Edward Mullin, Jr., MD, to Serve as Acting Chair of Surgery

Edward M. Mullin, Jr., MD, a member of the Division of Urology, has been asked and agreed to serve as Acting Chair of the Department of Surgery.

Born in Brooklyn, N.Y., Dr. Mullin is a graduate of Columbia University’s College of Physicians and Surgeons in New York. He completed a surgical residency at Massachusetts General Hospital, followed by a four-year Urology residency at Duke University Medical Center. A Diplomate of the American Board of Urology and a Fellow in the American College of Surgeons, Dr. Mullin has been a member of the LVH Medical Staff since 1976. He served as Chief of the Division of Urology from August, 1996 until January, 2001, when he began his two-year term as President of the Medical Staff.

Dr. Mullin, who has met and conquered many challenges in his career (including climbing Mt. Kilimanjaro in Africa), is a thoughtful leader, reflective manager, and has the respect of his peers for his maturity, wisdom, professionalism and integrity.

Please provide your support to Dr. Mullin as he assumes the role of Acting Chair of Surgery on September 1.
A mother brings her two-year-old child into the office with a complaint of “swollen glands.” The physician notices that the patient has managed care insurance and there is only a $5 co-pay for the visit. “She’s taking up MY time with this minor complaint,” he thinks, “and it’s only because all she has to pay is $5.” As the mother explains her concerns, and the waiting room grows more crowded, the physician starts to make assumptions and draw conclusions about the mother’s actions and motivations. “This is all because of this managed care stuff, this mom would never come in if she had to pay a full fee.” As the physician begins his purposefully terse interaction, the mother explains that her cousin was recently diagnosed with lymphoma, and she was terrified to find lumps in her child’s neck. Sheepishly, the physician suspends his assumptions and resultant beliefs, and comforts the mother while caring for her child.

Have you ever experienced similar situations in your practice? Or can you relate this to other interactions outside of healthcare? There are two systems dynamics at work here that we can learn from: mental models and the ladder of inference.

During times of stress or great change, people tend to filter the information they receive in a way that reduces their own stress and anxiety. These perceptions about aspects of the world, called mental models, affect our responses to change and other difficult situations. “Like a pane of glass framing and subtly distorting our vision, mental models determine what we see. Human beings cannot navigate through the complex environments of our world without cognitive mental maps; and all of these mental maps, by definition, are flawed.” (Senge, *The Fifth Discipline Fieldbook*) The most common response to change is to blame the external environment for the change and for its impact on us. We certainly have adequate targets, given the current healthcare environment.

This focus on the external environment can lead to feelings of powerlessness and being overwhelmed. The problem is that this behavior creates a system that is self-reinforcing. Rather than looking for opportunities to capitalize on the changes, we instead look for reasons to maintain old behavior, and then blame the results on the rest of the world. Over time, we get into the habit of relying on the blaming behavior as a means to explain the problems we face. This ‘shifting the burden’ behavior distracts us from the fundamental solutions that we may already possess.

In this vignette, the physician climbed ‘the ladder of inference,’ using his own mental models to generate assumptions and ultimately, to make decisions about his behavior and actions.

The steps on the ladder of inference include:

... Observing data and experiences
... Selecting and filtering data from those observations
... Adding meanings from cultural and personal perspectives
... Making assumptions based on the added meanings
... Drawing conclusions
... Adopting beliefs about the world
... Taking actions based on those beliefs

Moving up the ladder of inference happens very quickly and most people are not even aware that they’ve done it. Moreover, most of the rungs of the ladder take place only in your head. The ladder of inference explains why most people don’t usually remember where their deepest attitudes came from. It’s long since lost in memory, after years of making many inferential leaps and climbs up the ladder.
You can’t live your life without adding meaning or drawing conclusions. It would be an inefficient and a tedious way to live. But you can improve your communications through reflection, and by using the ladder of inference in three ways:

... Becoming more aware of your own thinking and reasoning
... Making your thinking and reasoning more visible to others
... Inquiring into others’ thinking and reasoning

How can we break ourselves from climbing the ladder of inference? Using the push-pull behaviors described previously provides some hint. You can ask for data in an open ended way. “Mrs. Jones, you seem very concerned about these lumps. Can you help me understand why?”

You can test your own assumptions by asking questions. The point is to make the thinking processes visible, to see what the differences and commonalities are in the perceptions of the person you are dealing with. This type of conversation is not easy. As with other skills, it takes practice. When you realize that you are climbing the ladder of inference, take a moment and step back down the rungs, question your mental models, and step back to re-evaluate the situation. Your patients and the people you live and work with will appreciate your efforts.

Donald L. Levick, MD, MBA
Medical Staff President

Maintaining Your Privileges

Fluoroscopy Privileges

In March, 2004, the Medical Executive Committee approved the LVHHN Safety policy – Fluoroscopy – which requires all physician users to complete the de’MEDICI training module “Minimizing Risks from Fluoroscopic X-rays.” This policy – accessible on the intranet within the Safety Manual – and the accompanying training module were developed as a response to recent FDA and State of Pennsylvania Bureau of Radiation Protection advisories concerning the potential for radiogenic injury to patients undergoing fluoroscopically-guided procedures. All physician users of fluoroscopy must complete the training module, "Minimizing Risks from Fluoroscopic X-rays," to ensure continuation of their fluoroscopic privileges.

The module is accessible through the LVHHN Intranet through the following path: From the dropdown menu "Departments" at the far left of the LVHHN Intranet home page, select "Non-clinical." From the next dropdown menu, select "Education." You will be brought to a new screen showing the de’MEDICI logo on the right. Once you have double-clicked on that logo, you will be brought to a new screen which directs you to "Click here to enter de’MEDICI." At that point, you will be brought to the de’MEDICI login page. Enter your LVHHN user ID, and you will be connected directly to the training module.

If you have any questions regarding this policy, please contact Cynthia Goodman-Mumma, Imaging Physicist and Radiation Safety Officer, at 610-402-8386.

Moderate Sedation

In April, 2003, the Medical Executive Committee approved Credentialing Criteria for Administration of Moderate Sedation. This criteria works hand in hand with the Moderate Sedation/Analgesia Policy which is intended to facilitate a safe and comparable level of pre-procedure, intra-procedure, and post-procedure care to patients receiving moderate sedation. Moderate sedation is utilized by the practitioner for patients undergoing diagnostic, therapeutic, or surgical procedures. Please be reminded that administration of moderate sedation may only be done by credentialed individuals. Current life support certification is a requirement for maintaining moderate sedation privileges. If your life support certification is in jeopardy of expiring, please contact the Emergency Medicine Institute at 610-402-7088 to schedule a recertification class.
LVH Named Among Best in U.S. for 10th Consecutive Year

Lehigh Valley Hospital (LVH) was ranked as one of the nation’s top hospitals in five care delivery areas in the 2005 U.S. News & World Report guide to “America’s Best Hospitals,” the only hospital in the region to be ranked in more than one category. This is the 10th consecutive year LVH has made the U.S. News rankings and the sixth time in multiple categories.

The 2005 list recognizes LVH among the nation’s leading hospitals in the following categories:

- Heart care and heart surgery
- Hormonal disorders including diabetes
- Digestive disorders
- Orthopedics
- Geriatrics

“This national recognition reinforces what our community has been telling us through an increased demand for care—that they rely on our physicians, our nurses and our hospital for the care they need when it matters most,” said Elliot J. Sussman, MD, LVHHN President and CEO. “We would like to congratulate the dedicated teams of physicians, nurses and staff who are committed to providing the highest quality care to our community and have earned the hospital this national distinction.”

According to U.S. News & World Report, “America’s Best Hospitals” assessed care in 17 specialties. In order to be considered, a hospital must meet one of three standards: membership in the Council of Teaching Hospitals (COTH), affiliation with a medical school, or availability of specific technology-related services. In each specialty, a hospital must perform a given number of procedures or be cited by at least one physician in the past three years of U.S. News surveys. These hospitals received a score that equally weighs reputation, mortality and certain care-related factors such as nursing.

LVH cares for more patients at its Cedar Crest & I-78 site than any hospital in a nine-county region in six specialty areas including heart care/heart surgery and orthopedics, two of the specialties for which LVH is cited in the U.S. News rankings. The nine counties include Berks, Bucks, Carbon, Monroe, Montgomery, Lehigh, Luzerne, Northampton and Schuylkill. Ranked 24th nationally, LVH is the highest ranked hospital in the region for heart care and heart surgery. “It is always nice to be recognized for the work that you do and to be considered among the best in your field,” said Donald L. Levick, MD, Medical Staff President. “It is especially gratifying when others notice that the quality of care you provide is improving the health and lives of your patients. I’m extremely proud of my colleagues, our nurses and our staff because their expertise, commitment and teamwork in caring for our patients have earned this distinction.”

LVH’s latest “America’s Best Hospital’s” ranking follows other recent national and statewide recognition including:

- Two American Business Awards (ABA), known as Stevie Awards, which recognize outstanding performances in the workplace. The awards were for implementing technology to improve patient care and safety and for upgrading internal processes that improved bed turnaround, allowing patients who are well to be discharged in a timely manner and opening beds for new patients who need them.

- The best data in Pennsylvania for coronary artery bypass graft surgery (CABG) for the second year in a row, according to an independent state agency.

- National certification as a Primary Stroke Center by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), the only hospital in the greater Lehigh Valley to achieve this status.

- Top ten nationally and number one in the Northeast among Verispan IHN 100 most integrated health networks for 2005.

- Ranked second among the 50 large employers of the 100 Best Places to Work in Pennsylvania listing for 2004 and the highest ranked hospital in the state.
LVH Receives Grant for New Mammography Equipment

On July 13, State Senators Pat Browne, R-16th District, and Rob Wonderling, R-24th District, presented a grant check for $200,000 to Elliot J. Sussman, MD, LVHHN President & CEO, at a press conference held at LVH - Cedar Crest & I-78.

The grant will help pay for digital mammography equipment used in the detection of breast cancer.

“We are grateful to Senators Browne and Wonderling for demonstrating their commitment to the health of the women of Pennsylvania and the Lehigh Valley,” said John G. Pearce, MD, Chief of the Section of Mammography. “Digital mammography represents the next step in the evolution of high-tech breast imaging.”

Digital mammography promises to enhance clarity of image, reduce the number of "call backs" for women, improve access to mammography services by increasing screening capacity, allow for quicker decision-making because radiologists can see the image immediately and can often spot abnormalities, which means quicker diagnosis and less anxiety for women awaiting results.

“With breast cancer still the most common cancer among women, early detection and prevention is paramount,” Senator Browne said. “This money will allow Lehigh Valley Hospital to obtain the most up-to-date equipment for use in early detection of breast cancer.”

Screening mammography remains the best strategy for finding cancer early and for giving women the best chance for a cure and survival.

“I am pleased to work with Senator Browne to help secure this grant for Lehigh Valley Hospital,” Senator Wonderling said. “Digital mammography is an exciting new tool in the fight against breast cancer. Residents of the Lehigh Valley deserve the very best in detection, and this technology will help save lives via early discovery.”

LVHHN’s Breast Health Services performs nearly 40,000 breast imaging procedures on approximately 30,000 women a year.

“All of us at LVH wish to thank Senators Browne and Wonderling for their assistance in securing this state grant to help improve the care for the women of the Lehigh Valley in the fight against breast cancer,” Dr. Sussman said. “We applaud Senators Browne and Wonderling for supporting our mission to heal, comfort and care for all the people of our community.”
News from Health Information Management

Speech Recognition

Over the past one and one-half years, HIM Transcription has been in the process of implementing speech recognition for hospital dictation/transcription. To date, there has been a dramatic increase in the speech recognition rate, with a resultant increase in transcriptionist productivity and decrease in transcription turnaround time.

Health Information Management extends its appreciation to members of the Medical Staff for their support in making the implementation of speech recognition a successful project.

JCAHO Periodic Performance Review (PPR)

Three non-compliant documentation areas were identified in the JCAHO Periodic Performance Medical Record Review:

1. **Unapproved Abbreviations** – Review of unapproved abbreviations used in the medical record at LVH-Cedar Crest & I-78 and LVH-17th & Chew showed a compliance rate of 71.64% and 64% at LVH-Muhlenberg.

   The following unapproved abbreviations are not be used in the medical record documentation as it applies to all orders and all medication-related documentation that is handwritten (including free-text computer entry) or on pre-printed forms:

<table>
<thead>
<tr>
<th>Do Not Use</th>
<th>Potential Problem</th>
<th>Use Instead</th>
</tr>
</thead>
<tbody>
<tr>
<td>U (unit)</td>
<td>Mistaken for “0” (zero), the number “4” (four) or “cc”</td>
<td>Write “unit”</td>
</tr>
<tr>
<td>IU (International Unit)</td>
<td>Mistaken for IV (intravenous)</td>
<td>Write “International Unit”</td>
</tr>
<tr>
<td>Q.D., QD, q.d., qd (daily)</td>
<td>Mistaken for each other</td>
<td>Write “daily”</td>
</tr>
<tr>
<td>Q.O.D., QOD, q.o.d., qod (every other day)</td>
<td>Period after the Q mistaken for “I” and the “O” mistaken for “I”</td>
<td>Write “every other day”</td>
</tr>
<tr>
<td>Trailing zero (X.mg)</td>
<td>Decimal point is missed</td>
<td>Write X mg</td>
</tr>
<tr>
<td>Lack of leading zero (X.mg)</td>
<td>Decimal point is missed</td>
<td>Write 0.Xmg</td>
</tr>
<tr>
<td>MS</td>
<td>Can mean morphine sulfate or magnesium sulfate Confused for one another</td>
<td>Write “morphine sulfate”</td>
</tr>
<tr>
<td>MSO₄ and MgSO₄</td>
<td></td>
<td>Write “magnesium sulfate”</td>
</tr>
</tbody>
</table>

**Action Plan:** Education, monthly monitoring for compliance

2. **Summary Lists for Ambulatory Patients** - For patients receiving continuing ambulatory care services, the medical record must contain a summary list of all significant diagnoses, procedures, drug allergies and medications. The list must be initiated by the third visit and must be maintained thereafter.

   **Action Plan:** Education, monthly monitoring for compliance

3. **Unsigned Verbal/Telephone Orders** – Under PPR medical record review, unsigned verbal/telephone orders in the medical record showed a compliance rate of 39.4% at LVH (Cedar Crest & I-78 and 17th & Chew) and 65.47% at LVH-Muhlenberg.

   According to Pennsylvania state guidelines, verbal/telephone orders must be signed within 24 hours.

   **Action Plan:** Education, continued CAPOE rollout, consult with Information Services for technological assistance to evaluate and improve electronic compliance, monthly monitoring for compliance

New Chart Dividers/Section

The Medical Record Committee recommended the addition of two new chart tabs – **Consent** and **Patient Teaching/Discharge Instructions** – to the medical record chart binder on the unit to facilitate improved patient care and documentation.

1. The **Consent** tab will be located immediately behind the admission tab and will include all patient consents.
2. The **Patient Teaching/Discharge Instruction** tab will be added as the last tab in the chart binder.

If you have questions regarding any of these issues, please contact Zelda B. Greene, Administrator, Health Information Management, at 610-402-8330.
The Dean Ornish Program is currently seeking referrals for a 12-week Dr. Dean Ornish Reversal Program beginning in September, 2005, and for a six-week Ornish Advantage prevention program beginning in October, 2005.

Both programs cover the four components of **Nutrition, Exercise, Stress Management** and **Group Support**. The 12-week program offers intensive education, monitored exercise and supervision by qualified staff for a total of 108 hours of programming. The six-week prevention program introduces the principles and provides a format for patients to develop a self-directed program and provides 12 hours of education.

The 12-week Reversal program is appropriate for individuals with heart disease, vascular disease, diabetes or for those with a very high risk for development of heart disease. The Medicare Demonstration project is currently accepting patients with Medicare Part B, over the age of 65, who had a qualifying event after September 18, 2004, or who have documented stable angina. Criteria check lists are available to help you assess potential patients.

Medicare, Gateway and Highmark Insurances pay for the 12-week program in full for qualified participants. All patients remain under the care of their primary physician and/or specialist for the duration of the program. The medical directors for the Ornish Programs at LVHHN are Robert H. Biggs, DO, and Gerald E. Pytlewski, DO. Questions about the medical aspects of the program can be discussed with them. If you have questions about program components or would like copies of brochures for your office, please call the Ornish Office at 610-402-2563.

Patients can register for both programs by calling 610-402-CARE.

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**Update on Good Shepherd Specialty Hospital**

With preparations well underway, Good Shepherd Specialty Hospital is expected to move to the third and fourth floors of the south tower building at LVH-Muhlenberg at the end of August.

Construction on the new facility has begun in earnest, with the hanging of drywall, the pulling of wires and the ordering of equipment and furniture. By the end of August, Good Shepherd’s entire Long Term Acute Care Hospital (LTCH) will be transplanted. Equipment will be moved in on August 23, and patients will move on August 30.

Medical staff recruitment for the new LTCH is coming along nicely. It is anticipated that between 250 and 300 physicians will be on staff by the end of next month.

Don’t miss your opportunity to check out the new facility first-hand at the Good Shepherd Specialty Hospital Open House. The event will be held on Monday, August 29, from 11 a.m. to 2 p.m. All members of the staff are welcome for refreshments and tours of the new units. A second open house will be held later that day from 4:30 p.m. to 7 p.m. A dedication and ribbon cutting ceremony will be held at 5:30 p.m., and remarks from Sally Gammon, Good Shepherd President and CEO, will follow.

For more information, please contact Lisa M. Marsilio, Director of Special Projects, Good Shepherd Rehabilitation Hospital, at 610-776-3504.
What Patients Think They Know About DNR and What Doctors Might Do When Speaking With Them by Stephen E. Lammers, PhD

The passage by the legislature of The DNR Act 20 PSSS4A01-S4A13, which allows patients to ask for an out of hospital DNR order provides yet another occasion to think about responsibilities to patients with respect to CPR and DNR orders. There exists an aura of hope around CPR, causing the public to make important decisions based upon misinformation. Physicians need to provide their patients with accurate data about CPR so that CPR does not become, in a given case, futile care. Unfortunately, that task is not easy because of the misleading information in the media and on the web. I hope to help physicians understand what their patients might be thinking when CPR or DNR are mentioned. Knowing this, physicians can guide their patients to decisions that are consonant with the patient’s values.

Media depictions of CPR are often misleading. Movies and television portray CPR as a therapeutic event in which not only does the person usually survive to discharge, but comes out of the resuscitation better than he/she went in. Shows like Chicago Hope and ER have a CPR survival rate of 85%. Should the public decide to move beyond the visual media and investigate CPR further, however, they will find more misleading information. The free access web is little better than the visual media. The majority of information is about out-of-hospital cardiac arrest. These websites discuss the value and success of CPR as a life-saving technique in the case of electrical shock and drowning. The pictures on these sites are all of healthy young adults and children in a non-hospital setting. No one appears to have a co-morbid condition.

Only when CPR is approached from the perspective of the do not resuscitate order (DNR) on the free access web are the search findings more accurate. The idea of do not resuscitate orders already brings up the idea that CPR may not be wanted in all cases. Pages that contain DNR information also contain segments linked to end-of-life decisions that stress thinking ahead, quality of life issues, etc.

It should be clear by now that physicians need to be sensitive not only to the medical facts but to what their patients think they know about these matters. It is difficult enough to advise a person with a terminal illness that CPR might not extend their life. This task can only be made more difficult if the physician does not determine before the conversation what the patient thinks he/she knows about CPR. Once the knowledge base of the patient is determined, the physician can attempt to give realistic advice about CPR. Whatever the decision, it is more likely to be well informed if the physician has determined what the patient really knows and what the patient thus needs to know to make a decision consonant with his/her values.

For a fuller account of this research, email Stephen.Lammers@lvh.com for an electronic copy.

Documentation Improvement Tip of the Month

Concussion is the functional condition which results from a forceful impact to the head. Mild traumatic brain injury (MTBI) is an intracranial injury of other and unspecified nature. In coding, there are separate codes to reflect the diagnosis of MTBI and concussion. Conflicting documentation in the medical record will initiate the coder to submit a physician query so the physician can verify which diagnosis, MTBI vs. concussion, is correct. Please document in the medical record which diagnosis is accurate.
Papers, Publications and Presentations

In May, Peter A. Keblish, Jr., MD, Division of Orthopedic Surgery, Section of Ortho Trauma, was the principal guest lecturer/surgeon at a knee arthroplasty seminar in Sao Paulo (V-Med University Teaching Hospitals) and a Total Knee Immersion Course in Rio de Janeiro, Brazil (Hospital of Traumatology and Orthopaedics). Dr. Keblish presented several papers of the various aspects of primary and revision of total as well as unicompartmental arthroplasty. He also performed several surgical (interactive) total knees for the resident staff in addition to performing surgery and presenting several lectures at the official two-day courses. More than 100 Brazilian orthopedists participated in each of the courses. Dr. Keblish has hosted an orthopedic international fellow from Brazil and other international centers for the past several years.

Indru T. Khubchandani, MD, Division of Colon and Rectal Surgery, was an invited guest at the Tripartite combined meeting of the Association of Colon and Rectal Surgeons of Great Britain and Ireland, the American Society of Colon and Rectal Surgeons, and the Australasian Society of Colon and Rectal Surgeons held in Dublin, Ireland in early July. At the meeting, he showed a video of Transanal Repair of Rectocele, his special modification of the surgical procedure. He also moderated a poster exhibit session.

Dominic P. Lu, DDS, Division of General Dentistry/Special Care and Director of Medical and Dental Externship Education, co-authored an article – “Managing Acute Withdrawal Syndrome on Patients with Heroin and Morphine Addiction by Acupuncture Therapy” – which was published in Vol. 29 of Acupuncture & Electro-Therapeutics Research, The International Journal.

Lester Rosen, MD, Division of Colon and Rectal Surgery, was an invited speaker at the Tripartite Colon and Rectal meeting held in Dublin, Ireland, in early July. Dr. Rosen spoke on the “Position Statement for Screening in Colon and Rectal Cancer” representing the United States. A panel was composed of Tripartite speakers representing Screening for Australia, The United Kingdom, and Europe. Dr. Rosen was invited to the Royal College of Surgeons, also in Dublin, where the Minister of Health discussed the similarities and differences in Screening for Colon and Rectal Cancer between the United States and Ireland.

Alexander M. Rosenau, DO, Program Director, Emergency Medicine Residency, and Associate Vice Chair, Department of Emergency Medicine, recently co-authored two publications. The first – Emergency Severity Index, Version 4: Implementation Handbook – was published in May by the Agency for Healthcare Research and Quality. The second – “Refining Emergency Severity Index Triage Criteria” – was published in June, 2005, Volume 12, Number 6, of Academic Emergency Medicine. The Emergency Severity Index Triage system is the only United States developed evidence-based five-level triage system. It is an acuity and resource use based index that streams patients to the appropriate area of hospital emergency rooms taking into account both presentational acuity and predicted resource use.

An adult handbook on Enteral and Parenteral Nutrition, prepared by Judy Holaska, RD, MS, CNSD, LDN, Nutrition Support Dietitian, is available through the Clinical Nutrition Department. The handbook provides information on nutritional assessment and enteral/parenteral nutritional support. Reference tables outline methods to calculate nutrient requirements, tube feeding formula selection and goal rate, TPN calculations, and monitoring guidelines of nutritional therapies in the hospitalized patient. To obtain a copy, please call 610-402-8313 or 610-402-8440.
Robert D. Barraco, MD, MPH, Chief, Section of Pediatric Trauma, has been elected to fellowship in the American College of Chest Physicians. On October 30, 2005, Dr. Barraco will attend the Convocation ceremony in Montreal, which is held each year at CHEST-The Annual International Scientific Assembly. At the Convocation, new Fellows receive a Certificate of Fellowship during a ceremony, which is followed by a reception for colleagues and guests. Dr. Barraco is a member of the Division of Trauma-Surgical Critical Care/General Surgery, Section of Pediatric Trauma, and is in practice with Surgical Specialists of the Lehigh Valley. He has been a member of the Medical Staff since December, 2003.

Houshang G. Hamadani, MD, Department of Psychiatry, was inducted as a Distinguished Life Fellow of the American Psychiatric Association during the Convocation of the Fellows at the annual meeting of the American Psychiatric Association held in Atlanta, Ga., on May 23, 2005. Dr. Hamadani is in private practice and has been a member of the Medical Staff since June, 1979.

Edgardo G. Maldonado, MD, Division of General Internal Medicine, was one of the honorees at the first-ever Pennsylvania Summit on Latino Health held on May 25, in Harrisburg, Pa. The event, attended by nearly 300 health care professionals interested in Latino health issues, was sponsored by the Governor’s Advisory Commission on Latino Affairs in conjunction with the Pennsylvania Department of Health.

Dr. Maldonado, who completed his Internal Medicine residency at Lehigh Valley Hospital last June, practices at the Centro de Salud LatinoAmericano, a bilingual practice for adults which opened at LVH-17th & Chew last year. Born and raised in Puerto Rico, Dr. Maldonado understands his patients’ culture. In addition to caring for his patients in the practice, he spends times at health fairs and churches, raising awareness and performing screenings for diabetes, high blood pressure and heart disease, which are common among Latinos.

In 1995, Michael C. Sinclair, MD, became involved in a new cardiac surgery program at Dubrava Hospital in Zagreb, Croatia, while that country was in the midst of a civil war. Over the next several years, during Dr. Sinclair’s many visits to Croatia, he performed and taught cardiac surgical procedures and functioned as a courier of donated medical supplies. When the hostilities ceased, he returned to Croatia with his wife and step daughter for several medical congresses. In April, 2005, an international cardiac surgical symposium was held at Dubrava Hospital celebrating the 10th anniversary of the now well-established cardiac surgery program. During a ceremony at the presidential palace in Zagreb, Dr. Sinclair was awarded the Order of the Croatian Star with the Effigy of Katarina Zrinska by President Stjepan Mesić for his contributions to Croatian health care and for arranging and delivering humanitarian aid to the Republic of Croatia.

Dr. Sinclair, a former member of the Division of Cardio-Thoracic Surgery, recently completed a fellowship in Surgical Critical Care. He is now a member of the Division of Trauma-Surgical Critical Care and is in practice with Surgical Specialists of the Lehigh Valley. He has been a member of the Medical Staff since August, 1979.

Michael C. Sinclair, MD (right), receives an award from the President of Croatia during a trip to the Republic of Croatia in April.
Physician Parking at 17th & Chew during the Allentown Fair

Beginning Wednesday, August 17, through Monday, September 12, parking for physicians will be reassigned to Lot #4 (West Street). Physicians’ photo ID badges will be programmed to access Lot #4 during this period. Residents will utilize the same lots as employees during this time, Lots #6 and #7.

If you have any questions regarding this issue, please contact Louis Geczi in Security at 610-402-2986.
Upcoming Seminars, Conferences and Meetings

Emergency Medicine Grand Rounds

Emergency Medicine Grand Rounds are held on Thursdays, beginning at 8 a.m., at various locations. Topics to be discussed in August will include:

August 4 – LVH-Cedar Crest & I-78 Auditorium
... “Visual Diagnoses”
... “High Altitude Illness”
... St. Luke’s Case Review

August 11
PGY-2’s – LVH-M 5th Floor Conference Room
... Suture Lab

PGY-3’s, PGY-4’s and spouses – LVH-M 4th Floor Classroom
... “Job Hunting and Practice Issues”

August 18 – EMI – 2166 S. 12th Street
... Third Thursday Educational Series

August 25 – LVH-M 4th Floor Classroom
... Pediatric Topic Conference
... “Dental Emergencies”
... “Plague, Botulism and Smallpox”
... Rosen’s Club

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, Lehigh Valley Hospital, Cedar Crest & I-78, unless otherwise noted. The topic for August is:

August 2 – “Experience with a Large Electronic Medical Record – the Good and the Bad”

OB/GYN Grand Rounds

The Department of Obstetrics and Gynecology holds Grand Rounds every Friday morning from 7 to 8 a.m., in the hospital’s Auditorium at Cedar Crest & I-78, unless otherwise noted. Topics to be discussed in August will include:

August 5 – “Osteoporosis”
August 12 – “Consumer-driven Healthcare”

... August 19 – “Pediatric Gynecology”
... August 26 – “Gynecology M&M”

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

Department of Pediatrics Conferences

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 August will include:

August 2 – “ADHD”
August 9 – To be announced
August 16 – Neonatology Case Presentation
August 23 – “Immunization-Pertussis Update”
August 30 – “Pennsylvania First Signs” – Location Change – Auditorium, Cedar Crest & I-78

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

Schwartz Center Rounds

The next Schwartz Center Rounds will be held on Wednesday, September 7, beginning at noon in the Educational Conference Room #1 at LVH – Cedar Crest & I-78. The topic of discussion will be “Cases We Can’t Shake.”

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

General Medical Staff Meeting

There will be a General Medical Staff meeting on Monday, September 12, beginning at 6 p.m., in the hospital’s Auditorium at Cedar Crest & I-78. In addition to a brief regular meeting, Irwin M. Rubin, MS, PhD, internationally renowned author and lecturer, will be the featured speaker.

The topic of Dr. Rubin’s presentation will be “Communication: Making the Hard Case for the Soft Stuff.”

Please mark your calendar and plan to attend!

Continued on next page
Upcoming Conferences

Mark your calendar for the following upcoming conferences to be held later this year:

- **Saturday, September 24 – Parkinson’s Patient and Caregiver**
  9 a.m. to 2 p.m. – Holiday Inn – Bethlehem, Routes 512 and 22
  Cost - $10 for educational materials, continental breakfast and lunch

- **Friday, November 4 – Jaeger-Tilly Neuroscience Conference**
  8 a.m. to 4 p.m. – Bear Creek Mountain Resort (formerly Doe Mountain)

- **Saturday, November 12 – Pain Management Conference**
  8 a.m. to 3 p.m. – Auditorium, Lehigh Valley Hospital, Cedar Crest & I-78

Stay tuned for more information in future issues of *Medical Staff Progress Notes*.

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**Research Corner**

**HIV Vaccine for Healthy, Non-Infected Adults**

The identification of HIV as the cause of AIDS in the early 1980s led to the hope that a vaccine could be developed quickly using immunogens that would stimulate the immune system to help prevent infection in individuals exposed to the virus.

Unfortunately, despite two decades of research, the answer has not been that simple. HIV is known to be a very “resourceful” virus that mutates quickly and has extreme structural variability, allowing it to evade the natural immune response.

Merck is in Phase I development of a “trigene” vaccine that contains recombinant components based upon three unique HIV gene sequences – gag, nef and pol. Timothy J. Friel, MD, is the Principal Investigator for this study assessing the safety, tolerability, and immunogenicity of this vaccine in healthy, non-infected adults. This is the fourth Merck-sponsored Phase I HIV vaccine trial performed at LVH since 2002; almost 30 Lehigh Valley residents have participated in these trials to date.

Participants must meet inclusion/exclusion criteria to be determined by the study coordinator and Principal Investigator for enrollment into the trial.

For more information, please call the Department of Medicine Research Team at 17th & Chew at 610-402-2404.
Who’s New

Medical Staff

New Appointments

Francis J. Cinelli, DO
Bangor Medical Center
153 N. 11th Street
Bangor, PA 18013-1699
(610) 588-4502
Fax: (610) 588-6928
Department of Family Medicine
Provisional Affiliate

Asif Farooqi, MD
William Penn Family Practice Center
4379 Easton Avenue
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(610) 814-2424
Fax: (610) 814-2425
Department of Family Medicine
Provisional Active

Terrence E. Goyke, DO
LVPG-Emergency Medicine
Lehigh Valley Hospital
Cedar Crest & I-78
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(610) 402-8111
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Department of Emergency Medicine
Division of Emergency Medicine
Provisional Active

Shawn M. Hazlett, DO
Nephrology-Hypertension Assoc of LV
Allentown Medical Center
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Allentown, PA 18104-5050
(610) 432-8488
Fax: (610) 258-2140
Department of Medicine
Division of Nephrology
Provisional Active

Dhanalakshmi Ramasamy, MD
LVPG-Psychiatry
1255 S. Cedar Crest Blvd.
Suite 3800
Allentown, PA 18103-6256
(610) 821-2036
Fax: (610) 821-2038
Department of Psychiatry
Section of Child-Adolescent Psychiatry
Provisional Active

Priyanka P. Roy, MD
Primary Care Associates in the LV, PC
1941 Hamilton Street, Suite 102
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(610) 776-1603
Fax: (610) 776-0693
Department of Medicine
Division of General Internal Medicine
Provisional Active

Islam A. Shahin, MD
Medical Imaging of LV, PC
Lehigh Valley Hospital
Cedar Crest & I-78, P.O. Box 689
Allentown, PA 18105-1556
(610) 402-8088
Fax: (610) 402-1023
Department of Radiology-
Diagnostic Medical Imaging
Division of Diagnostic Radiology
Provisional Active

Yong Tao Zheng, MD
Lehigh Valley Center for Urogynecology and Continence Management
6649 Chrisphalt Drive, Suite 103
Bath, PA 18014-8500
(610) 837-7396
Fax: (610) 837-7344
Department of Obstetrics and Gynecology
Division of Gynecology
Section of Pelvic Reconstructive Surgery
Provisional Active

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.
Address Change

Mark A. Gittleman, MD
Breast Care Specialists, PC
Fairgrounds Medical Center
400 N. 17th Street, Suite 202
Allentown, PA 18104-5052
(610) 433-7700
Fax: (610) 433-8014

Practice Change

John S. Jaffe, MD
(No longer with Urologic Assoc of Allentown Inc)
Executive Medical Director
Lehigh Valley Physician Hospital Organization
2166 S. 12th Street, Suite 400
Allentown, PA 18103-4799
(610) 402-2026
Fax: (610) 402-2008

Practice/Status Changes

Greg W. Miller, DO
(No longer with LVH Department of Medicine)
LVPG-Hospitalist
1240 S. Cedar Crest Blvd., Suite 410
Allentown, PA 18103-6218
(610) 402-5369
Fax: (610) 402-5959
Department of Medicine
Division of General Internal Medicine
From: Limited Duty
To: Provisional Active

Michael C. Sinclair, MD
(No longer with The Heart Care Group, PC)
Surgical Specialists of the Lehigh Valley
1240 S. Cedar Crest Blvd., Suite 308
Allentown, PA 18103-6218
(610) 402-1350
Fax: (610) 402-1356
Department of Surgery
From: Division of Cardio-Thoracic Surgery, Section of Cardiac Surgery/Thoracic Surgery
To: Division of Trauma-Surgical Critical Care
From: Active/LOA
To: Active

Status Change

Prasad R. Ancha, MD
Department of Medicine
Division of Neurology
From: Active
To: Affiliate

William J. Vostinak, MD
Department of Surgery
Division of Orthopedic Surgery
From: Affiliate
To: Provisional Active

Addition to Departmental Assignment

Barry A. Ruht, MD
Department of Surgery
Division of Orthopedic Surgery
Section of Foot and Ankle Surgery
From: Active/LOA
To: Active

Allied Health Staff

New Appointments

Elizabeth J. Brown
Administrative Support
(The Heart Care Group, PC – Donald J. Belmont, MD)

Elaine Buczynski
Pacemaker/ICD Technician
(Guidant Corporation – Norman H. Marcus, MD)

Courtney Burans
Genetic Counselor
(Lehigh Valley Hospital – William E. Roberts, MD)

Jane B. Dieterich, PA-C
Physician Assistant-Certified
(John J. Cassel, MD, PC – John J. Cassel, MD)

Gerald E. Houseknecht, CRNA
Certified Registered Nurse Anesthetist
(Lehigh Valley Anesthesia Services, PC – Thomas M. McLoughlin, MD)

Catherine L. Monhollen, CRNP
Certified Registered Nurse Practitioner
(Center for Women’s Medicine – Gary J. Conner, MD)

Heidi L. Pernia, RN
Registered Nurse
(Lehigh Valley Cardiology Assoc – John A. Mannisi, MD)

Adriane C. Stasurak, CRNP
Certified Registered Nurse Practitioner
(Anticoagulation Management Service – Mark D. Cipolle, MD, PhD)

Kristen A. Wassel, PA-C
Physician Assistant-Certified
(Coordinated Health Systems – Wayne T. Luchetti, MD)

Christine L. Watts, CNM
Certified Nurse Midwife
(Hamilton Obstetrics & Gynecology, PC – William C. Riedel, DO)

Change of Supervising Physician

Clare Grubb, PA-C
Physician Assistant-Certified
From: Neurosurgical Associates of LVPG – P. Mark Li, MD
To: LVPG-Hospitalist – Arvind K. Gupta, MD

Resignations

Maria J. Baker, PhD
Genetic Counselor
(Penn State Cancer Institute)

Judy L. House, CRNP
Certified Registered Nurse Practitioner
(Lehigh County Child Advocacy Center)
Medical Staff Progress Notes

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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
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Patrice M. Weiss, MD
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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.