New Chair of Community Health and Health Studies Looks Forward to Improving Health at the Community Level

On August 29, Jeff Etchason, MD, began his position as the new Chair of the Department of Community Health and Health Studies. In this role, Dr. Etchason is responsible for the development, coordination, implementation and evaluation of research and educational programs and community health improvement efforts.

Dr. Etchason came to LVHHN from the Centers for Disease Control and Prevention (CDC) in Atlanta, Ga., where he was the Chief of Health Policy Research in the newly-formed National Center for Health Marketing. As part of the CDC’s response to the influenza vaccine shortage last year, Dr. Etchason also served as the agency’s Health Care Sector Management Lead. Dr. Etchason previously held positions at the CDC as Director of the Division of Public Health Systems Development and Research, and Chief of Organizational Performance and Health Systems Research.

Prior to joining the CDC, Dr. Etchason was the President of the Kerr L. White Institute for Health Services Research in Decatur, Ga., and also, while in Atlanta, served as the Executive Director of the Promina Health System’s Quality Institute. He has held academic appointments at the University of California at Los Angeles (UCLA), the Medical College of Georgia, and Emory University School of Medicine. Dr. Etchason received his medical degree from Indiana University School of Medicine, Indianapolis, Ind., and completed his residency in Internal Medicine at the Mayo Medical Center, Rochester, Minn. After residency, Dr. Etchason completed a fellowship in health services research as a Robert Wood Johnson Clinical Scholar at UCLA and RAND (Santa Monica).

Please extend a warm welcome to Dr. Etchason and his wife, Arjana, who will join him in the near future.
Patient Satisfaction and You

It’s a busy Friday in the office and you are about to finish an office visit with a complex patient. As you begin to leave the exam room, you hear those dreaded words, “Doctor, there is one more thing…” Do you come back in and sit down and address the patient’s concerns, or stand at the door, hand on the doorknob waiting to slip in your exit comment. Your decision might impact not only the patient’s perception of the service, but also their perception of the quality of your medical care.

Patient satisfaction is a critical success factor in both the office and hospital setting. There are many people who impact the perceived satisfaction of our patients. In the office, the front desk person (receptionist) plays a key role as he or she is the first face the patient will see in your office. The nursing staff, billing staff, and all of the providers contribute to the overall experience of the patient. In the hospital setting, there are even more people involved, including technical partners, technicians (radiology, Heart Station, etc.), and housekeeping.

Measuring patient satisfaction is often met with resistance by physicians. “As long as the patient is receiving high quality medical care, that should be enough.” However, studies have shown that the service received by the patient affect their perception of the medical quality. These factors influence patients’ choices regarding physicians and hospitals. Consequently, managing patients’ perceptions of service can ultimately impact the success of a healthcare organization.

Press-Ganey, Inc., is a national leader in measuring patient satisfaction. The hospital has been utilizing Press-Ganey patient satisfaction surveys for many years. Using a national firm allows for peer group comparison at various levels (hospital, practice, specialty). Every inpatient receives a survey after discharge (except for newborns and patients who go to hospice). There are specific surveys for OB patients, ED patients and patients who visit the outpatient clinic. The physician at the time of discharge is the attending who is referenced in the survey. The Department Chairs and Division Chiefs receive summaries of the Press-Ganey reports for each practice or group in their Division. They also receive summaries of comments about individual physicians.

In the hospital, the Press-Ganey survey contains several questions specific to the physician interaction. These questions include the following:

Regarding the time spent with patients:

• Remember what Dr. Caccese taught us several years ago: “sit, answer, touch.” Two minutes sitting at the bedside is better than 10 minutes standing in the doorway with one hand on the doorknob. Patients clearly perceive a longer and higher-quality interaction when the physician sits down during the visit, even when the total time spent with the patient is shortened.

• Encourage the patient to write down questions prior to your rounds. This will limit the scenario where you are called back to the bedside (or back into the exam room) because the patient forgot to ask you a question.

• Ask open-ended questions and respond with empathy. Obviously, PULL behaviors (i.e., ask, attend, empathize) increase patient satisfaction.

Regarding physician concern:

• Remember to provide answers in understandable, non-technical language.

• When possible, anticipate and address common concerns without waiting for the patient to have to raise them.

• Ensure that the patient understands what you have told them. Often, the best way is to ask them to paraphrase what they have heard. Retention is reduced during times of stress. (Again, more PULL behaviors [i.e., understand] in action.)

Continued on next page
Continued from Page 2

**Regarding keeping the patient informed:**
... Inquire how much the patient and family would like to know about the condition.
... Continually inform patients as to the progress of their condition.
... When possible, supplement verbal information with written or printed information.
... Always attempt to provide more information than instinctively necessary. Patients often desire more information than they let on.
... Although challenging, try to coordinate information with the other physicians involved in the care of the patient.

**Regarding friendliness and courtesy of the physician:**
... Offer a physical gesture of kindness such as a touch upon entering or leaving the patient’s room.
... Understand and respect the patient’s preferences and cultural backgrounds.
... Common courtesy goes a long way: knock on the door before entering and announce yourself; make good eye contact when interacting with the patient; use the patient’s preferred name; try to learn the identity of the persons with the patient; don’t talk about the patient in the third person.

**Skill of the physician**
... The perceptions of the nursing and support staff impact patient perceptions of quality. Maintaining positive relationships with your colleagues is important.
... A professional appearance and conduct translate into patient perceptions of quality.

Communication (effective use of PUSH and PULL behaviors) is clearly a common thread in these questions. Specifically for physicians, we need to concentrate on clear and efficient handoffs of information; with our colleagues (consultants, nursing staff, etc.) and with our patients.

*“The most important thing in communication is to hear what isn’t being said.”*
- Peter Drucker

Donald L. Levick, MD, MBA
Medical Staff President

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**2005 United Way Campaign**

*A Message from Elliot J. Sussman, MD*

Dear Colleague:

**Impact matters.** It’s the theme of this year’s United Way campaign and a familiar concept to us all. We experience impact everyday as we care for patients and their families, conduct leading-edge research to improve health care nationally and share our expertise and services with our community. We measure it by the smiles and letters of gratitude we receive from those we help.

Again, you can help make a significant impact on our community by supporting United Way during its 2005 campaign. The generosity of our colleagues has increased our contribution to United Way every year. Unfortunately, the needs in our community grow each year, as well. So, let’s commit to making an even stronger impact by investing in strong families, healthy children, students’ success in school, vital and safe neighborhoods and older adults living life to the fullest. By investing in United Way, you invest in these community priorities.

Please carefully review the United Way information you received in the mail and learn how your leadership donation can make a difference. The campaign runs through November 26. Thank you for the impact you make everyday as we continue to provide the Lehigh Valley with superior health care.

If you have any questions or need additional information, please contact one of this year’s United Way Campaign Co-Chairs: Bill Leiner, Jr. – 484-884-4281 or Pat Skrovanek – 484-884-9293.
Hurricane Katrina Update

Dear Medical Staff Colleagues:

On behalf of the members of Troika, please accept my sincere appreciation for your support, generosity, and willingness to help with the Hurricane Katrina relief efforts. The depth of caring and empathy of our Medical Staff continues to amaze me.

In addition to the over $12,000 raised from donations received through interoffice mail and cafeteria collections at all three sites, members of the Medical Executive Committee unanimously voted to support a donation of $5,000 to the American Red Cross on behalf of the Medical Staff of Lehigh Valley Hospital and Health Network. Additionally, nearly 200 colleagues volunteered to travel to the Gulf Coast to care for survivors.

An update was received from the American Hospital Association (AHA) and the Department of Health and Human Services (HHS) about a shift in the focus of the medical response and I wanted to share that news with you.

Originally, HHS was establishing 20 federal medical shelters. LVHHN volunteered to staff and operate one of these. Seven shelters are now operational but after assessing the situation, HHS probably will not open any more. Instead, the focus will shift to sustaining and helping health care providers, assisting in the recovery of existing providers and rebuilding the area’s health care systems.

The areas of concentration will be: care for the chronically ill, mental health support, public health services, assisting hospital staff support/replacement, displaced persons’ health care needs and national support of displaced persons. And, while volunteers are still needed, they will be used to complement or relieve existing medical personnel.

Medical personnel and other related fields can register to volunteer through HHS at the following web site: https://volunteer.ccrf.hhs.gov. On the site you will find a complete list of the needed personnel—both medical and non-medical. If you registered through LVHHN, you will need to re-register on the HHS web site to indicate your continued interest.

Again, I sincerely want to thank you for your immediate response to this devastating disaster. The outpouring of support is truly appreciated.

Donald L. Levick, MD, MBA
Medical Staff President

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Physician Parking at Cedar Crest & I-78

At the Cedar Crest & I-78 campus, parking for physicians will continue to be available in Lot 6 (Physician Lot) and Lot 5 (overflow). When physicians have difficulty finding a parking space in either Lot 5 or 6 (particularly on Tuesdays when there are several Departmental Grand Rounds scheduled), physicians may park in front of the hospital.
**News from CAPOE Central**

**Universal CAPOE: What you can do to help**

With Universal CAPOE approaching in January, 2006, it is important that all orders are available in the system. We need your help in identifying orders that are not in the system or those that are difficult or confusing to place. We will work to create any ‘missing’ orders and will do our best to fine tune any confusing orders. Please email Don Levick or use the CAPOE Web Feedback Form to provide the team with information. Your input is greatly appreciated and will be critical to our continued success.

**A reminder on how to get help**

If you need help with a CAPOE issue, there are several options. For non-urgent questions or suggestions, please use the CAPOE Web Feedback Form. You can access this by clicking the RESOURCES button in the upper right corner of the LastWord screen. This will open a webpage; then click on the CAPOE Feedback link and enter your question or suggestion. If you would like a response, please put your name or call back number. Responses are usually within one to two days. For more urgent issues (i.e., “How do I use the Insulin Sliding Scale orders?”), you can reach the CAPOE support person who is on-call. The easiest way is to dial 610-402-8303 and press option 9. This will page the person on-call; response is usually within a few minutes.

**Consult Courtesy – it’s not all electronic**

Please remember that consult orders entered through CAPOE are handled the same way they were in the “old days” when they were handwritten. The AP or Nurse must still call in the consult to the physician’s office. If the consult priority is URGENT or EMERGENCY, the Medical Staff Bylaws require that direct physician to physician communication occur. Please remember to contact the consultant to discuss the case and your expectations regarding the consult. It’s the best thing for patient care.

**Diagnostic Studies off-hours – let someone know**

Studies such as ultrasounds and vascular studies, when done off-hours, often require that technicians be called in. In order to expedite the study being done, remember to alert the AP or Nurse caring for the patient that you have placed the order in the system. This will ensure that the appropriate department is called, and that staff can be notified as soon as possible.

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.

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**Medication Stop Dates Extended**

On Friday, September 23, the stop dates were extended for all new medication orders for most classes of medications. This change has come about based on physician input, and was approved by the Therapeutics Committee.

Please note that all existing medication orders with stop dates will continue with the original stop date and time from when the order was placed.

All new orders will be affected by the new auto stop date. The new stop date will be 180 days from the date the medication is ordered. There are several medications that will continue to have specified stop dates, as follows:

- HIV medications — no stop date
- Surgical Prophylaxis — 24 hours
- Antifungals (except fluconazole) — no stop date
- Ketoralac — five days
- Oxytocin — one day
- TPN (renew) — two days
- Clozaril — 14 days

If you have any questions regarding this issue, please contact Robert Begliomini, Pharmacy Administrator, at 610-402-8775.
LVHHN is the Largest Single Generator of Economic Impact in the Lehigh Valley

A new economic impact study released in mid-September by Pittsburgh-based Tripp Umbach positions Lehigh Valley Hospital and Health Network (LVHHN) as the single largest contributor to the Lehigh Valley regional economy-generating more than $750 million annually in direct net economic impact to the Commonwealth of Pennsylvania and more than $500 million in the Lehigh Valley region.

Economic Impact Leader
The purpose of the study conducted by Tripp Umbach was to analyze a number of economic factors spurred by Lehigh Valley Hospital and Health Network and gauge the value of the institution to the commonwealth and to the region. Among the factors considered were government revenue, the impact of medical students, employees and research. The study also compares the economic impact of the hospital system to other institutions in the Lehigh Valley.

Employment and Community Spending Impact
LVHHN is responsible directly and indirectly for more than 15,000 full-time jobs, making it the largest single employer in the Lehigh Valley region. According to Paul Umbach, President and founder of Tripp Umbach, “One out of every 20 workers in the Lehigh Valley region works directly or indirectly for LVHHN.”

Beyond direct spending by LVHHN, additional impacts to the region include spending generated by vendors, start-up companies that commercialize research conducted at LVHHN and the spending of more than 8,000 employees and several hundred physicians and medical students.

“Caring for our community is a partnership that benefits our community in many ways,” said Elliot J. Sussman, MD, LVHHN’s president and CEO. “Our patients rely on our hospitals, physicians, nurses and staff for the highest quality health care. As this report shows, Lehigh Valley Hospital and those individuals, businesses and other organizations that help to provide that care, both directly and indirectly, also contribute significantly to our community’s economic health.”

Medical Staff Bylaws/Rules and Regulations Available On-line
Changes to the Medical Staff Bylaws and a completely revised set of Medical Staff Rules and Regulations were approved by the Boards of Trustees at the September 7, 2005 meeting after recommendations by the Bylaws Committee, Medical Executive Committee, and the General Medical Staff.

The latest version of the Medical Staff Bylaws/Rules and Regulations is available on-line on the Hospital’s Intranet. To access the document, go to the Hospital’s Intranet homepage, then select the Medical Staff Services website, located under Clinical Resources on the left side of the page. Select the “Documents” button, then select “Medical Staff Bylaws.”

If you do not have access to the Hospital’s Intranet, copies of the Medical Staff Bylaws/Rules and Regulations are available in Medical Staff Services. If you have any questions or would like to request a hard copy of the document, please contact Kathy Schaeffer in Medical Staff Services at 610-402-7846.
2005-2006 Influenza Vaccine Supply

On September 2, 2005, the Centers for Disease Control and Prevention released information on projected influenza vaccine supply and issued the following recommendations for prioritization of influenza vaccination for the 2005-06 influenza season. The Pennsylvania Department of Health (PADOH) is advising providers to abide by CDC recommendations as follows:

Influenza vaccine distribution delays or vaccine supply shortages have occurred in the United States in three of the last five influenza seasons. In response, prioritization has been implemented in previous years to ensure that enough vaccine is available for those at the highest risk for complications from influenza. The information in this report updates projections of influenza vaccine supply and previous recommendations for priority use of trivalent inactivated influenza vaccine (TIV) during the 2005-06 influenza season.

Four manufacturers now expect to provide influenza vaccine to the U.S. population during the 2005-06 influenza season. However, because of the uncertainties regarding production of influenza vaccine, the exact number of available doses and timing of vaccine distribution for the 2005-06 influenza season remain unknown.

Given the uncertainties in doses and distribution, CDC recommends that the following priority groups receive TIV until October 24, 2005:

- Persons aged >65 years with comorbid conditions
- Residents of long-term care facilities
- Persons aged 2-64 years with comorbid conditions
- Persons aged >65 years without comorbid conditions
- Children aged 6-23 months
- Pregnant women
- Health-care personnel who provide direct patient care
- Household contacts and out-of-home caregivers of children aged <6 months

Beginning October 24, 2005, all persons will be eligible for vaccination.

If you have any questions or need additional information regarding this issue, please contact Terry Burger, Manager, Infection Control, at 610-402-0685.

New Express Admissions Unit to Open at LVH-Muhlenberg

A new Express Admissions Unit, which will be known as 7E, will open at Lehigh Valley Hospital-Muhlenberg in October. Located on the seventh floor of the Tower, the new unit will open with six beds which all have telemetry capability.

The unit will focus on taking medical/surgical admissions that have been assigned to a bed pending a confirmed discharge of the patient occupying the bed. The types of patients admitted to 7E include direct medical/surgical admissions and medical/surgical telemetry patients.

The goal of this new unit is to facilitate the efficient admission process for Emergency Department patients. Assignment to the unit will be coordinated through Patient Logistics. The unit will be open Monday through Friday from 10 a.m. to 10 p.m., except holidays. Reservations for patient admissions will be accepted until 8:15 p.m.

To make a reservation for your patient, please call 610-402-4508.

The telephone number for 7E is 484-884-7180. For more information about the unit, please contact Beth Kessler, RN, Director of 7E, pager 610-402-5100 0937, or Tami Meltsch, RN, Patient Care Coordinator, pager 610-402-5100 7074.

REMINDER – Urgent and Emergency consults require direct physician-to-physician communication.
Recognizing the Impaired Health Care Professional

The impaired health care professional – physician, nurse, ancillary provider – is one who is unable to practice his or her profession with reasonable skill, care and diligence as well as safety to patients because of an emotional disorder, substance abuse or some other personal problem.

A study by the National Institute for Occupational Health and Safety indicates that health care professionals may have a higher than average risk of developing debilitating personal problems. Research suggests that 12-14 percent of all practicing physicians are, or will become, impaired during their careers.

This may be due, in part, to the fact that many health care professionals are so idealistic, perfectionistic and work-addicted in the name of healing everyone else that they don’t know how to handle their personal and emotional lives.

The impaired professional will exhibit subtle personality changes as the problem or disorder worsens. Mood swings may be common, ranging from irritability, outbreaks of anger and paranoia to sudden euphoria and hyperactivity.

In the office or hospital, the impaired professional may have frequent schedule disruptions, behave inappropriately toward patients, staff and colleagues, have complaints made by patients or staff regarding his/her unusual behavior, and be absent frequently due to “illness.”

The impaired physician may display abnormal behavior during rounds, give inappropriate orders and be unavailable for the emergency room or call. His/her charting may deteriorate and handwriting change. Allegations by staff may occur regarding inappropriate behavior.

Regardless of profession, additional symptoms of impairment include:

- Deterioration in physical appearance and grooming
- Multiple physical signs and complaints
- Withdrawal from friends and colleagues and from involvement in community activities
- Embarrassing behavior at social functions
- Poor judgment; poor memory; confusion
- Inappropriate conversations with patients
- Neglect of commitments and responsibilities
- Decreasing quality of patient care

If you are concerned about a possibly impaired physician, you are encouraged to contact the appropriate Chair of the physician’s department, a member of Troika, or John W. Hart, Vice President, at (610) 402-8980. In the case of physicians, appropriate referrals may be made to the Physician Assistance Program or the Physician Health Program of the Pennsylvania Medical Society, of which the hospital and medical staff are major contributors.

Please remember - all contacts will be kept confidential.

Stroke Peer Visitor Program

The Stroke Peer Visitor Program at LVH is a joint effort with Good Shepherd Rehabilitation Hospital supported by the Dorothy Rider Pool Health Care Trust to provide stroke survivors and their caregivers relative information to assist in their recovery. The peer visitors have each had their own experience with stroke and have had formal educational sessions to assist in their role development. Peer visitors will have contact with stroke patients and their families through a referral system at Lehigh Valley Hospital and Good Shepherd Rehabilitation Hospital by request. For referrals at LVH, please call 610-402-4577.

News from the Libraries

OVID

OVID has changed its look. The functionality is the same; however, the screens utilize tabs instead of icons. Also, the commands, i.e., perform search, have changed from green ovals to orange boxes. If you need assistance in adjusting to the new format, contact the Library at 610-402-8410. If you would like a refresher course, contact Barbara Iobst, Director of Library Services, at 610-402-8408.

Book Suggestions

If you would like to suggest or recommend a book for inclusion in one of the three libraries, please send your suggestion via interoffice mail to Barbara Iobst, CC Library, or email barbara.iobst@lvh.com.
Gregory R. Harper, MD, PhD, Physician in Chief, Cancer Services, has been selected by his peers to be included in the Best Doctors in America 2005-2006 database. The Best Doctors in America database is a valued resource that contains the names and professional profiles of approximately 32,000 of the best doctors in the United States. An exhaustive peer-review survey by thousands of doctors determines the doctors included in the database. Only those doctors who earn the consensus support of their peers are included. Doctors cannot buy listings. For this reason, inclusion in the Best Doctors in America database is a remarkable honor.

The Best Doctors in America database is the preeminent listing of its kind. It has been featured on national television shows including 60 Minutes, The Today Show, and CNN Headline News as well as in major print media including USA Today, The New York Times, The Los Angeles Times, and The Wall Street Journal. The database has also received recognition in scores of major metropolitan magazines, as well as in major media outlets in Canada, Europe and Asia.

Dr. Harper, who joined the hospital’s Division of Hematology-Medical Oncology in September, 1996, is in practice with Hematology-Oncology Associates, Inc.

Michael J. Pistoria, DO, Division of General Internal Medicine, and Associate Program Director, Internal Medicine Residency Program, was elected a Fellow of the American College of Physicians.

Dr. Pistoria, who completed his internship and Internal Medicine residency at Lehigh Valley Hospital, has been a member of the Medical Staff since September, 1999. He is in practice with LVPG-Medicine.

Lehigh Valley Diagnostic Imaging has recently implemented NeuroQ, a powerful quantitative analysis software program developed by Daniel Silverman, MD, PhD, head of neuronuclear imaging at UCLA Medical Center. PET/CT with NeuroQ substantially increases the accuracy of a dementia diagnosis. NeuroQ performs assessment of brain scans through quantification of over 200 standardized regions of interest (sROI’s) and compares these regional activity levels within an individual scan to regional activity values derived from a normals data base. Comparisons are made through quantitative and statistical assessments.

Many neurodegenerative diseases, including Alzheimer’s disease, produce significant changes in brain metabolism, which often go undetected by neurological tests or structural imaging (CT or MRI). Because treatment is specific to the type of dementia, it is critical that the diagnosis is accurate.

A patient who presents with an adverse change in cognition or behavior, which has not been both fully explained and fully reversed following standard diagnostic and treatment approaches, should be considered a candidate for PET/CT scanning with NeuroQ.

For scheduling information and patient brochures, please contact Martha Kahan, Physician Liaison, Lehigh Valley Diagnostic Imaging, at 610-770-1450.

Documentation Improvement Tip of the Month

Syncope is loss of consciousness and postural tone caused by diminished cerebral blood flow. The code for this diagnosis is found under the listing of symptoms, signs, and ill defined conditions. Codes in this category cannot be used as principal diagnosis when related diagnosis has been established. If the underlying etiology of the syncope is known, please document this in the patient’s medical record.
Upcoming Seminars, Conference and Meetings

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 October will include:

October 6 – LVH-Cedar Crest & I-78 – ECC #1
10 a.m. to noon (Note time change)
... “Fall Sports Related Injuries”
... St. Luke’s Case Review

October 13 – LVH-M 4th Floor Classroom
... Resident Lecture Series
... “Male GU Emergencies”
... “Medical Malpractice Issues”
... Rosen’s Club

October 20 – 2166 S. 12th Street
... “Disorders of Pressure”
... “Evidence at the Point of Care Part II”
... “Decision Rules in the ED”
... “Myths in Emergency Medicine”

October 27 – LVH-M 4th Floor Classroom
... Pediatric Topic Conference
... Resident Lecture Series
... Research Lecture Series
... 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 at Lehigh Valley Hospital – Cedar Crest & I-78, unless otherwise noted. Please note that there are no Grand Rounds scheduled for October.

Geriatric Trauma Education Conference

The Geriatric Trauma Education Conference for October will be held at noon on Wednesday, October 5, in Classroom 1, located on the first floor of the Anderson Wing at Lehigh Valley Hospital – Cedar Crest & I-78.

The topic of discussion will be “Geriatric Trauma Scores.”

For more information, please contact Robert D. Barraco, MD, MPH, Chief, Section of Pediatric Trauma, at pager 610-402-5100 1651.

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 for October will include:

... October 4 – “Lessons learned from the athlete with diabetes – Hypoglycemia in clinical practice”
... October 11 – “Amyotrophic Lateral Sclerosis: The Ethical and Scientific Continuum of Patient-Centered Multidisciplinary Care”
... October 18 – “Vasoactive Therapy in Critically Ill Patients”
... October 25 – “Perspectives in the Diagnosis and Management of Colorectal Cancer”

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

Neurology Conferences

The Division of Neurology holds conferences on Fridays beginning at noon in Classroom 1 at Lehigh Valley Hospital – Cedar Crest & I-78. Topics to be discussed in October will include:

... October 7 – Division of Neurology Meeting (No Conference)
... October 14 – “Neuromuscular Causes of Weakness in Critical Care”
... October 21 – “Inflammatory Myopathies”
... October 28 – “New Myopathies”

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

- October 7 – Gynecologic Tumor Board
- October 14 – “Bioethics and OB/GYN Dilemmas” (Location Change – Classroom 1)
- October 21 – “Prediction and Prevention of Premature Labor” (Location Change – Classroom 1)
- October 28 – Obstetrics M&M

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

Department of Pediatrics 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 October will include:

- October 4 – “Post Traumatic Stress Disorder”
- October 11 – “Influenza – Biggest Biological Threat of All?”
- October 18 – Family Centered Care topic
- October 25 – “Second Generation Pay for Performance”

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 October will include:

- October 4 – “Multi-modal Therapy of Esophageal Carcinoma”
- October 11 – “Hirschsprung’s Disease”
- October 18 – Canceled for ACS Meeting
- October 25 – To Be Announced

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

TOPVENT: Trial of Odiparcil in the Prevention of VENous Thromboembolism

The primary objective of this multi-center, double blind, double dummy, randomized, dose ranging, comparator controlled trial is to assess the safety and efficacy of odiparcil in the prevention of venous thromboembolism following total knee replacement. Odiparcil is a novel, orally active antithrombotic agent. The specific antithrombotic activity of odiparcil should result in a reduced bleeding risk compared with vitamin K antagonists, unfractionated, low molecular weight heparins and direct thrombin inhibitors. Subjects will be dosed with odiparcil (250mg, 375mg or 500mg q12h) or warfarin (dose adjusted to an INR of 2-3) following TKR for a period of 8 to 12 days. Eligible candidates will consist of males or females ≥35 years of age that are scheduled for primary elective unilateral total knee arthroplasty. Some of the factors which would exclude candidates consist of: females who are not surgically sterile or postmenopausal, a contraindication to contrast venography, moderate to severely impaired renal function, ALT or AST > ULN at Screening, or a contraindication to warfarin.

Arvind K. Gupta, MD, Division of General Internal Medicine, is the Principal Investigator.

If you have any questions, please call the Department of Medicine Research office at 610-402-1635, or page the coordinator on-call at 610-402-5100 0999 with referrals.
**Papers, Publications and Presentations**

**Robert D. Barraco, MD, MPH**, Chief, Section of Pediatric Trauma, attended the Third Mediterranean Emergency Medicine Congress in Nice, France, in September, 2005, where he presented his paper, "Hospitalization for Injury Affects Subsequent Seatbelt Use." Thomas Wasser, PhD, Director of Health Studies, was a co-author on this project.

Dr. Barraco also presented his poster, "Sledding and Snow Tubing: Injury Patterns and Outcomes," which was co-authored by Julie Albertson, RN; **Mark D. Cipolle, MD, PhD**, Chief, Section of Trauma Research; **Michael D. Pasquale, MD**, Chief, Division of Trauma-Surgical Critical Care; **Michael M. Badellino, MD**, Associate Chief, Division of General Surgery, and Dr. Wasser.

Dr. Barraco also moderated a trauma poster session at the conference.

"Evaluation and Recommendations from a Study of a Critical Care Waiting Room," an article co-authored by Lynn Deitrick, PhD, Health Studies; **Daniel E. Ray, MD**, Division of Pulmonary/Critical Care Medicine; Glenn Stern, Health Studies; Cathy Fuhrman, RN, Palliative Care; Tamara Masiado, Health Studies; Sandra Yaich, Center for Educational Development and Support; and Thomas Wasser, PhD, Health Studies, was published in the July/August 2005 issue of the *Journal for Healthcare Quality*.


"T. Daniel Harrison, DO, and Omid Jazaeri, MD, General Surgery residents, Jason Laskosky, PharmD, and **Michael D. Pasquale, MD, and Mark D. Cipolle, MD, PhD**, Division of Trauma-Surgical Critical Care, co-authored the article, "Low Dose Recombinant Activated Factor VII Results in Less Blood and Blood Product Use in Traumatic Hemorrhage," which appeared in the July issue of the *Journal of Trauma Injury, Infection, and Critical Care*.

**Donald L. Levick, MD, MBA**, Medical Staff President and Physician Liaison, Information Services, is a contributing author to *Implementing the Electronic Health Record: Case Studies and Strategies for Success*, edited by Joe Miller, FHIMSS, and published by the Healthcare Information and Management Systems Society, 2005. Dr. Levick authored the chapter, "Provider Order Management."

**Jeffrey R. McConnell, MD**, Division of Orthopedic Surgery, Section of Ortho Trauma, was a member of the faculty for an Association for the Study of Internal Fixation (AO ASIF) course titled “Principles and Treatment of Spinal Disorders for Residents and Fellows,” which was held September 9 to 11, in Boston, Mass.

**William L. Miller, MD**, Chair, Department of Family Medicine, was a contributing author of a feature article – “Performance Improvement: How Complexity Science Can Inform a Reflective Process for Improvement in Primary Care Practices” – that was published in the August 2005 issue of *Joint Commission Journal on Quality and Patient Safety*.

**Nina J. Paonessa, DO, Lester Rosen, MD, and John J. Stasik, MD**, members of the Division of Colon and Rectal Surgery, co-authored the article, “Use of a Gastroscope for Incomplete Colonoscopy,” which appeared in the April issue of the journal, *Diseases of the Colon and Rectum*.

**Lester Rosen, MD**, Division of Colon and Rectal Surgery, presented the Bacon Oration, “Past, Present, and Future of Colon and Rectal Cancer Screening,” at the Pennsylvania Society of Colon and Rectal Surgeons meeting, Union League, held on September 9, in Philadelphia, Pa.

In addition, Dr. Rosen presented “Patient Safety in Colon and Rectal Surgery” at the Florida Society of Colon and Rectal Surgeons meeting held on September 17, in Howey-in-the-Hills, Fla.

**Brian Stello, MD**, Department of Family Medicine, was a contributing author of an article, “Implementing an Electronic Medical Record in a Family Medicine Practice: Communication, Decision Making, and Conflict,” which was published in the July/August 2005 issue of *Annals of Family Medicine*.

**Patrice M. Weiss, MD**, Residency Program Director and Vice Chair of Education and Research, Department of Obstetrics and Gynecology; Craig Koller, Education Analyst, Department of Obstetrics and Gynecology; **L. Wayne Hess, MD**, Chair, Department of Obstetrics and Gynecology; and Thomas Wasser, PhD, Director of Health Studies, co-authored an article, "How Do Medical Student Self-Assessments Compare with Their Final Clerkship Grades?" which was published in the *Medical Teacher*, Volume 27, No. 5, 2005.
Who’s New

Medical Staff

New Appointments

Ann C. Anderson, DPM
Allentown Family Foot Care
1633 N. 26th Street
Allentown, PA 18104-1801
(610) 434-7000
Fax: (610) 434-7029
Department of Surgery
Division of Podiatric Surgery
Provisional Active

Robert E. Budinetz, MD
Community Physician Practice
Growth Initiative
1650 Valley Center Parkway
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Bethlehem, PA 18017-2344
(484) 884-2024
Fax: (484) 884-4346
Department of Family Medicine
Provisional Active

Thomas W. Doherty, MD
Lehigh Internal Medicine Associates
Atrium Building
2895 Hamilton Blvd., Suite 101
Allentown, PA 18104-6192
(610) 439-0303
Fax: (610) 439-1157
Department of Medicine
Division of General Internal Medicine
Provisional Active

Kevin P. Meitz, DO
Afterhours Physician Coverage Group
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Department of Medicine
Division of General Internal Medicine
Provisional Limited Duty

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Department of Medicine
Division of General Internal Medicine
Provisional Limited Duty

Tina M. Myers, DO
Pennsburg Family Practice
925 Main Street
Pennsburg, PA 18073-1699
(215) 679-4421
Fax: (215) 679-4423
Department of Family Medicine
Provisional Affliate

Joselito A. Ouano, MD
Berks Family Physicians, PC
11 Ingot Drive
Blandon, PA 19510-9639
(610) 944-8818
Fax: (610) 944-7329
Department of Family Medicine
Provisional Affliate

Joseph E. Patruno, MD
Center for Women’s Medicine
Lehigh Valley Hospital
17th & Chew, P.O. Box 7017
Allentown, PA 18105-7017
(610) 402-1600
Fax: (610) 402-7797
Department of Obstetrics and Gynecology
Division of Gynecology
Provisional Active

David W. Scaff, DO
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
Division of Trauma-Surgical Critical Care/General 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.
Continued from Page 13

Shelly Sethi, DO
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

Waleed S.W. Shalaby, MD, PhD
Gynecologic Oncology Specialists
Fairgrounds Medical Center
400 N. 17th Street, Suite 201
Allentown, PA 18104-5000
(610) 402-3650
Fax: (610) 402-3673
Department of Obstetrics and
Gynecology
Division of Gynecologic Oncology
Provisional Active

Karthik P. Sheka, MD
John J. Cassel, MD, PC
1255 S. Cedar Crest Blvd.
Suite 1200
Allentown, PA 18103-6256
(610) 437-6222
Fax: (610) 437-5910
Department of Medicine
Division of Cardiology
Provisional Active

Naser Tolaymat, MD
Pediatric Specialists of the Lehigh Valley
Lehigh Valley Hospital-Muhlenberg
2545 Schoenersville Road
Third Floor
Bethlehem, PA 18017-7384
(484) 884-3333
Fax: (484) 884-3366
Department of Pediatrics
Division of Pediatric Subspecialties
Section of Gastroenterology
Provisional Active

Patrick F. Walsh, DO
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1240 S. Cedar Crest Blvd., Suite 410
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Department of Medicine
Division of General Internal Medicine
Provisional Limited Duty

Igor M. Yampolsky, MD
Allentown State Hospital
1600 Hanover Avenue
Allentown, PA 18109-2498
(610) 740-3228
Fax: (610) 740-3306
Department of Psychiatry
Provisional Active

Practice Changes

Glenn M. Forman, MD
(No longer with Orthopaedic Associates of Bethlehem & Easton)
Valley Pain Specialists
260 E. Broad Street
Bethlehem, PA 18018-6224
(610) 954-9040 Fax: (610) 954-9093

Vipul D. Makwana, MD
(No longer with Care Medical Associates)
Lehigh Area Medical Associates, PC
1255 S. Cedar Crest Blvd., Suite 2200
Allentown, PA 18103-6226
(610) 437-9006 Fax: (610) 437-1942
(Effective October 3, 2005)

Stephen C. Matchett, MD
(No longer with Pulmonary Associates)
Tele-Health Services
Lehigh Valley Hospital-Muhlenberg
2545 Schoenersville Road
Administration-Fourth Floor
Bethlehem, PA 18017-7384
(610) 402-1271 Fax: (610) 402-1264

Meinardo R. Santos, Jr., DPM
(No longer with Coordinated Health Systems)
Pocono Foot & Ankle Consultants, PC
200 Eaglesmere Circle
East Stroudsburg, PA 18301-3148
(570) 476-6629 Fax: (570) 476-6839

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**Practice Name Change**

Christine & Bren Family Practice is now known as

**Danielsville Family Practice**
Deborah Bren, DO
Natalie Rice, MD
1365 Blue Mountain Drive
Danielsville, PA 18038-9738
(610) 767-4315
Fax: (610) 767-9420

John M. Gray, DO
West Broad Street Family Medicine
801 W. Broad Street
Bethlehem, PA 18018-5223
(610) 867-3874
Fax: (610) 867-8499

**Address Change**

**Neighborhood Pediatrics**
Susan E. Adams, MD
Cheryl L. Kienzle, MD
3445 High Point Blvd., Suite 204
Bethlehem, PA 18017-7808

Eric A. Goldman, DO
Pain Specialists of Greater Lehigh Valley, PC
LVH-Muhlenberg Pain Center
2545 Schoenersville Road
Bethlehem, PA 18017-7384
(484) 884-2952
Fax: (610) 861-8946

Jason A. Pellegrino, DMD
Jason A. Pellegrino, DMD, PC
5920 Hamilton Blvd., Suite 101
Allentown, PA 18106-8942
(610) 530-7901
Fax: (610) 530-7905

Barry A. Ruht, MD
Barry A. Ruht, MD, FACS, PC
1605 N. Cedar Crest Blvd.
Suite 608
Allentown, PA 18104-2317
(610) 821-4950
Fax: (610) 821-4009

Elizabeth L. Stanton, MD
8031 Main Street
Fogelsville, PA 18051-1724
(610) 336-4676
Fax: (610) 336-4677

**Status Changes**

**James J. Daley, MD**
Department of Medicine
Division of Physical Medicine-Rehabilitation
From: Provisional Active
To: Associate

**Jason E. Kooch, DO**
Department of Medicine
Division of Physical Medicine-Rehabilitation
From: Provisional Active
To: Associate

**Steven B. Mazza, MD**
Department of Medicine
Division of Physical Medicine-Rehabilitation
From: Provisional Active
To: Associate

**Additional One-Year Leave of Absence**

**Douglas P. Harr, MD**
Department of Medicine
Division of General Internal Medicine/Geriatrics

**Resignations**

**James W. Jaffe, MD**
Department of Radiology-Diagnostic Medical Imaging
Division of Diagnostic Radiology
Section of Cardiovascular-Interventional Radiology/Neuroradiology

**Marcos D. Sanchez, MD**
Department of Medicine
Division of General Internal Medicine

**Change of Group & Privileges**

**Giacinta Aspite, CRNA**
Certified Registered Nurse Anesthetist
From: Lehigh Valley Anesthesia Services, PC – Thomas M. McLoughlin, Jr., MD
To: ANESTICARE Anesthesia Services, Inc. – Thomas M. McLoughlin, Jr., MD
Privileges Limited to LMIC

**Resignations**

**Jeanette Addis**
Medical Assistant
(The Heart Care Group, PC)

**Lisa M. Beloli, CRNA**
Certified Registered Nurse Anesthetist
(Lehigh Valley Anesthesia Services, PC)

**Robert G. Dougher, PA-C**
Physician Assistant-Certified
(Coordinated Health Systems)
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.