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Please see pages 8 and 9 for more details!
From the President

It’s still dark outside. You’ve gotten up extra early to make rounds because you have a ton of patients in the hospital. You turn the shower on and get in. But the water is not hot enough and you turn the knob all the way to hot. While you are thinking about which unit to start on in the hospital, the water becomes painfully hot, so you turn it down. “Is Mrs. Smith going home today,” you wonder, and then realize the water is now too cool. So you dial it back up again. Before you realize, you have spent several minutes adjusting the water temperature. Why is it that it takes so long and so many adjustments to get the water just right?

The act of adjusting the shower represents a balancing system in action. The word ‘system’ comes from the Greek verb *sunístantai* which originally meant "to call as to stand together." Dictionary.com defines a system as, “a group of interacting, interrelated, or interdependent elements forming a complex whole.” Peter Senge, Systems Theory author, describes a system in his book *The Fifth Discipline Field Book*: “a system is a perceived whole whose elements “hang together” because they continually affect each other over time and operate toward a common purpose.” As this example suggests, the structure of the system includes the quality of perceptions with which you, the observer, cause it to operate and stand together.

Systems tend to follow several typical behaviors over time. In a balancing system structure, actions or events occur; then there is a feedback mechanism that adjusts the original action to bring it back into balance. This is what happens with the shower scenario. You set the water temperature, your body provides feedback to let you know if the temperature is appropriate, and you adjust temperature again. Balancing systems are all around us, including the human body - a complex system with an incredible number of feedback loops. A simple example is the feedback mechanism involving TSH production in reaction to circulating thyroid hormone levels. The thyroid feedback system works well; so why in the shower scenario does it take so many adjustments to get it right? The answer lies in the fact that many systems have inherent delays built into them. The change in shower temperature does not occur instantly - there is a delay between turning the knob and perceiving the change; therefore there is a tendency to continue to adjust or overshoot the goal.

A second type of system is one that is self-reinforcing - like a snowball rolling down a hill. This is a type of system that tends to build upon itself in an escalating manner. People with eating disorders provide an example of this system. These people overeat because they’re depressed about their weight problem, which leads to weight gain, which depresses them more, so they eat more, and on it goes.

Recognizing delays is critical to understanding systems. Although everyone agrees that preventive care is important to long-term health, reimbursement from payors for preventive care efforts remains a barrier. It should be a simple system: as more preventive care is delivered, the population will become healthier, which will eventually decrease acute and chronic illness, which should result in a reduction in overall healthcare costs. Why doesn’t this system work? It is due to the delay between the time when the preventive care is delivered and when chronic illness appears. Insurance companies realize that during the intervening time, it is quite likely that the patient will change insurance carriers. Thus, investing in preventive care (i.e. reimbursing physicians for preventive care) is not cost-effective for the insurance company if they will not be insuring the patient later in life (and reap the rewards of creating a healthier elderly population).

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Given the complexities of the systems that surround us, are there opportunities to have significant impact? There are several strategies to intervene. The first step involves taking the time to understand the system and its operation. Once the system is understood, look for delays that can be shortened; look for temporary fixes that are in place that ignore the underlying fundamental solution; look for reinforcing events that can be eliminated. Appreciating the delay is a key strategy for intervention. Waiting for the shower temperature to fully adjust before making the next change will ultimately be more efficient. If payors appreciate that they are all contributing to the larger healthcare system, and therefore share in the overall benefits and costs, then maybe they will begin to cooperate and promote more preventive healthcare.

System interventions will often take time and effort. But the benefit of breaking a bad system will be long-lasting and ultimately will be a win-win for all those involved. Systems – they are all around us. Look for systems in your lives and work and think about where you can have the greatest impact.

Donald L. Levick, MD, MBA
Medical Staff President

Cancer Staging Sheets

Since 1997, the Commission on Cancer (cancer program accrediting body of the American College of Surgeons) has required the managing physician to document the extent of disease at the time of a cancer diagnosis. The Commission now requires institutions to document their success at meeting this requirement, expecting at least 90% of new cancer cases to have a stage assigned according to the institution’s staging policy.

LVHHN’s policy, as noted in the Medical Staff Rules and Regulations, requires the attending physician to complete and sign the Cancer Staging Sheet within 96 hours of receipt of the final pathology report. Failure to do this can result in a chart deficiency which is handled in the same way as other chart deficiencies.

During a recent review of patient records, compliance with this requirement was found to be only 50%. LVHHN will be surveyed by the Commission on Cancer in July. Without dramatic improvement in the compliance with the staging policy, the hospital will likely lose its cancer program accreditation.

To prevent this from happening, a concerted effort is underway to remedy the deficiencies from cancer cases diagnosed in 2003 and 2004. In early March, attending physicians who are identified as having deficient records will receive cancer staging sheets for completion. Identification as the attending physician is done in accordance with Medical Records policy. Assistance from Medical Staff members is requested in returning the completed staging sheet to the Tumor Registry within one week of receiving it. For assistance or questions regarding completion of the Cancer Staging Sheet, please contact the Tumor Registry at 610-402-0519.

Your cooperation is both requested and appreciated.
LVHNN Ranks in Top 10 Among Nation’s 100 Most Integrated Health Networks; Highest Ranked in Pennsylvania and the Northeast

Lehigh Valley Hospital and Health Network (LVHNN) ranks in the top 10 on the 2005 Verispan IHN 100, an annual assessment of the 100 most highly integrated healthcare networks (IHNs). This is the first time LVHNN is ranked in the top 10, up from 15th last year, and the fourth straight year on the premier rating list compiled by Yardley, Pa.-based Verispan, a healthcare information company.

Verispan evaluates the nation’s 566 non-specialty, local and regional health networks on their ability to operate as a unified organization in each of eight categories: integration, integrated technology, contractual capabilities, outpatient utilization, financial stability, services and access, hospital utilization, and physicians.

“Smoothly run networks manage to merge technology, blend administration, reduce waste in hospital operations and build a strong base of services” according to Modern Healthcare magazine, which reported the findings of the Verispan analysts.

LVHNN received perfect scores for integration and outpatient utilization among the eight categories surveyed, and scored above the IHN 100 average in four additional categories: integrated technology, hospital utilization, financial stability, and services and access.

“This assessment is based on performance and degree of integration, which for our patients means a high degree of consistency in quality and effective communication among caregivers across all of our services and facilities,” said Elliot J. Sussman, MD, LVHNN’s President and CEO.

In addition to consistently being ranked among the most highly integrated health networks by Verispan, LVHNN was listed among the 100 Most Wired Hospitals and Health Systems for the third time in 2004 and among the 25 Most Wireless Hospitals and Health Systems by Hospitals & Health Networks (H&HN) magazine.

“We are passionate about trying to provide the highest quality care in the safest environment that we can for our community,” Dr. Sussman said. “We need to continue to develop and implement new practices that safeguard our patients and ensure the highest quality of care.”

Dr. Sussman said LVHNN has invested more than $30 million over the last four years to provide systems that increase efficiency, improve accuracy and reduce medical errors, making its hospitals among the first “digital hospitals” in the nation. He cited the implementation of several key technology advances at LVHNN:

- **Computerized physician order entry, or CPOE**, to eliminate handwriting errors when ordering prescriptions and diagnostic tests.
- **Bar-coding**, which allows nurses to scan all medications at the patient’s bedside, then scan the patient’s wristband to ensure the right patient gets the right medication at the right time.
- **Digital archiving of x-rays, MRI’s and other images**, making it easier for physicians to access and view them and to confer with other specialists who can view the same image(s) from another location at the same time.
- **Tele-intensivists**, specially educated intensive care physicians who use video, audio and other digital technology to monitor patients 24 hours a day, providing an extra pair of eyes to catch subtle changes earlier and save lives.

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**Coding Tip of the Month**

Codes for symptoms, signs, and ill-defined conditions are not to be used as a principal diagnosis when a related definitive diagnosis has been established. Documentation of the relationship between signs and symptoms on admission and the diagnosis arrived at after work up should be stated clearly in the medical record. If a symptom is due to one of two (or more) diagnoses, state so distinctly and list all the disorders.
News from CAPOE Central

New Order Sets
The order set list has been reorganized for easier use. The categories listed were discussed and approved by the Physician Design Team. Please take a moment to familiarize yourself with the new categories of order sets. Please provide any feedback through the CAPOE feedback button (now labeled "Resources") located on the LastWord screen. There are several new order sets that have been added. The COPD order set and the "Comfort Measures" order set are now available. The COPD order set is located under the admission order sets. The "Comfort Measures" order set is located in both the main list and in the critical care list.

Consults
When asked to consult on a patient, please remember to review all of the information available both online and in the chart. It is important to review the current medications (found under the med profile tab), the current orders (found under the orders tab), and the medications that have been given (located in the viewer). The actual chart is still needed to review physician progress notes and nursing assessments. Direct communication with the physician requesting the consult should always remain a part of the process, regardless of how much information is available online.

Routine Vital Signs
There has been a change in how routine vital signs are ordered in CAPOE. Previously, the order was listed as “Vital signs per unit protocol.” The new order will be listed as “Vital Signs Routine.” The nursing staff will continue to follow the standard protocol for obtaining vital signs for that unit. The order will be listed with an 8 a.m. start time. Please make note of the change.

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

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

“At Your Request” Dining Program

On April 5, Lehigh Valley Hospital-Muhlenberg will begin an innovative program called At Your Request. This new program is a concept of meal order and delivery based on the long standing practice in hotels. The patient is allowed to place a food order at any time during normal operating hours, 7 a.m. to 7 p.m., and can order any menu item, provided it falls within the prescribed diet.

When a patient is admitted, nursing will identify a patient as eligible, eligible with assist, or not eligible for the At Your Request Program. Once a diet is prescribed by the physician, the patient will use a menu located at the bedside to identify meal selections. Eligible patients will call the extension FOOD (x3663) to place orders with the guidance of a Diet Clerk. Once the order is confirmed, a tray will be delivered to the patient within 45 minutes. Eligible with assist patients will be contacted by a diet clerk to obtain a meal order. Not eligible patients will receive a standard tray during traditional meal times in compliance with the diet order. Family members can choose to place orders from home for a patient or can order a guest tray for a fee to share a mealtime with the patient.

Customer service and high quality food are the two primary benefits for this program, but there are also other advantages. These include ease of menu upgrades, accessibility to room service meals on admission, and one to one communication with every patient regarding therapeutic diet requirements.

If you have any questions regarding this exciting new program, please contact Ann Flickinger, Clinical Nutrition Manager, LVH-Muhlenberg, at 484-884-2530 or Ann.Flickinger@lvh.com.
Trauma and Critical Care Research

Trauma and Critical Care Research are currently enrolling patients into 11 clinical trials. However, considering the time of year that is upon us, following is a summary of two most appropriate clinical trials.

Nosocomial Pneumonia - The ZEPHyR Trial

This is a Phase IV, multi-center, double-blind, randomized study with two treatment groups, linezolid and vancomycin to fight MRSA pathogen in clinically documented nosocomial pneumonia. Patients are eligible if hospitalized > 48 hours, transferred from a chronic care facility, or recently been discharged (within 7 days), and aged 18 years or older who have received less than 48 hours of previous antibiotic therapy. Drug administration will be for a minimum of seven days and up to a maximum of 14 days, with allowance to take Cefepime for Gram-negative infections until cultures are proven negative for this type of infection. Lehigh Valley Hospital is one of 120 centers in the United States, Europe, Latin America, Africa and Asia for a total of 1,200 subjects. **Stephen C. Matchett, MD**, Chief, Division of Critical Care Medicine, is the Principal Investigator. Lehigh Valley Hospital can proudly claim the honor of being the first site in the world initiated and prepared to begin this clinical trial. Recruitment will be for approximately 18 months, and the study is scheduled to end in the first quarter of 2006.

Severe Community-Acquired Pneumonia – The Captivate Trial

This is a Phase III multi-center, randomized, placebo-controlled, double-blind, three-arm study to evaluate the safety and efficacy of Tifacogin (recombinant Tissue Factor Pathway Inhibitor) in patients with severe community-acquired pneumonia (CAP). Patients will be eligible for enrollment into this clinical trial with CAP documented by clinical signs and chest x-ray and if they require ICU management. Patients who require heparin therapy will be excluded. Those patients who have already received heparin may be included if the last dose was administered more than 18 hours (LMWH) or 10 hours (unfractionated heparin) prior to study drug administration. This study is being conducted in approximately 250 centers in North America, Europe, South Africa, South America, Australia and New Zealand, to name a few, to include 2,100 subjects for an approximate study duration of 32 months. **Jeffrey A. Marsh, MD**, Division of Pulmonary/Critical Care Medicine, is the Principal Investigator for Lehigh Valley Hospital.

For more information regarding these studies, please contact Susan O'Neill, RN, CCRN, at 610-402-1625. If you think that your patient may be eligible for these studies, please page the Trauma and Critical Research Nurse on call for that day.

Neurosciences and Pain Research

Neurosciences and Pain Research are currently enrolling patients in the following studies:

Study population: Post Herpetic Neuralgia (PHN) - Shingles Pain

Main Inclusion Criteria:

- Male/female greater than 18 years of age
- Pain after lesions have been healed for 3 months

Study population: Dementia

Main Inclusion Criteria:

- Age between 50 and 90
- Be taking Aricept® (donepezil)
- Not taking any medication for high cholesterol
- Have a caregiver to act as your partner during the study
- Live at home or an assisted living facility and be able to come for study visits

Study Population: Breakthrough pain for patients with cancer

New formulation being tested for breakthrough pain in patients with cancer

Main Inclusion Criteria:

- Male or Female 18-80
- ECOG performance status of 0,1,2
- Life expectancy of 3 months
- Currently taking an Opioid equivalent of 60mg/day of morphine

For any referrals or questions, please call Neurosciences and Pain Research at 610-402-9008.
Palliative Care Initiative

Fast Fact of the Month

**Title:** Fast Fact and Concept #034 – Symptom Control for Ventilator Withdrawal in the Dying Patient (Part II)

**Author(s):** Charles Von Gunten; David E. Weissman

**Note:** This is Part II of a three-part series; Part I reviewed a protocol for removing the ventilator (FF #33). Part III (FF #35) will review information for families.

The most common symptoms related to ventilator withdrawal are breathlessness and anxiety. Opioids and benzodiazepines are the primary medications used to provide comfort, typically requiring doses that cause sedation, to achieve good symptom control. Concerns about unintended secondary effects, such as shortened life, are exaggerated, particularly if established dosing guidelines are followed (see Fast Fact #8). There is no medical, ethical or legal justification for withholding sedating medication, when death following ventilator withdrawal is the expected goal, out of fear of hastening death. However, increasing doses beyond the levels needed to achieve comfort/sedation, with the intention of hastening death, is euthanasia and is not acceptable/ legal medical practice.

Sedation should be provided to all patients, even those who are comatose. The dose needed to control symptoms will depend to some degree on the neurological status of the patient and the amount of similar medication used up to the time of extubation. Patients who are awake at the time of extubation or in whom significant amounts of opioids and benzodiazepines have been used previously, will require greater dosages or change to a barbiturate to achieve symptom control. Note: in all cases, a senior-level physician should remain at the bedside prior to and immediately following extubation until adequate symptom control is assured.

**Medication Protocol**

1. Discontinue paralytics; Do not use paralytic agents for ventilator withdrawal.

2. Before ventilator withdrawal: Administer a bolus dose of morphine 2-10 mg IV and start a continuous morphine infusion at 50% of the bolus dose/h. Also, administer 1 to 2 mg of midazolam IV (or Lorazepam) and begin a midazolam infusion at 1 mg/h. Note: Sedation should also be administered to the comatose patient. For children, obtain dosing advice from a pharmacist or pediatric intensivist.

3. Titrate these drugs to minimize anxiety and achieve the desired state of comfort and sedation prior to extubation.

4. Have additional medication drawn up and ready to administer at the bedside so it can be rapidly administered, if needed, to provide symptom relief.

5. After ventilator withdrawal: If distress ensues, aggressive and immediate symptom control is needed. Use morphine 5 to 10 mg IV push q 10 min, and/or midazolam, 2 to 4 mg IV push q 10 min, until distress is relieved. Adjust both infusion rates to maintain relief.

6. Remember that specific dosages are less important than the goal of symptom relief. A general goal should be to keep the respiratory rate < 30, heart rate < 100 and eliminate grimacing and agitation.

7. For symptoms refractory to the above treatments, use a barbiturate (e.g. pentobarbital), haloperidol or propofol.

**References**


David E. Weissman, MD, FACP Editor, Journal of Palliative Medicine Palliative Care Program Director Medical College of Wisconsin (P) 414-805-4607 (F) 414-805-4608

**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 dos- age, for an indication, or in a manner other than that recom- mended in the product labeling. Accordingly, the official pre- scribing information should be consulted before any such product is used.

If you have any questions regarding palliative care, please contact Daniel E. Ray, MD, Division of Pulmo- nary/Critical Care Medicine, at 610-439-8856 or pager 610-776-5554.
It’s been exciting, challenging and thrilling, and now the time is here. After months of carefully planning, building and preparing, LVHHN is ready to unveil the new LVH-Muhlenberg. It’s the dawn of a new era of health care in Bethlehem.

Hundreds of employees and physicians have worked tirelessly to create a place where LVH’s patients receive an even higher level of quality care. Colleagues marked up blueprints and offered ideas on how to make space ideal for caregivers and patients. The entire Readiness Operations Council (ROC), including physicians who joined the ROC Docs team, pulled together in dynamic ways to prepare everyone for the transition. On behalf of everyone at LVHHN and the community — thank you.

Now it’s time for you to see what’s inside the Big Blue H. Join your colleagues on Tuesday, March 8, for a “Special Sneak Preview.” You’ll be dazzled by the inviting lobby and welcomed with a smile. Walk through the new gift shop, cafeteria, pharmacy and chapel, and then continue through all the new spacious care units. Every detail is designed for comfort, convenience and safety.

You’ll be the first to see how the new LVH-Muhlenberg benefits you and your patients. The design you helped create provides you the most modern and cleanest facilities, complete with the latest technologies and advances in patient care. Your patients will benefit from expanded heart and vascular care, a larger Cancer Center with state-of-the-art technology, and a new intensive care unit—with room to expand. There’s a new Diagnostic Care Center, all private patient rooms, rooms service for meals and much more.

Come see how your hard work has created the new LVH-Muhlenberg!
State Board of Dentistry: Notice of Extension of License Expiration Date

The State Board of Dentistry has found it necessary to propose an increase in the renewal fees for dentists and anesthesia permit holders due to an increase in Board operating costs and expenses. The renewal fee has not been increased since 1995.

Therefore, proposed revisions to the regulations addressing renewal fees are in the process of being promulgated and approved. Because the revised renewal fee regulations and increase will not be final until March 2005, the Board has no alternative but to extend the expiration date of all dental board licenses until **June 30, 2005**. Please be advised that all license records have already been updated to reflect the new expiration date. In fact, the Board will mail to you all of the relevant renewal information you will need in April 2005.

The Board wishes to remind you that although the expiration date will be extended until June 30, 2005, you still must comply with the continuing education regulations that require credits to be completed between April 1, 2003 and March 31, 2005. Under Act 135, unrestricted and restricted permit I holders must comply with the requirements for clinical evaluation and office inspection, completion of ACLS and PALS, and completion of 15 hours of continuing education in anesthesia related courses. These courses must be completed in accordance with the Board’s Regulations relative to continuing education.

If you have any questions, please refer to the State Board of Dentistry web site – [www.dos.state.pa.us](http://www.dos.state.pa.us).

Elimination of the Full Liquid Diet

According to the American Dietetic Association *Manual of Clinical Dietetics*, there is little evidence to support the use of Full Liquid diets as post-operative transition diets. In keeping with the most current, evidence-based standards, a decision has been made to eliminate the Full Liquid Diet at Lehigh Valley Hospital. The elimination of the Full Liquid Diet was approved by the Medical Executive Committee at its meeting on January 4, 2005. This will go into effect as of March 15, 2005.

According to a number of references, there is a lack of evidence as to the effectiveness of the full liquid diet. Other contraindications of the full liquid diet include the high content of lactose containing items often poorly tolerated and not particularly well liked by patients.

Evidenced-based post-operative diet progression suggests starting the patient on clear liquids advancing to the appropriate solid food diet (including other appropriate restrictions such as No Added Salt, CCM, etc.) once 500 – 1000 ml of clear liquids have been tolerated. Do not hesitate to consult your dietitian for support in assessing nutritional adequacy and diet optimization for your patients. Nutrition supplementation options, such as adding Ensure Plus high protein, high calorie supplements or Ensure Enlive for extended use of Clear Liquids are available as indicated.

All full liquid diet items are always available at all meals (therapeutic diet order compliant) for all patients should they desire them exclusively or in combination with other food items.

If you have any questions regarding this issue, please contact Kimberly Pettis, Clinical Nutrition Manager, at 610-402-8609.
Papers, Publications and Presentations

"Robert D. Barraco, MD, MPH, Chief, Section of Pediatric Trauma, presented his paper, "Management of the Injured Pregnant Patient," and his poster, "Effect of Hospitalization for Injury on Seatbelt Use," at the Eastern Association for the Surgery of Trauma (EAST) annual meeting held January 12 to 15, in Fort Lauderdale, Fla. The poster was co-authored by Thomas Wasser, PhD, Director, Health Studies.

In addition, Dr. Barraco was the invited speaker at Stony Brook Medical School where he gave two lectures to fourth year medical students on Public Health and the Law titled "Police Powers" and "Privacy," on January 27 and 28.

"Dennis B. Cornfield, MD, Section of Hematopathology & Clinical Laboratory Medicine, and Basil S. Ahmed, MD, Division of Hematology-Medical Oncology, co-authored an article, "Granulocytic sarcoma associated with a der(7;12)(q10;q10)," which was published in the January issue of Cancer Genetics and Cytogenetics.

"Dale Dangleben, MD, general surgery resident, presented his paper, "The Impact of Cirrhosis on Outcome in Trauma," at the 2004 PA Committee on Trauma Resident Paper Competition, held on October 29, 2004, in Harrisburg, Pa. This paper was also presented at the Regional Committee on Trauma competition on December 4, in Washington, DC. Co-authors on this project were Mark D. Cipolle, MD, PhD, Chief, Section of Trauma Research; Michael D. Pasquale, MD, Chief, Division of Trauma-Surgical Critical Care; Julie A. Gubernick, MD, Division of Diagnostic Radiology, Section of Urologic Radiology; and Patricia Martin, MD, Division of Diagnostic Radiology, Section of Neuroradiology.

"William L. Miller, MD, Chair, Department of Family Medicine, was the session moderator at the October, 2004 North American Primary Care Research Group, World Organization of Family Doctors conference held in Orlando, Fla.

In addition, Dr. Miller was invited by the Agency for Health Research and Quality to be a commentator at the Primary Care Research Methods and Statistics conference held in December, 2004 in San Antonio, Texas. The theme was "Studying Knowledge Management in Health Care: Methodological Challenges."

"Robert X. Murphy, Jr., MD, Division of Plastic Surgery/Hand Surgery, Section of Burn; Michael Bain, MD, plastic surgery resident; Eric P. Wilson, MD, Chief, Division of Vascular Surgery; and Thomas Wasser, PhD, Director, Health Studies, co-authored the paper, "Utility and Reliability of Digital Imaging in the Remote Assessment of Wounds," which was presented at the Northeastern Society of Plastic Surgeons meeting held January 19 to 23 in Naples, Fla.

"Alexander D. Rae-Grant, MD, Division of Neurology, co-authored an article, “The Vibration Quantitation Scale (VQS): A Simple, Reproducible Bedside Measure of Sensory Function in Multiple Sclerosis,” which was published in the November, 2004 issue (Volume 31, Number 4) of The Canadian Journal of Neurological Sciences. Thomas Wasser, PhD, Director, Health Studies, was a co-author of the article.

"Peter F. Rovito, MD, Division of General Surgery, and M. Todd Miller, MD, chief surgical resident, were co-authors of the article, “An Approach to Venous Thromboembolism Prophylaxis in Laparoscopic Roux-en-Y Gastric Bypass Surgery,” which was published in the July 2004 issue of Obesity Surgery.
Upcoming Seminars, Conferences and Meetings

General Medical Staff Meeting
A General Medical Staff meeting will be held on Monday, March 14, beginning at 6 p.m., in the hospital Auditorium, Cedar Crest & I-78, and via videoconference in the First Floor Conference Room at LVH-Muhlenberg. All members of the Medical Staff are encouraged to attend.

GLVIPA Quarterly Membership Meeting
The quarterly General Membership meeting of the Greater Lehigh Valley Independent Practice Association will be held on Tuesday, March 22, beginning at 6 p.m., in the hospital’s Auditorium at Cedar Crest & I-78.

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

Update on Heart & Lung Surgery
Learn about advances in thoracic oncology and minimally invasive heart surgery when a number of international experts come together on Saturday, March 19, from 7 a.m. to 1 p.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78, to present an Update on Heart & Lung Surgery.

Some of the topics to be discussed include:
- Multi-Modality Therapy for Lung Cancer
- Advanced Techniques for Lung Cancer
- Heartport Mitral Valve Surgery
- Robotic Heart Surgery
- Minimally Invasive A-fib Surgery

There is no registration fee for the conference. For more information regarding the conference or to register, please contact Mindy Lichtenwalner in the Regional Heart Center at 610-402-7150 by March 11.

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, Lehigh Valley Hospital, Cedar Crest & I-78, unless otherwise noted. The topic for the month is as follows:
- March 8 – “Integrating Mindfulness Based Stress Reduction into the Primary Care Setting” (Please Note – this is the second Tuesday of the month.)

For more information, please contact Staci Smith in the Department of Family Medicine 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 teleconference in the First Floor Conference Room at LVH-Muhlenberg. Topics to be discussed in March will include:
- March 8 – “Adjuvant Systemic Therapy For Breast Cancer”
- March 15 – “Update in Neurology”
- March 22 – “Update in Geriatrics”
- March 29 – “Futility: Much ado about Nothing”

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

Division of Neurology Conferences
The Division of Neurology holds conferences on Fridays beginning at noon in Classroom 1, Lehigh Valley Hospital, Cedar Crest & I-78, unless otherwise noted. Topics to be discussed in March will include:
- March 4 – “Update on MS”
- March 11 – “Neurology of Food”
- March 18 – “Neuropathology: Clinicopathologic Correlations”
- March 25 – Cancelled

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 March will include:
- March 4 – Gynecologic Tumor Board
- March 11 – OB M&M
- March 18 – “Humor and Your Health”
- March 25 – Journal Club

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

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**Department of Pediatrics**

The Department of Pediatrics holds conferences 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 March will include:

- March 1 – Case Conference
- March 8 – “Forensic Interviewing in Children”
- March 15 – “Malpractice Insurance – What You Should Know” and “So You’ve Been Sued – Now What”
- March 22 – “Pediatric Nutrition and Advances in Infant Formula”
- March 29 – Case Conference

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

**Surgical Grand Rounds**

Surgical Grand Rounds are held every Tuesday, 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 March will include:

- March 1 – “Diverticulitis”
- March 8 – “Litigation in Residency”
- March 15 – “The Applications of PET/CT in Oncology”
- March 22 – “Esophageal Atresia”
- March 29 – “High Altitude Medicine”

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

**News from the Libraries**

**Recently Acquired Publications**

**Library at Cedar Crest & I-78**

- Rolak. Neurology Secrets. 2005
- McDermott. Endocrine Secrets. 2005

**Library at LVH-Muhlenberg**

- Graduate Medical Education Directory 2004-2005.
- Cooper. Cecil Review of General Internal Medicine. 2004

**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.

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Join your colleagues, community leaders and other generous donors for a beautiful day of golf or tennis at the exclusive Saucon Valley Country Club!

Sponsorships range from $500 to $15,000
Individual golfer $500
Individual tennis $200

For sponsorship information contact Nancy Lloyd, Director, Corporate and Foundation Support, 610-402-9126 or nancy.lloyd@lvh.com
For general event information contact Sheryl Hawk, Director of Special Events, 610-402-9819 or sheryl.hawk@lvh.com
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

C. April Bingham, MD
Penn State Children’s Hospital
500 University Drive, P.O. Box 850
Dept. of Pediatrics, Ho85
Hershey, PA 17033-0850
(717) 531-8882
Fax: (717) 531-0135
Department of Pediatrics
Division of Pediatric Subspecialties
Section of Rheumatology
Provisional Associate

Matthew H. Corcoran, MD
LVPG-Endocrinology
1210 S. Cedar Crest Blvd.
Suite 3600
Allentown, PA 18103-6208
(610) 402-1150
Fax: (610) 402-1675
Department of Medicine
Division of Endocrinology
Provisional Active

Sean R. Lacey, MD
Gastroenterology Associates Ltd.
3131 College Heights Blvd.
Suite 1400
Allentown, PA 18104-4858
(610) 439-8551
Fax: (610) 439-1435
Department of Medicine
Division of Gastroenterology
Provisional Active

Jeffrey S. Mathieu, MD
Lehigh Valley Family Health Center
1730 Chew Street
Allentown, PA 18104-5595
(610) 402-3500
Fax: (610) 402-3509
Department of Family Medicine
Provisional Active

Susan S. Mathieu, MD
Lehigh Valley Family Health Center
1730 Chew Street
Allentown, PA 18104-5595
(610) 402-3500
Fax: (610) 402-3509
Department of Family Medicine
Provisional Active

Daniel T. Mulcahy, DO
Lehigh Valley Hospitalist Services
Lehigh Valley Hospital-Muhlenberg
2545 Schoenersville Road
Third Floor
Bethlehem, PA 18017-7384
(484) 884-9677
Fax: (484) 884-9397
Department of Medicine
Division of General Internal Medicine
Provisional Active

Valerie J. Riley, MD
Lehigh Valley Center for Urogynecology and Continence Management
190 Brodhead Road
Suite 103
Bethlehem, PA 18015-5546
(610) 882-3100
Fax: (610) 882-9162
Department of Obstetrics and Gynecology
Division of Gynecology
Section of Pelvic Reconstructive Surgery
Provisional Active

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

Steven H. Berman, MD  
(No longer with Keystone Surgical Associates)  
Upper Bucks Surgical Group  
1021 Park Avenue, Suite 203  
Quakertown, PA 18951-1573  
(215) 536-8463  Fax: (215) 529-4685

**Practice Name Change**

Edgardo G. Maldonado, MD  
Centro de Salud LatinoAmericano  
Lehigh Valley Hospital  
17th & Chew, P.O. Box 7017  
Suite 101  
Allentown, PA 18105-7017  
(610) 402-3600  Fax: (610) 402-3601

**Practice and Address Change**

Judith Pryblick, DO  
Gary Pryblick, DO  
Cromwell Estrada, DO  
Total Family Health Care  
3131 College Heights Blvd., Suite 1100  
Allentown, PA 18104-4876  
(610) 437-7181  Fax: (610) 435-0597

D’nese Sokolowski, MD  
D’nese Sokolowski, MD, FACOG  
1575 Pond Road, Suite 104  
Allentown, PA 18104-2254  
(610) 391-9180  Fax: (610) 398-2220

**Address Change**

Frank L. Scholes III, DMD  
1845 Brinkman Road  
Quakertown, PA 18951-2028  
(610) 570-2228

**Status Changes**

Michael D. Ciliberti, MD  
Department of Medicine  
Division of Allergy  
From: Associate  To: Active

Herbert L. Hyman, MD  
Department of Medicine  
Division of Gastroenterology  
From: Active  To: Honorary

Matthew A. Kasprenski, Sr., MD  
Department of Family Medicine  
From: Affiliate  To: Honorary

**New Appointments**

Scott R. Stoll, MD  
Division of Medicine  
Division of Physical Medicine-Rehabilitation  
From: Provisional Active  To: Associate

**Resignations**

Naseer A. Humayun, MD  
Department of Medicine  
Division of Pulmonary

Ludmila M. Kissi, MD  
Department of Medicine  
Division of General Internal Medicine

Rommel N. Ramos, MD  
Department of Psychiatry

Paul H. Schenek, MD  
Department of Surgery  
Division of Ophthalmology

James Turner, DDS  
Department of Dental Medicine  
Division of General Dentistry

**Allied Health Staff**

**Change of Supervising Physician**

Edward C. Grececk, CRNP  
Certified Registered Nurse Practitioner  
From: John J. Cassel, MD, PC – John J. Cassel, MD  
To: Lehigh Valley Heart & Lung Surgeons – Gary W. Szydlowski, MD

**Additional Supervising Physician**

Svetlana Konstantinova, PA-C  
Physician Assistant-Certified  
(Surgical Specialists of the Lehigh Valley)

Robert D. Riether, MD  
Additional Supervising Physician – Robert D. Riether, MD

**Six-Month Leave of Absence**

Judy L. House, CRNP  
Certified Registered Nurse Practitioner (Lehigh County Child Advocacy Center – John D. Van Brakle, MD)

**Resignations**

Katherine I. Brown, PA-C  
Physician Assistant-Certified

Nancy J. Eckert, RN  
Registered Nurse

Daniel F. Griffin, CRNA  
Certified Registered Nurse Anesthetist

Kathryn A. Jorgensen, CRNP  
Certified Registered Nurse Practitioner

Steven J. Kritz, CRNA  
Certified Registered Nurse Anesthetist

Mark T. McIntosh  
Anesthesia Technical Assistant

Elaine D. Polaski, RN  
Registered Nurse

Lorraine M. Smith, CRNP  
Certified Registered Nurse Practitioner

Sandra K. Stufflet, RN  
Registered Nurse

Concetta M. Vivian, CRNA  
Certified Registered Nurse Anesthetist
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

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Glenn S. Kratzer, MD
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Linda L. Lapos, MD
Donald L. Levick, MD, MBA
Matthew M. McCambridge, MD
Thomas M. McLoughlin, Jr., MD
William L. Miller, MD
Michael D. Pasquale, MD
Alexander D. Rae-Grant, MD
Victor R. Risch, MD, PhD
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Michael Scarlato, 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
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 Departments — Non-Clinical “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.