Imagine every critical care patient having a private physician at the bedside 24 hours a day, seven days a week to monitor and chart every vital sign as it occurs, immediately detect and respond to the slightest need, able to prevent life-threatening situations. Lehigh Valley Hospital and Health Network (LVHHN) will begin implementing this level of "real-time" care for critically ill patients through a dramatic new service using customized, state-of-the-art technology.

Already recognized nationally for intensive care, LVHHN will begin offering ICU patients this new "tele-intensivist" service in July. Specially trained critical care doctors called intensivists will be able to monitor intensive care unit (ICU) patients around the clock via the new system. Initially, 28 critical care patient beds will be equipped with high resolution video, two-way audio, and an electronic bedside charting system that tracks all patient data and is monitored by specialists 24/7. Ultimately, all critical care beds at Lehigh Valley Hospital (LVH)–Cedar Crest & I-78 and LVH–Muhlenberg will be monitored via tele-intensivists.

This evolution from the standard manual charting will give the intensivists, known as "tele-intensivists" the unique ability to instantly track combinations of patient data. They can immediately alert the on-site hospital ICU team of any adverse patient conditions and assist with care at any time of the day or night while conversing with the care team in the patient’s room as though they were there with them.

Continued on Page 3
enough that the bdelloid rotifer can go from one rotifer to filling up a mid-sized pond in a month, if left uneaten. So the bdelloid rotifer is quite happy to stay unevolved, thank you very much. She has her food supply, a way of fighting off parasites, and a way to see the world. It’s not sexy, but it beats living in Toledo.

The rest of us mere mortals need to evolve and to have sex as much to fight off parasites as to achieve other goals of development. By having sex, we mix up our genes enough that we can more rapidly develop resistance to viruses, bacteria, and other hungry and evolving species that would be just as happy to use us as their lar- der. But as we evolve resistance to other species, such as antibodies to chicken pox, the other species evolve to do a better job of using us as a host. It’s an endless battle of change, where just when you think you have won, the other combatants show up with better armor and bigger guns. This phenomenon has been de- scribed as “The Red Queen”. This refers to the chess queen in Alice in Wonderland who has to keep running just to stay in place. If she stops run- ning, she starts to fall backwards.

If you think about what we are as an institution, it’s very noticeable that we have become a place where the process of inpatient care gets done very very well. We win awards for our information technology, our safety processes, our nursing staff, our stroke team, our engineering department, and for many other aspects of the provision of care. In 2002, we had the best results for open heart surgery among all of the programs in the Commonwealth of Pennsylvania. All of them. We monitor falls, medica- tion errors, safety issues, guideline compliance, and about a zillion other parameters of care, and constantly strive to improve on our performance. We are the place to get it done right. With the addition of telemedicine and CAPOE, we are the place other insti-
tutions look to for leadership in getting the process of care right.

If we were the bdelloid rotifer, we could rest on our laurels and call it an evolutionary day. Just stay as we are, content in our capacities, able, active and static. However, we are forced to constantly evolve, even to stay in the same place. There are new challenges for us institutionally every day. Our Emergency Department at Cedar Crest & I-78 is bursting at the seams, as are the operating rooms, the intensive care units, and even the med-surg floors. At LVH-Muhlenberg, our inpatient admission volume is up almost 10% over last year and rising. There is a need for a better connection between the outpatient enterprise and the in- patient experience. We need to evolve new ways of mastering information to better care for our patients and continually renew our understanding of medicine. We need to provide a better service for a more demanding and discerning public. We are challenged to not just provide excellent care, but the best care. We are challenged to move safety away from the lackluster performances that the Institution of Medicine highlighted in its reports.

To remain a viable and vital institu- tion, it is not good enough to be. Be- ing is good, but we also have to fo- cus on becoming. I think we can do better than the Red Queen, and move forward in our performance and capabilities. We just have to keep running a bit harder and a bit faster to become what Leonard Parker Pool envisioned long ago – a place where the very best of care could be available in the Lehigh Val- ley. To do that, we have to constantly reinvent ourselves, making sure that we are always becoming, and not just being.

Alexander D. Rae-Grant, MD
Medical Staff President
“This technology will enable us to be even more vigilant in monitoring and caring for our most critically ill patients by augmenting, not replacing, the bedside physician,” says Stephen C. Matchett, MD, LVHHN’s Chief of Critical Care Medicine and Tele-intensivist Medical Director. “It will enhance patient care through early detection and intervention to prevent complications. This has proven to shorten hospital stays, improve the patient’s recovery and, in some cases, means the difference between life and death.”

LVH is the only hospital in the nation taking tele-intensivist technology to the next level by tracking and analyzing complex sets of clinical data to assess and address each patient’s specific needs. This allows for an unlimited analysis of customized patient information to be gathered and monitored at all times, which has been unavailable up to now with the existing technology.

LVHHN’s tele-intensivist ICU unit, located at 2024 Lehigh Street, Allentown, is equipped with multiple computer monitors. These allow the tele-intensivist to view the patient and interact with caregivers in the hospital ICUs, check vital signs, access the updated medical record, and track ongoing trends in the patient’s condition. Trigger “alarms” assure prompt detection of adverse changes in any patient’s condition to enable timely decision-making. Once the tele-intensivist alerts the onsite team, they are readily accessible to see and talk with patients, doctors and nurses to offer specialized expertise to assist treatment.

The electronic bedside charting system called MetaVision, designed by iMDsoft, a Massachusetts-based medical software company, is the foundation on which the tele-intensivist technology is built. It will significantly improve the onsite care of ICU patients in three ways: first, automatic bedside data entry will reduce administrative time, which will enable critical care nurses and other caregivers to focus more on patients; second, it improves the accuracy and timeliness of the patient record, which will promote patient safety; and third, having bedside access to updated patient data will help clinicians to better coordinate treatment, which should speed up recovery and shorten the patient’s stay.

The other key component that drives the tele-intensivist technology is the audio/visual expertise of Vistacom, Inc., one of the northeast’s premier audio/visual system integration firms located in Allentown.

LVH already is acclaimed nationally as one of 11 "best practice" ICUs by the National Coalition on Health Care, the Institute for Health and the Society for Critical Care Medicine. LVH also was the only recipient of the prestigious 2003 National Quality Health Care Award presented by the National Committee for Quality Health Care (NCQHC) in partnership with Modern Healthcare magazine, and was named a 2003 John M. Eisenberg Patient Safety award winner by the National Quality Forum (NQF) and Joint Commission on Accreditation of Healthcare Organizations (JCAHO). LVHHN’s tele-intensivist initiative is fully compliant with the ICU physician staffing standard set by The Leapfrog Group, a coalition of top employers that provide health benefits.

“We are raising the bar even higher,” says Elliot J. Sussman, MD, LVHHN’s President and CEO. “Pioneering this technology reinforces our commitment to clinical innovation and service excellence to provide the best care for our patients and their families. Having electronic patient data also will give us unprecedented research capabilities allowing us to become an even better teaching hospital.”

LVH–Cedar Crest & I-78 has staffed its medical ICU with intensivists since 1995 and currently has six board-certified medical intensivists on staff. In addition, eight intensivists staff LVH’s trauma and other surgical ICUs. The tele-intensivist program is expected to be fully operational in all of LVHHN’s ICUs by mid-2005.

**KVO IV’s to Heparin Locks**

At the February 18 meeting of the Therapeutics Committee, the practice of automatically converting KVO IV’s to heparin locks on medical/surgical units was discussed. Based on evidence that patients with IV’s are at increased risk for fluid boluses, fluid infiltration, phlebitis, increased risk for falls and decreased ability to ambulate, the Therapeutics Committee approved the practice of converting all KVO IV’s to heparin locks on Med-Surg units. This process will begin on April 19, 2004.

If you have questions regarding this issue, please contact Pat Matula, Practice Specialist, Professional Development, at 610-402-1733.
Regional Heart Center Update

Looking Back on Year One
This month marks my one-year anniversary as Chief of Cardiology and Medical Director of the Regional Heart Center. I’ve enjoyed an especially challenging and rewarding year, marked by significant progress and planning for additional growth of our Regional Heart Center, as you’ll read in this update. Thanks to everyone who continues to help make our program a success.

PHC4 CABG Report Highlights Quality of LVHHN’s Program
Congratulations to LVHHN’s Division of Cardio-Thoracic Surgery for their superior CABG outcomes! The latest CABG quality report for all hospitals issued in March by PHC4 shows that LVH was virtually in a class by itself in 2002, achieving the lowest death rates in the state for this procedure. We want to extend the highest praise to our Division of Cardio-Thoracic Surgery for their overall outstanding results.

The report shows:
- LVH is the ONLY hospital among 62 that perform open-heart surgery in the state with lower than expected mortality both during the patient’s hospital stay and 30-days after the operation.
- LVH performs the third most CABGs in the state and is the fourth largest heart surgery program in the state, performing 916 open heart and CABG procedures combined in 2002, the year for which the data was compiled.
- LVH’s cardio-thoracic surgeons individually perform a large volume of cases, which the PHC4 data shows produces better results.

Other progress notes on CT surgery:
The division now routinely offers the following advanced therapies to select patients:
- TMR (transmyocardial laser revascularization)
- Atrial fibrillation ablation (Maze procedure)
- Aortic arch aneurysm resection
- A wide range of surgeries for CHF
- Thoracic surgeries, in particular lung cancer resection.

MI Alert Program
LVHHN’s MI Alert emergency angioplasty service is available 24/7/365 in the Emergency Departments at Cedar Crest & I-78 and LVH-Muhlenberg. We are the only hospital in the region that is consistently able to provide PTCA to MI patients within 90 minutes or less of the patient’s presentation in the Emergency Department, thanks to our Cardiology and Emergency Department colleagues.

The network is in negotiations and planning stages to implement Regional MI Alert at several hospitals outside the Lehigh Valley.

In order to achieve the 90-minute standard for treatment with PTCA, LVHHN’s MedEvac helicopter will transport the patient from a referring hospital to LVH, where a cardiologist will open the blocked vessel with angioplasty. This approach has been described in the medical literature as a more effective treatment for MI patients than thrombolytics.

Women’s Heart Initiative
With the ultimate goal of reducing female deaths from heart disease, the Regional Heart Center will launch a cardiovascular risk prevention, education and treatment program for women later this year.

After exploring program options at hospitals throughout the country, we have chosen to implement in our region the Women’s Heart Advantage program, which was pioneered by the Voluntary Hospital Association several years ago and is still going strong. We will be partnering with the American Heart Association on this initiative.

The role of cardiologists, primary care physicians and ob-gyns, along with their office staffs, will be critical to the success of this program. More information will be provided as we near the introduction date. Meanwhile, please contact Vince Tallarico or me if you have questions or comments about this initiative.

Facilities Update: Cedar Crest & I-78
The Interventional Progressive Coronary Unit (IPCU) has opened on the third floor of the Pool Pavilion (formerly 3A) at Cedar Crest & I-78. This unit has 24 low-level monitored beds for treating both post-interventional as well as general cardiac patients.

Continued on next page
402-DOCS Line Celebrates One Year of Service

Last April, in an effort to assist members of the Medical Staff with problems, issues, or concerns, Medical Staff Services established a dedicated phone number that doctors can call to get a quick response. Since the introduction of the 610-402-DOCS line, numerous calls have been received concerning a variety of issues ranging from physician parking, not enough chairs in the Emergency Department, noise on the units from the Zamboni machines, to receiving reports in a timely manner. Each call has received attention, and many of the issues have already been resolved. In addition, in order to get more efficient usage of the 610-402-DOCS line, positive calls from doctors regarding colleagues and/or hospitals departments or services are also welcome on the 610-402-DOCS line.

Remember, if you have a problem that is bothering you, parking issues, concerns about a dirty hallway, or positive feedback concerning a colleague or hospital department or service, please call 610-402-DOCS.
New Priority for Lab and Radiology — "Impacts Discharge"

The hospital is a complex system, and seemingly small issues can have big impact. If we can increase the number of patients that we discharge before 11 a.m. each day, there would be significant impact on bed availability (on the units and in the Emergency Department, OR and PACU). Often, a discharge may be dependent upon getting a lab result or diagnostic study done early in the day. To facilitate this, on April 14, we will be adding a new priority, "I - Impacts Discharge," to the CAPOE screens for labs and diagnostics. This priority will alert the ancillary departments of the urgency of test completion to facilitate discharge of the patient. The "Impacts Discharge" priority should be selected if the patient can be discharged following test completion or if the patient is still here because the test has not yet been completed. Please remember to use this new priority. Everyone will benefit, especially our patients.

George W. knows that CAPOE is Important

On January 20, 2004, President George W. Bush became the first president to call for the use of technology in healthcare during his State of the Union Address. Specifically, he stated, "by computerizing health records, we can avoid dangerous medical mistakes, reduce costs, and improve care."

Stephen Lieber, the president of the Health Information and Management Systems Society (HIMSS), and David Garets, the chairman of the HIMSS board "applauded" the president. "This is a momentous occasion for our industry – the first time a President of the United States has addressed the need for improving the quality of healthcare through the effective utilization of information and management systems," they wrote. "This remark – made during a State of the Union address – substantially elevates the level of awareness and importance to an issue our industry has grappled with for more than two decades." Lehigh Valley Hospital continues to be on the leading edge of implementing information technology, and we should be proud of our efforts. As the importance of information technology continues to receive national attention, our efforts will continue to differentiate this hospital and our medical staff from others in our region.

Jonathan Hertz wins January CAPOE Compliance Trip

On Friday, February 27, 2004, Dr. Jon Hertz from the Pulmonary Division had his name drawn out of the hat to become the fifth winner of the CAPOE Compliance trip. Dr. Hertz has been a very high CAPOE user from the beginning, and has been quite helpful in providing constructive feedback to improve the system. When contacted, Dr. Hertz was quite excited and surprised. "I've never won anything before this, ever!" he exclaimed. Dr. Hertz hopes to use the prize to bring his family along to a conference. Keep up your compliance and maybe you’ll soon be enjoying a warm, relaxing vacation or conference.

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

Coding Tip of the Month

A 360-degree spinal fusion is a fusion of both the anterior and posterior portions of the spine during the same operative episode by making a single incision. Other terminology for this procedure include TLIF-transforaminal lumbar interbody fusion and PLIF-posterior lumbar interbody fusion. The physician must document that an anterior and posterior column were arthrodesed through a single incision for correct code assignment and to avoid a physician query.
News from Health Information Management

Medical Record Documentation Requirements (according to Medical Staff Bylaws and regulatory agencies) include the following:

**Physician Orders**

For your information, pictured below is a copy of non-CAPOE orders with documentation in the margins and illegible handwriting, which caused a delay in patient care.

The following tips will assure patient safety as well as expedite transcribing orders:

- Use designated physician order forms
- Include allergies and diagnosis on admission and transfer orders
- Do not use “felt tip” pens… distorts writing
- Include date and time
- Write orders clearly and concisely
- Clearly identify signature (print and/or include pager/phone number)

- Use only approved abbreviations and symbols
- Do not use unacceptable abbreviations (trailing/leading zeros, “u”, etc.)
- Assure that orders are not ambiguous
- Make sure orders are complete
- Assure that orders are on the correct patient
- Number orders in sequence.
- Do not write in margins, outside list of orders, use additional pages if necessary
- Verbal and telephone orders should be kept to a minimum
- Verbal and telephone orders should be countersigned within 24 hours
- When using multiple page order sets, separate the pages so that information does not write through to subsequent order set pages

**Operative Procedure**

The components of the operative procedure documentation (follow-up note and dictated/handwritten operative report) must be done immediately following the procedure.

- Follow-up Note (handwritten) in the progress notes summarizing the operation performed.
- Dictated or handwritten operative report outlining the details of the procedure including the following:
  - Date of Procedure
  - Name of Primary Surgeon
  - Name of Assistants
  - Pre- and Postoperative Diagnoses
  - Type of Anesthesia
  - Indications for Surgery
  - Description of findings
  - Technical procedures used
  - Specimens removed
  - Unusual events during the course of the procedure

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

**History and Physical Examination**

A history and physical examination must be performed by a credentialed member of the Medical, Allied Health or Residency staff.

- The history and physical should be documented in the medical record within 24 hours of admission.
- For patients undergoing an operative procedure, the history and physical must be documented prior to the procedure.
- An H&P which is performed up to and no more than 30 days before the admission may be utilized provided it is updated to reflect the patient’s status at the time of the admission/service.
- Components of the history and physical include the following:
  - Patient Complaint
  - History of Present Illness
  - Previous Medical History
  - Family and Social History, where pertinent
  - Review of Systems
  - Physical Examination
  - Impression
  - Plan of Care

**Safety Pearl of the Month**

Do Not Use Abbreviations – Remember the list of non-approved abbreviations as well as the ones everyone makes when they do not want to spell out the words. Abbreviations can be very dangerous!
Palliative Care Initiative

As part of the palliative care initiative in the ICU, Lehigh Valley Hospital, along with other Robert Wood Johnson grantees – Massachusetts General and Harvard Medical School, University of Medicine and Dentistry of New Jersey, and University of Washington Schools of Medicine and Nursing – met in Mesa, Arizona. This annual meeting was held to share resources and discuss the progress everyone has accomplished during the past year.

Lehigh Valley Hospital shared baseline data from the Medical/Surgical ICU, Critical Care Family Satisfaction Survey (CCFSS) results, Quality of Dying and Death Survey (QODD) results, cost analysis, and waiting room findings with all the attendees. Many other discussions occurred at the annual meeting about the different care ICU patients require and areas of complexity these patients have. Generally speaking, most of these topics ended by talking about the importance of good communication and family meetings.

Educational Objective(s): Learn the key steps in conducting a family conference.

Case scenario: Bill is a 63-year-old man admitted following a massive MI. In the ER he is stabilized, intubated and transferred to the ICU. By history he experienced an unknown period of anoxia prior to arrival of the EMTs. On exam he remains unresponsive to deep pain after 3 days. On the third day of hospitalization, Bill's wife Susan, and three children join you for a family conference to discuss his treatment. How do you run a family conference? What do you teach residents?

I. Why: Clarify conference goals in your own mind.

II. Where: A room with comfort, privacy and circular seating.

III. Who: Patient (if capable to participating); legal decision maker/health care power of attorney; family members; social support; key health care professionals.

IV. How:

A. Introduction
   ... Introduce self and others.
   ... Review meeting goals; clarify if specific decisions need to be made.
   ... Establish ground rules: Each person will have a chance to ask questions and express views; No interruptions; Identify legal decision maker, and describe importance of supportive decision making.

B. Review medical status
   ... Determine what the patient/family already knows: "tell me your understanding of the current medical condition"

   ... Review current status, plan and prognosis.

   ... Ask each family member in turn if they have any questions about current status, plan and prognosis.

   ... Defer discussion of decision making until the next step.

C. Family Discussion w/ Decisional Patient

   ... Ask patient "What decision (s) are you considering?"

   ... Ask each family member "Do you have questions or concerns about the treatment plan? How can you support the patient?"

D. Family Discussion w/ Non-Decisional Patient

   ... Ask each family member in turn "What do you believe the patient would choose if they could speak for themselves?"

   ... Ask each family member "What do you think should be done?"

   ... Leave room to let family discuss alone.

   ... If there is consensus, go to V; if no consensus, go to E.

E. When there is no consensus:

   ... Re-state goal: What would the patient say if they could speak?

   ... Use time as ally: Schedule a follow-up conference the next day.

Continued on next page
... Try further discussion: What values is your decision based upon? How will the decision affect you and other family members.

... Identify legal decision-maker.

... Identify resources: Minister/priest; other physicians; ethics committee.

V. Wrap-up:

A. Summarize consensus, disagreements, decisions and plan.

B. Caution against unexpected outcomes. Identify family spokesperson for ongoing communication.

C. Document in the chart — who was present, what decisions were made, follow-up plan.

D. Don’t turf discontinuation of treatment to nursing.

E. Continuity: Maintain contact with family and medical team. Schedule follow-up meetings as needed.

Key teaching points:

... As moderator, your role is to promote the preconditions for discussion and decision-making. You cannot produce a specific outcome from the conference. Recognize what you can control and what you cannot control.

... You can adjust the suggested format to fit unique circumstances, but strive to retain key elements. Ask the resident what they think the key elements are. My list includes: introductions; review of conference goals; review of medical condition; summary; documentation; continuity.

... Strive to engage the family and the health care team.


Fast Facts and Concepts are developed and distributed as part of the National Internal Medicine Residency End-of-Life Education project, funded by the Robert Wood Johnson Foundation.

If you have any questions regarding palliative care, please contact Daniel E. Ray, MD, Division of Pulmonary/Critical Care Medicine, at 610-439-8856 or pager 610-776-5554.

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In celebration of Nurses’ Week 2004, all members of the Medical Staff are cordially invited to attend the Friends of Nursing Celebration to honor the patient care staff and the Friends of Nursing award recipients and donors on Thursday, May 6, 2004

Holiday Inn Conference Center
Fogelsville, PA
5:30 p.m. – Reception
7 p.m. – Friends of Nursing Awards Presentation and
"Celebrating our Legacy" multi-media show featuring Lehigh Valley Hospital and Health Network colleagues

RSVP by Friday, April 23, 2004
Kim Hitchings, RN, (610) 402-1704 or via email
News from the Libraries

SKOLAR MD

SKOLAR MD is an OVID product similar to MD Consult. It is designed to provide information at the point-of-care. The hospital has a trial subscription for one month. The Web address is: http://md.skolar.com
Username is: trial@lvh.com
Password is: skolar

Some of the useful tools it provides in addition to full text books and journals are an “ICD9-CM Code Lookup” and “Clin-eguide Performance Improvement Guidelines.”

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.

Recently Acquired Publications

Library at 17th & Chew
- Cameron. Handbook of Pediatric Dentistry. 2003

Library at Cedar Crest & I-78
- Habif. Clinical Dermatology. 2004
- Perlman. Clinical Protocols in Pediatric and Adolescent Gynecology. 2004

Library at LVH-Muhlenberg
- Bain. Treatment Planning in General Dental Practice. 2003
- Andreoli. Cecil Essentials of Medicine. 2004

If you have any suggestions for new books, please send them to Barbara Iobst in the Library at Cedar Crest & I-78.

PDA Discount

Attention: All Valley Preferred Providers, LVH Physicians, Nurses and Residents

Through April 30, 2004, Skyscape is offering the Physicians’ Desk Reference (PDR) for your PDA FREE with the purchase of ANY other reference. To take advantage of this great offer as well as the 15% Valley Preferred discount, please follow the steps listed below:

1) Please go to: www.skyscape.com/promotion. Enter: valleypreferred for the promotion code. You will automatically be in Skyscape's shopping cart with the 15% discount enabled.

2) Continue with your shopping. If you would like to receive the free PDR, please make sure that you add it to the shopping cart at this time.

3) At the end, proceed to ‘check out’. You will see the 15% discount applied at this point. Please note that the discounts do NOT apply to hardware, hardware packages, value packages, and PocketMedicine titles.

At this point please enter YGKG-MQWS-WOEL in the box that says "Coupon."

4) Please enter your Visa, Mastercard or AmEx and complete your transaction. The serial number(s) and the installation instructions, for the product(s) you purchase will be sent to you by email.

Please contact Ashok Mayya, Director, Educational Programs at ashok@skyscape.com or 408-375-6953 with any questions.
Papers, Publications and Presentations

Geoffrey G. Hallock, MD, Associate Chief, Division of Plastic Surgery, recently had his article, “Conjoint Muscle Free Flaps for Obliteration of an Upper Thoracic Empyema Cavity,” published in the Canadian Journal of Plastic Surgery. The article demonstrated that on occasion, in the absence of adequate local muscle tissues, combinations of free muscle flaps can be used to fill contaminated chest cavities. In addition, the role of the internal mammary vessels as the recipient site for re-establishing blood supply to these flaps is a dependable option.

At the recent Eastern Association for the Surgery of Trauma (EAST) Seventeenth Scientific Assembly held January 14-17, 2004 at Amelia Island Plantation, Amelia Island, Fl., Stanley J. Kurek, Jr., MD, Chief, Section of Pediatric Trauma, chaired the committee and presented “Practice Management Guidelines for Blood Transfusion in the Trauma Patient.” He also moderated the Practice Management Guidelines Plenary Session.

Donald L. Levick, MD, MBA, Medical Staff President-elect and Physician Liaison, Information Services, authored an article — “Clinical Pearl: Computer Physician Order Entry (CPOE)” — which was published in the March, 2004 issue of Virtual Mentor, the Ethics Journal of the American Medical Association. The article is available on-line at: http://www.ama-assn.org/ama/pub/category/12056.html.

In addition, Dr. Levick presented “CPOE – The Good, the Bad, and the Ugly” —at Medical-Surgical Grand Rounds at St. Barnabas Medical Center in Livingston, NJ, on March 10.

Dr. Levick and Lori Yackanicz, Director, Clinical Information Systems, Information Services, presented “Building the Complete Electronic Safety Net at Lehigh Valley Hospital” at the national conference for Healthcare Information and Management Systems Society held in Orlando, Fla., on February 24.

Lawrence P. Levitt, MD, Division of Neurology, and Alexander Dr. Rae-Grant, MD, Medical Staff President and Division of Neurology, were two of the co-authors of Neurology, Seventh Edition, which was published by Lippincott, Williams and Wilkins in February. This book has been translated into seven languages including Chinese.

Sunil Patel, MD, General Surgery Resident, presented his poster titled, "High-frequency Percussive Ventilation (HFPV) as Salvage Therapy in Acute Respiratory Distress Syndrome (ARDS) of Non-burn Critically Ill Patients" at the annual meeting of the Society for Critical Care Medicine in Orlando, Fla., on February 21. Members of the Division of Trauma-Surgical Critical Care who were co-authors on this project include Mark D. Cipolle, MD, PhD, William R. Dougherty, MD, and Michael D. Pasquale, MD.

Lester Rosen, MD, Division of Colon and Rectal Surgery, was a visiting professor at the 15th Annual Colon and Rectal Disease Symposium in Fort Lauderdale, Fl., sponsored by the Cleveland Clinic, from February 12-14. Dr. Rosen moderated a video session on Colon and Rectal Surgery and had three podium presentations which included “Virtual Colonoscopy,” “Anoplasty for Anal Stenosis,” and “Colon and Rectal Surgical Outcomes in the State of Pennsylvania.” At the “Outcome” session, Dr. Rosen reported on 159,000 patients who had colon and rectal operations in the State of Pennsylvania from 1992 to 2001 in 221 hospitals. Lehigh Valley Hospital had the lowest continuous severity adjusted colorectal surgical mortality over that time period with a significant reduction in length of stay. Dr. Rosen discussed the usefulness of state legislated databases in monitoring quality of care.

Arthur C. Sosis, MD, Chief, Division of Dermatology, was one of the co-authors of an article, which was published in the International Journal of Dermatology 2004. The article was titled “Lupus erythematosus induced by medications, ultraviolet radiation, and other exogenous agents: A review, with special focus on the development of subacute cutaneous lupus erythematosus in a genetically predisposed individual.”

Patrice M. Weiss, MD, Residency Program Director, Department of Obstetrics and Gynecology, and Craig A. Koller, BS, Center for Educational Development and Support, delivered an oral presentation titled “ERAS Assisted Pre-Interview Score: A Tool to Read Between the Lines in Matching Residents” at the annual CREOG/APGO meeting held in Orlando, Fla., from March 3-6. Other contributors to the project were Pablo Argeles, MD, OB/GYN Resident; Robert O. Atlas, MD, Division of Maternal-Fetal Medicine/Obstetrics; L. Wayne Hess MD, Chair, Department of Obstetrics and Gynecology; and Thomas Wasser, PhD, Health Studies.
**Congratulations!**

The following members of the Medical Staff were winners of the “Win a Check for Free Dues” drawing which was held following the General Medical Staff meeting held on Monday, March 8:

- **Jeffrey A. Jahre, MD**  
  Division of Infectious Diseases
- **James T. Wertz, DO**  
  Division of General Internal Medicine
- **Robert D. Barraco, MD, MPH**  
  Division of Trauma-Surgical Critical Care/General Surgery
- **Robert D. Riether, MD**, Residency Program Director, Colon and Rectal Surgery, was recently appointed to represent the Program Directors Association for a three-year term on the American Society of Colon and Rectal Surgeons Residents Committee.

- **Indru T. Khubchandani, MD**, Division of Colon and Rectal Surgery, was invited to be a member of the Editorial Board of *Technics in Coloproctology* UPC Club, a Journal of the combined Italian Societies of Colon and Rectal Surgeons. Dr. Khubchandani continues to serve on the Board of the *Indian Journal of Surgery* and the *Brazilian Journal of Colorectal Surgery* (Revisita). He also actively reviews submitted manuscripts for the *British Journal of Surgery*, as well as for *Diseases of the Colon and Rectum* (USA).

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Invitations have been mailed for this year’s Physician Recognition dinner which will be held on **Saturday, May 1**, at the Holiday Inn Conference Center in Fogelsville, Pa.

Plan to attend the event to celebrate with your colleagues and recognize those who will be celebrating 25 and 50 years of service on the hospital’s Medical Staff.

The event will include a cocktail hour beginning at 6 p.m., followed by a lovely dinner and program. The evening will conclude with dancing to the music of Sound Design.

The deadline for reservations is Thursday, April 15.

For more information, dietary restrictions or seating requests, please contact Janet M. Seifert at 610-402-8590.

Hope to see you on May 1!
Upcoming Seminars, Conferences and Meetings

Department of Family Medicine

The Department of 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. Upcoming topics include:

- April 6 – No Grand Rounds
- May 4 – Taking a Sexual History – Does it open Pandora’s Box?

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 videoconference in the First Floor Conference Room at LVH-Muhlenberg. Topics to be discussed in April include:

- April 6 – TBA
- April 13 – “Update on Rheumatoid Arthritis: Current Treatment Options”
- April 20 – “Irritable Bowel Syndrome and Motility Disorders”
- April 27 – “Palliative Care for the Critically Ill”

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

OB/GYN Grand Rounds

The Department of Obstetrics and Gynecology holds Grand Rounds every 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 April will include:

- April 2 – Tumor Board
- April 9 – Journal Club
- April 16 – OB M & M
- April 23 – “Endometrial Ablation”
- April 30 – “Chronic Pelvic Pain”

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

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 April will include:

- April 6 – Case Conference
- April 13 – “New Insights into Neurodevelopmental Disabilities in Children with Repaired Congenital Heart Disease”
- April 20 – Case Conference
- April 27 – “Early Hearing Detection and Intervention”

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 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 to be discussed in April will include:

- April 6 – TBA
- April 13 – “Allentown to Thailand”
- April 20 – “Juxta Hepatic Venous Injuries”
- April 23 – Stahler-Rex Lecture – Special Surgical Grand Rounds to be held at 11 a.m. - “The Medical Liability Crisis: Facts Don’t Cease to Exist Because They are Ignored” – Donald Palmisano, MD, President, American Medical Association
- April 27 – “The Life and Times of Doctor Robert M. Zollinger”

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

This section contains an update of new appointments, address changes, status changes, resignations, etc. Please remember to update your directory and rolodexes with this information.

Medical Staff
New Appointments

Jeffrey A. Gold, DO
Oley Medical Associates
2866 W. Philadelphia Avenue
Oley, PA  19547-8922
610-987-3451
Fax: 610-987-6809
Department of Family Medicine
Provisional Affiliate

Gerald M. Miller, MD
451 Chew Street
Suite 304
Allentown, PA  18102-3423
610-821-2818
Fax: 610-821-9577
Department of Medicine
Division of General Internal Medicine
Provisional Active

Karla M. Stanz, DMD
In Practice with Michael C. Rowland, DDS
1739 Fairmont Street
Allentown, PA  18104-3189
610-435-5707
Fax: 610-435-5143
Department of Dental Medicine
Division of General Dentistry
Provisional Active

Brian W. Zimmer, 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 Changes

Nancy K. Spangler, MD
(No longer with Healthworks-Allentown)
Orthopaedic Associates of Allentown
1243 S. Cedar Crest Blvd., Second Floor
Allentown, PA  18103-6268
610-433-6045  Fax: 610-433-3605

Y. Lynn Sun, MD
(No longer with Lehigh Neurology)
Sun Neurology
800 Ostrum Street, Suite 206
Bethlehem, PA  18015-1009
610-691-3515  Fax: 610-954-3017

Address Changes

Jinesh Gandhi, MD
Northeast Medical Care, PC
1700 Sullivan Trail, Suite 12
Easton, PA  18040-8333
610-438-2050  Fax: 610-438-2052

Todd R. Holbrook, MD
Sam Bub, MD, PC
619 Dalton Street, P.O. Box 899
Emmaus, PA  18049-0899
610-967-3646  Fax: 610-965-6595

Mohan H. Jain, MD
750 E. Broad Street
Hazleton, PA  18201-6835
570-455-6385  Fax: 570-455-7064

Michele D. Jones, DO
Occupational Health Services of Eastern Pennsylvania
3601 Nazareth Road
Easton, PA  18045-8336
610-438-3927  Fax: 610-438-3359

Russell J. Rentler, MD and
Francis A. Salerno, MD
The Center for Healthy Aging
17th & Chew, Ground Floor
Allentown, PA  18105-7017
610-402-3390  Fax: 610-402-3393

Continued on next page
Status Changes

Anjam N. Bhatti, MD
Department of Medicine
Division of General Internal Medicine
From: Active/LOA To: Affiliate

Thomas B. Dickson, Jr., MD
Department of Surgery
Division of Orthopedic Surgery
From: Honorary To: Provisional Affiliate

Narien K. Grover, MD
Department of Family Medicine
From: Active To: Affiliate

Edmund Levendusky, DDS
Department of Dental Medicine
Division of General Dentistry
From: Affiliate To: Honorary

Ronald E. Wasserman, MD
Department of Medicine
Division of Neurology
From: Active To: Affiliate

One-Year Leaves of Absence

Alan S. Brau, MD
Department of Medicine
Division of Pulmonary

John S. Kintzer, MD
Department of Medicine
Division of Pulmonary

Gerald F. Lowman, MD
Department of Medicine
Division of Pulmonary

John J. Ryan, MD
Department of Medicine
Division of Pulmonary

Resignations

Peggy E. Chatham-Showalter, MD
Department of Psychiatry

Keith R. Doram, MD
Department of Medicine
Division of General Internal Medicine

Mehdi Razavi, MD
Department of Medicine
Division of Cardiology

Allied Health Staff

New Appointments

Angela P. Acevedo, PA-C
Physician Assistant-Certified
(LVPG Emergency Medicine – Richard S. MacKenzie, MD)

Keith A. Craley, PA-C
Physician Assistant-Certified
(Pulmonary and Critical Medicine Group, PC – Ross N. Futerfas, MD)

Carl J. Cuvo, PA-C
Physician Assistant-Certified
(Orthopaedic Associates of Bethlehem, Inc. – Ranjan Sachdev, MD)

Nicholas E. Fusco, PA-C
Physician Assistant-Certified
(Valley Sports & Arthritis Surgeons – Mitchell E. Cooper, MD)

Shelly R. Hoebelheinrich, CCP
Perfusionist
(Perfusion Care Associates, Inc. – James K. Wu, MD)

Brian J. Manger
Anesthesia Technical Assistant
(Lehigh Valley Anesthesia Services, PC – Thomas M. McLoughlin, Jr., MD)

Jennifer D. Morrison, PA-C
Physician Assistant-Certified
(Muhlenberg Behavioral Health – Helen Voinov, MD)

Judy K. Much, CRNP
Certified Registered Nurse Practitioner
(Hematology-Oncology Associates, Inc. – Gregory R. Harper, MD, PhD)

Brian F. Ropp, PA-C
Physician Assistant-Certified
(Coordinated Health Systems – Michael F. Busch, MD)

Jessica C. Staschak, CRNP
Certified Registered Nurse Practitioner
(ABC Family Pediatricians – Anthony L. Dimick, MD)

Change of Supervising Physician

Lynn A. Seagreaves, PA-C
Physician Assistant-Certified
From: Valley Sports & Arthritis Surgeons – Prodromos A. Ververeli, MD
To: Orthopaedic Associates of Allentown – Gregor M. Hawk, MD

Resignations

Matthew R. DeBona, L.Ap
Acupuncturist

John M. Holley, RN
Registered Nurse
(Valley Sports & Arthritis Surgeons)

Alice A. Niwinski, PA-C
Physician Assistant-Certified
(LVPG-Emergency Medicine)

John E. Reel, Jr., PA-C
Physician Assistant-Certified
(Lehigh Valley Hospital-Muhlenberg)
Medical Staff Progress Notes
Alexander D. Rae-Grant, MD
President, Medical Staff
Donald L. Levick, MD, MBA
President-elect, Medical Staff
Edward M. Mullin, Jr., MD
Past President, Medical Staff
John W. Hart
Vice President, Medical Staff Services
Brenda E. Lehr
Director, Medical Staff Services
Janet M. Seifert
Coordinator, Communications & Special Events
Managing Editor

Medical Executive Committee
Linda K. Blose, MD
Gregory Brusko, DO
Elizabeth A. Dellers, MD
William B. Dupree, MD
Michael Ehrig, MD
John P. Fitzgibbons, MD
Larry R. Glazerman, MD
Joseph A. Habig II, MD
L. Wayne Hess, MD
Herbert C. Hoover, Jr., MD
Thomas A. Hutchinson, MD
Ravindra R. Kandula, MD
Laurence P. Karper, MD
Michael W. Kaufmann, MD
Sophia C. Kladias, DMD
Glenn S. Kratzer, MD
Robert Kricun, MD
Donald L. Levick, MD, MBA
John W. Margraf, MD
Thomas M. McLoughlin, Jr., MD
William L. Miller, MD
Edward M. Mullin, Jr., MD
Michael J. Pasquale, MD
Alexander D. Rae-Grant, MD
Victor R. Risch, MD, PhD
Michael A. Rossi, 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

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.