporated a "Clinical Skills Exam" into the certifying exam. Examinees enter a mock medical clinic, put on white coats and meet with 12 patients. After each 15 minute consultation, the mock patients rate how well the doctor communicated, as the doctor writes a patient note outside. The evaluations count as part of step two on the US Medical Licensing Examination.

The Outcome Project of the Accreditation Council for Graduate Medical Education now requires all accredited residency programs to address the training of physicians in six core competency domains; including interpersonal and communication skills, and professionalism.

There are many models and ideas for improving medical interview techniques. One model, developed by Kaiser Permanente, has been used for the past 16 years to train thousands of physicians to quickly get to the heart of their patients’ medical problems. The model is called “The Four Habits of Highly Effective Doctors” and teaches doctors interview techniques that can improve the office visit. The four habits are as follows:

... **Invest in the beginning**: create rapport quickly, elicit the patient’s concerns, let the patient know what to expect.

... **Elicit the patient’s perspective**: ask for the patient’s ideas, determine their specific requests or goals, and explore the impact on patient’s life.

... **Demonstrate empathy**: attempt to understand the patient’s emotions, convey empathy verbally and non-verbally (by pause, touch, facial expression).

... **Invest in the end**: deliver diagnoses in terms of the patient’s original concerns, explain rationale for tests and treatments, summarize visit and review next steps.

Hopefully, you can see the concepts of the ABC’s of Effective Communication in these suggested “habits.” It is also clear that several of General Systems ideas and tools (i.e., “The Five Whys”) come into play here.

A six-month study performed at the Mayo Clinic during 2001 and 2002 involving primary and specialty care practices attempted to identify ideal physician behaviors. Seven ideal physician behaviors were identified by the research, illustrated below.

... **Confidence**: “You could tell from his attitude that he was very strong, very positive, very confident that he could help me. His confidence made me feel relaxed.”

Continued on next page
Continued from Page 2

... **Empathy:** “One doctor was so thoughtful and calming to my husband during his final days. He waited to tell me personally when he found a polyp in me, because my husband died from small bowel cancer and he knew I would be scared.”

... **Humane:** “My rheumatologist will sit and explain everything, medications, procedures; I never feel rushed. He told me he knows when I call, it is important. I appreciate his trust.”

... **Personal:** “He tries to find out not only about patients health but about their activities and home life as well.”

... **Forthright:** “They tell it like it is in plain English. They don’t give you any Mickey Mouse answers and they don’t beat around the bush.”

... **Respect:** “She lets me participate in my care. She asks what works best for my schedule when she orders tests. She listens to me.”

... **Thorough:** “My surgeon explained everything. He was very concerned about my recovery after the surgery.”

You may be thinking “if I had enough time, I could demonstrate all these behaviors and do great patient interviews. If only I wasn’t so rushed all the time.” A study by the University of Rochester School of Medicine and Dentistry addressed this. The study defined patient centered communication as “interactions that helped patients feel understood through inquiry into their needs, perspectives and expectations and attending to the psychosocial context and expanding patients involvement in understanding their illness and in decisions that affect their health.” They found that patient centered communication may actually decrease the cost of care, chiefly through reduced spending on diagnostic tests. However, the authors also found that physicians with this style of communication spend more time with their patients, time which may not be reimbursed. Certainly not a big surprise to office based physicians.

Finding the balance between providing optimal quality of care and the economic pressures we face in our practice is a challenge we face every day. At the end of day, most of us will agree that the reward is well worth the struggle. As one of my colleagues said to me in the Medical Staff Lounge, “When I run into one of my patients outside of the office, and they thank me for caring about them and helping them, that is when I really get paid.”

Keep the balance in mind, and thank you for all you do.

Donald L. Levick, MD, MBA
Medical Staff President

**REFERENCES:**

... “Getting the Most Out of the Clinical Encounter: The Four Habits Model;” Frankel, PhD; Stein, MD. The Permanente Journal 1999;3(3)

... “Patients’ Perspectives on Ideal Physician Behaviors,” Bendapudi, Berry, Frey, Parish, Rayburn; Mayo Clinic Proceedings, March 2006; 81 (3); 338-344

**Documentation Improvement Tip of the Month**

Aspiration pneumonia is a severe type of pneumonia resulting from the inhalation of foods, oils, vomitus, or micro-organisms from the upper respiratory tract or the oropharyngeal area. Documentation in the medical record of aspiration precautions or a diagnosis of dysphagia on a swallowing evaluation is not enough to code aspiration pneumonia and would require the coder to send a query to the attending physician requesting clarification.
News from CAPOE Central

More on Verbal and Telephone Orders

We continue to progress further into Universal CAPOE, and the Medical Staff continues to shine in their efforts. Verbal and telephone orders remain a small but important form of order entry. Existing hospital policy requires that when receiving verbal or telephone orders, the nurse reads back the orders as they are entered to ensure accuracy of communication and entry. For telephone orders, the ordering physician will be required to stay on the phone to confirm the orders as they are entered and to discuss any conflicts or interactions that arise. Verbal and telephone orders should only be used for single or small numbers of orders. Entire admission orders will not be accepted as verbal/telephone orders, except under extreme circumstances. Bridging admission orders (i.e., admission, vital sign, diet and activity orders) will be accepted, allowing patient care to begin, until the physician has the opportunity to enter the full admission orders into the system. Please be patient with the nursing staff as they take these steps to improve the quality and safety of the care we provide.

New CHF Order Set

You may notice some new orders in the CHF Admit Order Set, found in the Admission Order Sets and in the Cardiology Order Sets. The changes were a result of the efforts of a multidisciplinary committee which has incorporated evidence-based care into the order sets. Input from physicians and other members of the healthcare team were incorporated into the order set. Please make use of this order set as it represents a collaborative effort and an excellent example of evidence-based care.

Clean-up Your Orders

To facilitate the transfer of patients from one unit to another, please remember to use the “Transfer Patient Order Set,” which includes only two orders. One order is the Transfer order, which allows the physician to specify the Preferred Unit and Isolation. The second order (“Orders Reviewed, Continue Current Orders”) is the reminder to review the existing on-line orders. No action needs to be taken on this order. It is there as a reminder to review the patient’s existing orders and discontinue any orders that do not apply to the receiving unit; and to enter any new orders. This order will appear on the Med Profile screen, thus alerting Nursing and Pharmacy that the orders have been reviewed and are current. It is very important that you review current orders and make any necessary changes when transferring patients between units. Remember to discontinue orders that are no longer applicable, such as electrolyte replacement scales and drip orders.

Do You Want that Dose to Start Today?

If a dose is required right away, remember to check the “Start ASAP” button. This will generate a dose to be given within 30 minutes. Do not put “Start today” in the comment field. Note the timing of the order, since the “Start ASAP” button creates an extra dose.

Example: a med scheduled to be given at 10-2-6-10 ordered at 9 a.m. with the “Start ASAP” button checked will order a dose for 9:30 a.m., and the regularly scheduled dose to be given at 10 a.m.

Example: Coumadin (normally given at noon), ordered at 1 p.m., will not start until the next day at noon, UNLESS the “Start ASAP” button is checked.

If you have any questions regarding these issues, please contact Don Levick, MD, MBA, Physician Liaison, Information Services, at 610-402-1426, or pager 610-402-5100 7481.
2006 National Patient Safety Goals

Universal Protocol

The 2006 National Patient Safety Goals continue to address the Universal Protocol. This is not a new goal, but it is one that needs re-emphasis on its importance. The goal states that “immediately prior to the start of any invasive procedure, a final verification process is to be conducted to confirm the correct patient, procedure, site and availability of appropriate documents.” The Universal Protocol is designed to achieve this goal by utilizing a three pronged approach: using a pre-procedure verification process, marking the procedural site, and conducting a final pre-procedural “time-out”. Through the use of these methods, incorrect site, incorrect procedure, and incorrect patient surgeries can be prevented.

At LVHHN, the policy – “Identification of Patient, Procedure, and Site Prior to Invasive Procedure” – enforces the Universal Protocol. This policy was approved by the Medical Executive Committee and can be found in the Administrative Policy Manual. According to the policy, the verification begins pre-procedure when the patient must be identified. At that time, the procedure is noted and the site marked when laterality exists. This information is confirmed by chart review and, when appropriate, patient questioning. The next verification occurs in the procedural/operative area or at the bedside with the nurse who is assisting in the procedure and the nurse anesthetist (if applicable) verifying patient identification, procedure, and procedure site with the patient. This verification is documented on the operative/procedure record or other departmental forms. All staff involved in the start of a procedure must pause briefly, and audibly and actively verify the correct patient, procedure, procedure site, and implants/equipment. This needs to be done immediately prior to the procedure beginning (i.e., local anesthesia injected, scalpel handed to surgeon, scope inserted.)

This “time-out” needs to occur for any invasive or surgical procedure regardless of where it is performed – OR, GI Lab, Cardiac Cath Lab, or the bedside. The time-out needs to occur in the location where the procedure is being done. The process needs to involve the entire surgical team and includes active participation of the surgeon, anesthesia provider and circulating nurse. There should be no barrier to anyone speaking up if there is a concern about a possible error. Time-out at the bedside is to be done in conjunction with a staff member. Prior to the commencement of the procedure, there needs to be a brief pause to confirm the correct patient, procedure, and site is appropriate. Documentation on the operative/procedure record or time-out sheet needs to indicate that this time-out has occurred.

Errors involving incorrect patients and incorrect sites are easily preventable. The purpose of this National Patient Safety Goal for Universal Protocol is to reduce the potential for error that can easily occur. It is prudent for all staff involved with surgery or invasive procedures to pause and confirm that, in fact, it is time to begin and that this is the correct patient, procedure, site, position, and all the necessary implants/equipment are present. By working collaboratively, all members of the team can ensure a patient’s safety and quality care.

If you have any questions regarding this National Patient Safety Goal or any of the other goals, please contact Kristie Lowery, Patient Safety Officer, at (610) 402-3000.
PET Registry Update

The National Oncologic PET Registry (NOPR) was developed in response to the Centers for Medicare and Medicaid Services’ (CMS) proposal to expand coverage for FDG PET to include cancers with indications not presently eligible for Medicare reimbursements. Medicare reimbursement for these cancers will be available if the patient’s referring physician and the provider submit data to a clinical registry to assess the impact of PET on cancer patient management. The NOPR is implementing this registry for CMS. The NOPR is sponsored by the Academy of Molecular Imaging and is managed by the American College of Radiology through the American College of Radiology Imaging Network.

The PET/CT facility at Lehigh Valley Diagnostic Imaging (LVDI) is a registered PET facility for NOPR. When the LVDI PET/CT center enters a patient on the NOPR, the patient’s referring physician will be asked to complete both pre and post PET data collection forms that ask several questions regarding the patient’s plan management. The PET facility will enter this information and a copy of the PET scan report into the NOPR database via a web form. It is important that this data collection be done within one month following the patient’s PET/CT scan.

PET centers and referring physicians who consent to NOPR do not need separate IRB approval. Both the patient and the referring physician must indicate their willingness to participate in the research component of the NOPR although a written consent form is not needed. If either the patient or the referring physician choose not to participate in the NOPR research, the information pertaining to that specific patient’s PET scan will be excluded from the research database.

ExForge: Hypertension Trial

This is a multi-center, randomized, double-blind study to evaluate the effectiveness of the combination of valsartan and amlodipine in hypertensive patients not controlled on monotherapy. Study involvement consists of six visits over a 16-week period. Subjects will be excluded if they have a known contraindication to ARB’s, CCB, thiazides or to drugs with similar chemical structure. Other exclusion criteria include but are not limited to: severe hypertension, secondary forms of hypertension, history of stroke or MI, TIA in the past 12 months, PCI or CABG in past 12 months, DM Type I, poorly controlled DM Type II, and major GI tract surgery.

The PET/CT facility at LVDI is now able to perform PET/CT scans for virtually any oncologic indication including small cell cancer of the lung, pancreatic cancer, metastatic renal cell carcinoma, metastatic prostate cancer, sarcomas, paraneoplastic syndrome and multiple myeloma. This is in addition to what is currently covered by Medicare which includes diagnosis, staging, and restaging of non small cell lung cancer, colorectal cancer, lymphoma, breast cancer, esophageal cancer, head and neck cancer, and the evaluation of the solitary pulmonary nodule. The PET/CT facility at LVDI can also monitor therapy and perform PET/CT surveillance scans on patients with any type of cancer, if clinically indicated.

On May 8, the PET/CT facility at LVDI began accepting NOPR patient entries.

For more information about NOPR, please visit www.cancerpetregistry.org. If you have any questions, please call Robert J. Rienzo, MD, Chief, Section of Nuclear Medicine, or Wen Young, MD, Section of Nuclear Medicine, at (610) 402-5017.

Mark A. Kender, MD, Division of General Internal Medicine, is the Principal Investigator for the study. For more information about the study, please call Sharon Kromer, Study Coordinator, Department of Medicine – Research, at 610-402-1635.
Congratulations!

Lorraine A. Dickey, MD, MBA, Division of Neonatology, recently completed her MBA in Health Care Management through Regis University in Denver, Col. Dr. Dickey, who joined the Medical Staff in September, 2004, is the Medical Director of the Neonatal Intensive Care Unit.

Michael W. Kaufmann, MD, Chair, Department of Psychiatry, was recently notified by the American Board of Psychiatry and Neurology that he successfully passed his recertification exam in Geriatric Psychiatry. Dr. Kaufmann has been a member of the Medical Staff since January, 1992.

Contract Advisory Committee

by Pamela A. Howard, MD, Division of Trauma-Surgical Critical Care/General Surgery, Section of Burn

In 1992, the Center for Medicare and Medicaid Services (CMS) formed the Contract Advisory Committee (CAC). This is a state level committee that allows physicians to participate in the development of Medicare Local Medical Review Policies (LMRP) in an advisory capacity. The Carrier Medical Director is the chair for the CAC. All CMDs are physicians. In the state of Pennsylvania, Dr. Andrew Bloschichak is the CMD.

The process starts at the national level. Congress decides what benefits will be covered. CMS interprets the statute or act from Congress. This includes overseeing benefits and exclusions. These are all decisions made at the national level. These decisions fall into the category of National Coverage Decisions (NCDs). The web site to review NCDs is www.dms.hhs.gov/coverage.

Many policies are handed down to the individual states to determine the coverage. These are called the local coverage decisions (LCDs). The LCDs are reviewed by the CMD and staff. There is a determination made about the benefit of the contract. A decision is made by the Pennsylvania CMS about what should be covered. CMS regulations and directives are then reviewed. Scientific journals are researched to substantiate the foundation for the LCD. The LCDs are then given to the CAC for review and comment. These LCDs all appear on the HGSA website (www.hgsa.com). All the LCDs are posted to give physicians in the state a chance to comment on policies that will impact their practice. All emails or letters are reviewed at the CAC meetings. The comments can be made on the website or a physician can attend one of the open meetings.

I joined the Contract Advisory Committee in February as the General Surgical Representative. In this capacity, I attend the CAC meetings and give input on all policies related to the field of General Surgery. Since my involvement, I have noticed that very few physicians comment on the LCDs. Most of the LCDs did not have anyone other that the CAC member comment. Only one LCD had two emails sent about how it was worded. I hope that more physicians will get involved in this important process in the future. If you have any comments you would like me to take to a CAC meeting regarding a particular LCD, please let me know. Research to back up making changes to an LCD is helpful.

If you have any questions or comments, please email me at Pamela_A.Howard@lvh.com. The next Contract Advisory Committee meeting will be held on June 8.
Construction Update

With the ongoing construction at Lehigh Valley Hospital, the following information may be helpful for you and your patients when visiting the Cedar Crest & I-78 campus:

Important Patient and Visitor Parking Changes

Beginning on Tuesday, May 30, visitors and patients must either park in the parking deck or use the free valet service.

... To reduce wait times for valet users, Parking Lot D (in front of the Anderson Wing) will be reserved for valet cars only.

... Bright yellow signs will be posted near the information booth along the ring road directing patients and visitors to the parking deck and the valet area.

... Valet parking will be provided 24 hours a day, seven days a week.

... Shuttles will run in a continuous loop from the parking deck to the 1210 building to the hospital’s main entrance. Wait times will be minimal.

... A second golf cart will be added inside which will run along the upper level of the Jaindl Pavilion between the elevators and the John & Dorothy Morgan Cancer Center door closest to the atrium. This entrance is a good alternative for patients and visitors going to the 1210 building, the Heart Care Group, or visiting a patient in the Jaindl Pavilion.

... Patient/Visitor parking lots located in the rear of the hospital near the 1230 building, 1220 building (MRI), and Emergency Department will remain open to the public.

... Please inform patients and visitors of these changes and thank them for their patience and understanding during this phase of the expansion project.

... Patients may still be dropped off and picked up at the hospital’s main entrance.

Information Booth

To assist visitors with information and directions, an information booth is now located on the ring road near the main entrance from Cedar Crest Boulevard. The information booth is staffed from 7 a.m. to 3 p.m., Monday through Friday.

Visitors are encouraged to use the parking deck when entering the Cedar Crest & I-78 campus. Continual shuttle service is available to transport visitors to the 1210 building and the hospital’s front entrance.

Continued on next page
Medical Office Building

It’s official. The name of our new medical office building is The Center for Advanced Health Care. Electrical and plumbing work continues inside in preparation for the installation of heating/air conditioning units.

Kasych Family Pavilion

About 80 percent of the steel is in place for the new wing facing I-78 (shown here to the right). When complete, 1,800 tons of steel will frame the entire pavilion.

Construction Maps

When directing patients to the Cedar Crest & I-78 campus, please use construction maps to highlight the parking lots and building entrances patients should use for easiest access. A supply of the new Phase 2 maps will be mailed to your office. To obtain additional copies of the map:

... Call 610-402-CARE, or

... Visit the LVHHN web site — www.lvh.org. Click on “Location Near You,” “Cedar Crest & I-78,” and “Campus Map.”

To get the latest construction update or to ask questions, visit the internet at www.lvh.org or call 610-402-CARE.

Lehigh Valley Hospital-Cedar Crest

IMPORTANT PATIENT AND VISITOR PARKING CHANGES

While we are improving our campus, we’ve made some changes to parking. Beginning June, May 31, visitors and patients must park in either the parking deck or use our FREE valet service.

• Valet parking will be provided 24-hours a day, seven days a week.

• Shuttle will run in a continuous loop from the parking deck to the 4200 building, to the hospital’s main entrance.

• Patient/Visitor parking lots located in the rear of the hospital near the 4200 building, 1220 building (VIP) and emergency department will remain open to the public.

A full-size copy of the interim map above has been included with the packet sent to members of the Medical Staff. Copies can be made for your patients.

Save the Date!

Mark your calendar! The next Physician Recognition Dinner will be held on Saturday, March 31, 2007, at the Holiday Inn Conference Center in Fogelsville, Pa. 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. More information to follow!
Papers, Publications and Presentations

Roberto CM Bergamaschi, MD, PhD, Division of General Surgery, was the senior author of a paper – “Clinical Evaluation of a New Ultrasonic Doppler Instrument for the Detection of Blood Flow During Laparoscopic Procedures” – which was published in the June 2005, Volume 14, Number 3 issue of *Minimally Invasive Therapy & Allied Technologies*.

In addition, Dr. Bergamaschi was the senior author of the chapter – “Extent of Sigmoid Resection in Diverticular Disease of the Colon” – which appeared in the book, *Diverticular Disease: Emerging Evidence in a Common Condition*, which was published in April, 2006.

Sigrid A. Blome-Eberwein, MD, Division of Trauma-Surgical Critical Care/Plastic Surgery, Section of Burn, held a workshop at Lehigh Valley Hospital titled “Beyond the Burn” from April 28 to May 1. This was an Anderson Grant-sponsored event for LVH burn patients, their caregivers, and staff. Various classes/lectures were given including scar camouflage, scar smoothing treatments, scar and lymphatic drainage massage, relaxation therapy, yoga and Reiki massage.

The next “Beyond the Burn” workshop will be held October 20 to 22, for patients and staff which will be sponsored at Lehigh Valley Hospital by the Pool Trust.

In addition, Dr. Blome-Eberwein was a co-author of an article – “Randomized Clinical Study of Hydrofiber Dressing with Silver or Silver Sulfadiazine in the Management of Partial-Thickness Burns” – which was published in the May/June 2006 issue of the *Journal of Burn Care & Research*.

Jodie L. Buxbaum, MD, Division of Obstetric Anesthesiology, was invited to serve on the “Breakfast with the Experts” panel at the 2006 annual meeting of the Society of Obstetric Anesthesia and Perinatology which was held April 29, in Hollywood, Fla.

Lorraine A. Dickey, MD, MBA, Division of Neonatology, was an author/editor for two chapters in the recently published book – *Handbook of Neonatal Intensive Care* (Sixth Edition). The two chapters were “Pain and Pain Relief” and “Respiratory Diseases.”

Members of the Division of Neurology – Yevgeniy Isayev, MD; John E. Castaldo, MD, Chief; Alexander D. Rae-Grant, MD; and Peter J. Barbour, MD – co-authored an article, “Pure Monoparesis: What Makes It Different,” which was published in Volume 63, Number 5, May 2006 issue of *Archives of Neurology*.

Bryan G. Kane, MD, Division of Emergency Medicine, was recently awarded first place for best faculty discussion at the Clinical Pathology Competition held during Pennsylvania’s American College of Emergency Physician Annual Scientific Assembly and Chapter Meeting in Pittsburgh, Pa., at the end of April. Also at the assembly, Andrew C. Miller, DO, Division of Emergency Medicine, took second place for his research paper presentation titled, “Triage Algorithm for Psychiatric Screening (TAPS).”

Paul J. Mosca, MD, PhD, Division of General Surgery, Section of Surgical Oncology, co-authored the article – “Histopathologic Characteristics, Recurrence Patterns, and Survival of 129 Patients with Desmoplastic Melanoma” – which was published in Volume 13, Number 5, 2006 issue of the *Annals of Surgical Oncology*.

Continued on next page
Continued from Page 10

In addition, Dr. Mosca presented two separate community talks on melanoma. The first talk was presented in the Center for Health Aging Classroom at 17th & Chew on May 15, and the second was held on May 24 at LVH-Muhlenberg.

Joseph E. Patruno, MD, Chief, Division of Gynecology, provided an oral plenary presentation of “Factors that Influence Student Satisfaction during a Core Clerkship in OBGYN” at the Association of Professors of Obstetrics and Gynecology meeting held March 4, in Orlando, Fla. Co-authors included Patrice M. Weiss, MD, Vice Chair, Education and Research, Department of Obstetrics and Gynecology; Sharon Kimmel, Department of Health Studies; and Craig Koller, Education and Quality Analyst, Department of Obstetrics and Gynecology.

In addition, Dr. Patruno authored a book chapter – “Dysmenorrhea” – which appears in the book, Menstrual Disorders, a 2006 publication of the American College of Physicians.

Patrice M. Weiss, MD, Residency Program Director and Vice Chair of Education and Research for the Department of Obstetrics and Gynecology, served as a member of the Contributing Advisory Board for Obstetrics and Gynecology, 5th Edition. Obstetrics and Gynecology is written specifically for medical students, and is the most widely used student textbook.

News from the Libraries

UpToDate
The evidence based database information industry is moving quickly in response to pressure to include levels of evidence in their products. UpToDate recently added this feature. While they will not retrospectively add this to each topic, they will include evidence based levels when the topic is reviewed (which according to their literature is frequently).

Dynamed
This EBP database has partnered with the vendor EBSCO, who has made some minor modifications to Dynamed’s home page. So far, no changes have occurred on the search page. A userid and password is not required if you login from a LVHHN network computer. Dynamed primarily covers medical conditions encountered in primary care practices.

InfoPoems/InfoRetriever
This is a database system of filtered, summarized, evidence-based information. InfoRetriever searches a full spectrum of evidence-based content and tools: all POEMs and Cochrane Systematic Review abstracts, more than 200 decision support tools, more than 2,200 diagnostic calculators supporting selection and interpretation of diagnostic tests and the H&P, over 700 summaries of evidence-based practice guidelines, plus, the full 5-Minute Clinical Consult, and more.

InfoPoems is now available from the hospital intranet clinical services page. If you wish to receive daily email alerts regarding new InfoPoems, please contact Denise Parker in the Library by email or phone at Denise.Parker@lvh.com or 610-969-2263.

If you have any questions regarding any of these issues, please contact Barbara Iobst, Director of the Library, at 610-402-8410.
Upcoming Seminars, Conferences and Meetings

General Medical Staff Meeting
The regularly scheduled General Medical Staff meeting will be held on Monday, June 12, beginning at 6 p.m., in the Auditorium of Lehigh Valley Hospital – Cedar Crest & I-78. The meeting will also be videoconferenced to the Educational Conference Center, Rooms C and D, on the first floor of the LVH-Muhlenberg Tower.

Elections will be held for four at-large members of the Medical Executive Committee. Proposed changes to the Bylaws and Rules and Regulations will be put to a vote. In addition, the annual Medical Staff budget will be presented.

Light refreshments will be available at the meeting. 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 Monday, June 26, beginning at 6 p.m., in the hospital’s Auditorium at Lehigh Valley Hospital – Cedar Crest & I-78. The meeting will also be teleconferenced to the First Floor Conference Room at LVH-Muhlenberg.

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 June will include:

June 1 – LVH-M Educational Conference Center
... “ECG Review” – visiting speaker
... “Special Trauma Populations – Geriatrics and Obstetrics”

June 8 – LVH-M 4th Floor Classroom
... “Who Wants to be an ED Physician?”
... “Trauma Pitfalls”
... Rosen’s Club

June 15 – EMI – 2166 S. 12th Street
... Small Group Educationals

June 22 – EMI – 2166 S. 12th Street
... “Upper Extremity Injuries”
... Resident Lecture Series
... Rosen’s Club

June 29 – EMI – 2166 S. 12th Street
... Airway Course

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

Family Medicine Grand Rounds
Family Medicine Grand Rounds are held the first Tuesday of every month from 7 to 8 a.m., in the Educational Conference Room #1 at Lehigh Valley Hospital – Cedar Crest & I-78, located in the Anderson Wing across from the Library, and teleconferenced to the Educational Conference Center, Room B, at LVH-Muhlenberg, unless otherwise noted.

The program for June is as follows:

June 6
... “Childhood Obesity” (Please note change of location – LVH-M Third Floor Classroom – South Building)

For more information, please contact Staci Morrissey in the Department of Family Medicine at 610-969-4285.
Continued from Page 12

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 First Floor Conference Room at LVH-Muhlenberg.

Topics to be discussed in June will include:

... June 6 – “Obesity and Cardiopulmonary Disease”
... June 13 – Resident CPC Presentation

Medical Grand Rounds will resume in September. For more information, please contact Theresa Marx in the Department of Medicine at 610-402-5200.

Neurology Conferences

The Division of Neurology conferences are held on Fridays, beginning at noon, in Classroom 1 in the Anderson Wing and teleconferenced to the First Floor Conference Room at LVH-Muhlenberg. Topics for June will include:

... June 2 – Division Meeting (regular meeting canceled)
... June 9 – “Above All – Do No Harm – Treatment of Epilepsy in Special Population”
... June 16 – Case Presentations
... June 23 – “Non-Motor Seizures in Trauma Patients”
... June 30 – “2006 Epilepsy Update”

For more information, please contact Sharon Bartz, Program Coordinator, Neurosciences and Pain Research, at 610-402-9008.

OB/GYN Grand Rounds

The Department of Obstetrics and Gynecology holds Grand Rounds every Friday morning 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 June will include:

... June 2 – Resident Research Day
... June 9 – “Overview of Public Health”
... June 16 – “Gynecologic M & M”
... June 23 – “New Innovations Overview”
... June 30 – Journal Club

For more information, please contact Teresa Benner in the Department of Obstetrics and Gynecology at 610-969-4515.

Pediatric Grand Rounds

The Department of Pediatrics holds Grand Rounds every Tuesday, beginning at 8 a.m., in the Educational Conference Room #1 at Lehigh Valley Hospital – Cedar Crest & I-78, unless otherwise noted. Topics to be discussed in June will include:

... June 6 – “Narrative Medicine/Ethics and Caregivers Plan for Resiliency (CPR) Education in the Department of Pediatrics”
... June 13 – “Thyroid Disorders in Adolescents”
... June 20 – “Disclosure of Unanticipated Outcomes With and Without Error”
... June 27 – “Pediatric Care of the NICU Graduate”

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

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 in the First Floor Conference Room at LVH-Muhlenberg. Topics for June will include:

... June 6 – “Sharpening Surgical Documentation Tools”
... June 13 – Paper Presentations by Surgery Residents

Surgical Grand Rounds will resume in September. Have a safe and happy summer! For more information, please contact Cathy Glenn in the Department of Surgery at 610-402-7839.
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

John K. Choi, MD, PhD
Health Network Laboratories
Lehigh Valley Hospital
Cedar Crest & I-78
P.O. Box 689
Allentown, PA 18105-1556
(610) 402-8140
Fax: (610) 402-1691
Department of Pathology
Division of Anatomic Pathology
Section of Hematopathology
Provisional Active

Simrat Kaur, MD
Muhlenberg Primary Care, PC
2649 Schoenersville Road
Suite 201
Bethlehem, PA 18017-7326
(610) 868-6880
Fax: (610) 868-5333
Department of Medicine
Division of General Internal Medicine/Geriatrics
Provisional Active

Status Change

Ian M. Gertner, MD
Department of Pediatrics
Division of Neonatology
From: Associate To: Honorary

Change of Address

Jon E. Brndjar, DO
730 Harrison Street
Emmaus, PA 18049-2211
(610) 965-1900 Fax: (610) 965-2900

Practice Changes

Brian P. Burlew, MD, and
Ross N. Futerfas, MD
Pulmonary Medicine, PC
1540 E. Race Street
Allentown, PA 18109-9587
(484) 223-3412 Fax: (484) 223-3419

David B. Goldner, MD, and
Bruce J. Silverberg, MD
(No longer with The Heart Care Group, PC)
Lehigh Valley Heart Specialists
1243 S. Cedar Crest Blvd.
Allentown, PA 18103-6268
(610) 402-3110 Fax: (610) 402-3112

Brent M. Nickischer, DO
Bethlehem Family Practice & Medical Center
Park Plaza Professional Center
3400 Bath Pike
Suite 203
Bethlehem, PA 18017-2466
(610) 954-8500 Fax: (610) 954-8585

Telephone/Fax Changes

Kerry D. Miller, MD
Phone: (610) 776-5038
Fax: (610) 776-1967

Appointment to Medical Staff
Leadership Positions

Kenneth H. Harris, MD
... Chief, Section of Mammography
... Director, Breast Imaging
... Associate Medical Director, Breast Health Services

Continued on next page
**Resignations**

**Jeffrey C. Astbury, MD**  
Department of Anesthesiology  
Division of Cardiac Anesthesiology

**Trent P. Conelias, DDS**  
Department of Surgery  
Division of Oral and Maxillofacial Surgery

**James C. Hyland, MD, PhD**  
Department of Pathology  
Division of Anatomic Pathology  
Section of Hematopathology & Clinical Laboratory Medicine

**John F. Mitchell, MD**  
Department of Psychiatry

**Alan N. Morrison, MD**  
Department of Medicine  
Division of Hematology-Medical Oncology

**Gerald J. Morrow, MD**  
Department of Surgery  
Division of General Surgery

**Michael C. Sinclair, MD**  
Department of Surgery  
Division of Trauma-Surgical Critical Care

**Y. Lynn Sun, MD**  
Department of Medicine  
Division of Neurology

**Allied Health Staff**

**New Appointments**

**Rachael Farmer**  
Anesthesia Technical Assistant  
(Lehigh Valley Anesthesia Services, PC – Thomas M. McLoughlin, Jr., MD)

**Bonita L. Heydt, CRNP**  
Certified Registered Nurse Practitioner  
(Bethlehem Medical Center – Noel D. Brouse, DO)

**Kathleen McCullough**  
Pacemaker/ICD Technician  
(Biotronik, Inc. – Norman H. Marcus, MD)

**Allison J. Nash**  
Pacemaker/ICD Technician  
(Guidant Corporation – Norman H. Marcus, MD)

**Change of Supervising Physician**

**Kristen M. Buchman, PA-C**  
Physician Assistant-Certified  
From: Surgical Specialists of the Lehigh Valley – Michael M. Badellino, MD  
To: Allentown Anesthesia Associates Inc – Lisa A. Keglovitz, MD

**Resignations**

**James Hamershock**  
Anesthesia Technical Assistant  
(Lehigh Valley Anesthesia Services, PC)

**Carol J. Hornbuckle, RN, CRNFA**  
Certified Registered Nurse First Assistant  
(Orthopaedic Associates of Allentown)

**Deborah L. Muhleisen, MS**  
Audiologist  
(Deborah L. Muhleisen, MS)

**Chandra A. Ruyak, PA-C**  
Physician Assistant-Certified  
(Valley Sports & Arthritis Surgeons)
Medical Staff Progress Notes

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

Linda L. Lapos, MD
President-elect, Medical Staff

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

John W. Hart
Vice President, Medical Staff Services

Janet M. Seifert
Coordinator, Communications & Special Events
Managing Editor

Medical Executive Committee

Scott W. Beman, MD
Gregory Brusko, DO
Michael J. Consuelos, MD
Elizabeth A. Dellers, MD
Wayne E. Dubov, MD
Michael Ehrig, MD
Peter E. Fisher, MD, MBA
John P. Fitzgibbons, MD
Larry R. Glazerman, MD
L. Wayne Hess, MD
Laurence P. Karper, MD
Michael W. Kaufmann, MD
Sophia C. Kladias, DMD
Richard A. Kolesky, MD
Robert Kricun, MD
Linda L. Lapos, MD
Donald L. Levick, MD, MBA
Matthew M. McCambridge, MD
Thomas M. McLoughlin, Jr., MD
William L. Miller, MD
Edward M. Mullin, Jr., MD
Michael D. Pasquale, MD
Alexander D. Rae-Grant, MD
Victor R. Risch, MD, PhD
Deborah W. Sundlof, DO
Elliot J. Sussman, MD
Ronald W. Swinfard, MD
Gary W. Szylowsk, MD
John D. Van Brakle, MD
Michael S. Weinstock, MD
Patrice M. Weiss, MD
Robert E. Wertz II, MD
Matthew J. Winas, DO

We’re on the Web!
If you have access to the Lehigh Valley Hospital intranet, you can find us on the LVH homepage under Clinical Resources on the left side of the page—“Med 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.