Colon-Rectal Surgeon and First Woman to Serve as Medical Staff President-elect

Linda L. Lapos, MD, colon and rectal surgeon, was recently nominated and elected to serve as Medical Staff President-elect for a two-year term beginning January 1, 2005.

Since joining the Medical Staff in 1991, Dr. Lapos has served on a number of Medical Staff and Hospital committees including the Medical Executive Committee, the General Surgery Residency Education Committee, and the Medical Records Committee, of which she is the Chair. Dr. Lapos also served as a board member of the Greater Lehigh Valley Independent Practice Association, Inc. for a three-year term.

Dr. Lapos graduated Magna Cum Laude from Muhlenberg College where she received a Bachelor of Science degree in Biology. She received her medical degree from Temple University School of Medicine. Dr. Lapos is a graduate of the HealthEast Teaching Hospitals where she completed her General Surgery and Colon and Rectal Surgery training.

Dr. Lapos is certified by the American Board of Surgery and the American Board of Colon and Rectal Surgery. She is also a Clinical Assistant Professor of Surgery of the Pennsylvania State University College of Medicine. In addition, Dr. Lapos is a Fellow of the American College of Surgeons and the American Society of Colon-Rectal Surgeons. She is also a member of the International Society of University Colon and Rectal Surgeons, the Pennsylvania Society of Colon and Rectal Surgeons, the Keystone Chapter of the American College of Surgeons, the National Surgical Adjuvant Breast and Bowel Project, and the Association of Women Surgeons.

She is a member of Colon-Rectal Surgery Associates, P.C., located at 1230 S. Cedar Crest Blvd., Suite 303, Allentown, Pa.

Dr. Lapos and her husband, Paul Wirth, reside in Allentown.

Looking forward to her upcoming term as President-elect, Dr. Lapos has the following thoughts: "I’m honored to be nominated by my colleagues for this position, and I’m looking forward to becoming part of the Medical Staff leadership team. It will be a learning experience, and an opportunity to represent the Medical Staff during an exciting time, as we greatly expand our patient care facilities at both Cedar Crest and Muhlenberg."
jam into her mouth.

“Well, the first one, Dr. Jones, was so hurried. Scowled a lot, and talked real fast. The doctor would come in and hang onto the door, just hang on it. It was like the doctor had one hand glued to that door. Barely come over to look at me, and then would rush back to holding onto that door. I think the doctor was ready to bolt out the door at the first chance.” She took a loud slurp of her coffee and smacked her lips.

Esther shook her head sadly.

“Some of them are in so much of a rush. They just don’t spend any time with you.”

“Oh, Doc Jones was alright. Didn’t seem to get my name right, though. Kept calling me ‘Dear’ and ‘Marge’. I didn’t have the heart to set the record straight.” She took a bite of hash browns the size of an egg and chewed.

“Really, couldn’t they just look your name up in the chart before they came in?” asked Esther.

“Sure they could. But the doctor was in such a hurry. Never sat down or explained anything. But the doctor did get me on antibiotics and what not, that Ivy thingie they put in your hand. So I guess Doc Jones did a good job. No bedside manner though. Never even shook my hand, or looked me in the eye, or anything.”

Esther hit the table with her hand, making a slapping noise. “You’d think they’d teach them some manners up at ASH. Just goes to show, manners are hard to come by these days.”

“Oh, but the other doctor, completely different. So very nice. Dr. Smith would come in, say hello, say “I’m Doctor Smith”, and smile real nice. And get this, Esther. Dr. Smith would sit down with me to talk!”

“No! Really?” Esther asked.

“Yes, really. And Dr. Smith held my hand and told me I was going to get better.” The omelet was half gone. Madge signaled to the waitress to freshen up their coffee.

“Every day Doc Smith told me what tests were going to go on, and what to expect. Let me know how the test came out and what they were going to do. Always asked me if I had any questions and if I needed anything else. I really felt I knew what was going on.”

“So Doc Smith was a better doctor than the other one?” asked Esther.

“I don’t know,” said Madge. “The other one seemed to know the medical business too. But I’ll tell you, I’d send any of my friends to that nice one any time. The other one, I could take or leave.” She finished up her omelet, eyeing the remaining hash browns before sighing and laying her fork and knife down on the plate.

“Dr. Smith put me on a diet for my cholesterol.” She sighed. “I guess I’ll have to cut out these breakfasts.” She sighed again, and got up to put on her coat.

“The things they make you do today to stay healthy.” Esther nodded in agreement.

Alexander D. Rae-Grant, MD
Medical Staff President
2004 United Way Campaign

A Message from Elliot J. Sussman, MD

As health care professionals, we know the meaning of making an impact. It’s defined in the smiles of our patients and in the appreciation from their families. We also recognize it in each other as we care for individuals who seek our help. Our impact is felt throughout our community, making it a healthier place to live.

Once again, we have an opportunity to make a larger impact by supporting community programs and agencies as the United Way commences its 2004 campaign. Over the years, the generosity of our Medical Staff has considerably increased our contribution to United Way annually. Sadly, needs have grown each year as well. Together, we can increase our impact and reach more individuals, children, families and neighborhoods in need.

Members of the Medical Staff will receive United Way information and pledge materials in the mail shortly. Please review the materials to learn how your leadership gift could make a difference. The campaign runs through November 12. Your generosity and kindness matters and is appreciated by those whose lives are changed by it. Thank you for the impact you make each day as we care for the Lehigh Valley community.

Questions regarding Lehigh Valley Hospital and Health Network’s 2004 United Way Campaign may be directed to Bill Leiner, Jr., Director, Behavioral Health, at 484-884-4281, or Pat Skrovanek, Physician Liaison, at 484-884-9293.

A Message from Ron Swinfard, MD, Chief Medical Officer

On August 13, I attended the Pennsylvania State University College of Medicine’s Class of 2008 White Coat Ceremony. While paging through the program, I noticed a copy of "The Oath of Modern Hippocrates, 1987" on the inside cover. After the medical students donned their white coats, they recited "The Oath of Modern Hippocrates, 1987". All physicians present were encouraged to renew their oath by reading along. I have done this annually for 15 years, and it is still an inspiring reminder of the reasons I, and I suspect each of us, went into medicine.

In today’s fast paced world, we don’t often take the time to reflect on such issues. I encourage you to take a few minutes to read the oath and re-affirm the included tenets in your own professional life.
Advanced ICU

On Tuesday, September 21, the ICU tele-medicine service based out of the Advanced ICU monitoring unit on Lehigh Street began initial operations. The Advanced ICU (aICU) is staffed by a medical intensivist, an experienced critical care nurse, and an administrative partner. Hours of operation are 7 p.m. to 7 a.m., seven days a week. Initially, the patients covered by this tele-medicine system will be the 28 patients in the Jaindl ICU (MICU/SICU/TNICU). By early October, as MetaVision goes live in the SCU, those 12 beds will be added to the tele-medicine system, and by the end of October, the six new ICU beds in ICU West will come online. The timing of tele-intensivist coverage for the LVH-Muhlenberg ICU is currently being evaluated and hopefully, limited tele-intensivist services will be available by December.

Following are several important facts for primary physicians regarding the Tele-intensivist Program:

... The primary physician decides on the level of involvement desired from the aICU ranging from full critical care management to monitoring/consultation to a default "emergency only" response. Initially, all patients will be placed at the default level except for patients primarily on the MICU service. An order for aICU Level will be placed in CAPOE within the next several weeks. Until this order is active in CAPOE, higher levels of monitoring can be arranged on a group or per patient basis by contacting aICU at 610-402-9396.

... The default level (Level D) includes aICU response to emergencies only until the primary service can assume management. The aICU will not make regular tele-medicine rounds on Level D patients although the MetaVision monitoring algorithms will be active. If a critical event is detected, the bedside nurse will be notified who will contact the primary service for further orders.

... For all patients for whom the primary service requests active aICU monitoring (Levels A to C), the aICU team will make regular tele-medicine rounds during the night, reviewing all clinical data every one to four hours depending on severity of illness.

... The aICU team will work on the principle of "How can we help you" assisting physicians, bedside nurses, respiratory therapists and others to provide better patient care during the overnight hours. It is believed that the tele-medicine system can detect adverse trends and events sooner, facilitate a more rapid response to problems, support resident education and mentoring at night, and assist with communication between providers and with families.

... A brochure describing the Tele-intensivist Program is available in the Jaindl ICU waiting room to provide families with information about the program. In addition, a two-way video system will allow families to talk with the aICU intensivist as needed during the night.

The monitoring capabilities of the Advanced ICU include the following: MetaVision provides up to the minute clinical data for viewing vital signs, I and Os, drips and infusions, ventilators data, labs and nursing assessments. The MetaVision Event Manager component adds customized alarms that continuously look for new or evolving problems in covered patients. The initial monitoring algorithms include alarms to detect adverse trends in heart rate, blood pressure, oxygen saturation, the development of oliguria, a decline in Glasgow Coma Score and all critical lab values. The audiovisual system placed in each patient room allows the aICU clinician to see the patient with enough resolution to perform a pupillary exam and talk with bedside personnel. LastWord, PACS and the online EKG system provide additional clinical data allowing comprehensive, real-time patient assessment.

During the first several weeks of operation, in addition to providing patent care as requested, the aICU will be evaluating and adjusting the monitoring algorithms, streamlining procedures and formalizing the lines of communication between primary physicians, consultants, bedside nurses and housestaff. Your feedback and suggestions are welcome in order that the Tele-intensivist Program can develop in a way that is beneficial to both patients and providers. If you would like a tour of the aICU, please call Kathy Baker at 610-402-9317.

If you have any questions, comments or concerns regarding the Advanced ICU, please contact Stephen C. Matchett, MD, Medical Director, at pager 610-776-5542.

Continued on next page
Choices of Advanced ICU Levels

A = aICU full management
B = Management w/significant change notification
C = Notify for all issues detected
D = Default: Emergency response only

Level A: The aICU clinical staff will manage all new and ongoing patient problems "as if standing in the room." This includes making revisions to the plan of care established earlier in the day on morning rounds at the discretion of the aICU intensivist. The aICU intensivist will coordinate care as needed with the covering housestaff and previously involved consultants. Primary physicians will be included in any major decision. An example of this level is patients on the MICU service for whom Critical Care has been previously consulted or is the primary service.

Level B: The aICU clinical team will actively monitor the patient including making regular tele-medicine rounds (q1 to q4 hours, depending on severity of illness). In conjunction with covering housestaff, all routine ICU care will be provided as well as the initial evaluation and management of new problems. Primary physicians will be notified and involved in any significant change in the plan of care established earlier in the day. For example, the aICU intensivist would initially manage low urine output but if the intensivist felt that placing a Swan-Ganz catheter, beginning dobutrex and a nephrology consult were needed, the primary physician would be contacted first to discuss management.

Level C: The aICU clinical team will actively monitor the patient including making regular tele-medicine rounds every one to four hours depending on severity of illness. The primary service will be notified by the aICU for all problems detected with all orders for patient care coming from the primary service.

Level D: Default Emergency Only Response – The aICU team will not make regular tele-medicine rounds. The aICU clinical team will respond only to codes and emergencies, managing the situation until the primary service can assume care. For new, major clinical events, the aICU will stand by while the primary service is contacted by the bedside nurse. All patients, though, will have the aICU monitoring alarms active. If a new critical clinical event is detected by an aICU alarm, the primary nurse will be informed who will contact the primary physician.

PICC Team Update

The PICC Team is nearing its 11th year in operation at both Cedar Crest & I-78 and 17th & Chew and would like to thank everyone for their support. Since the program began, the team has placed over 20,000 PICCs and encountered over 27,000 patients for vascular access issues and therapeutic phlebotomies. During that time, there has been a complication rate of less than 2% for line-related sepsis and thrombotic occlusions, both below national standards. Assuring appropriate use of PICCs has added to the team’s success and helped to limit the related complications. Following are the PICC protocol/insertion criterion, as well as the exclusion criteria.

Insertion Criteria
- TPN
- Chemotherapy
- Hyperosmolar solutions
- Long term antibiotics
- Home/hospice infusions
- Multiple (incompatible) medications

Exclusion Criteria
- Inadequate veins
- Ipsilateral AV grafts/shunts, tunneled catheters, central catheters
- Ipsilateral mastectomy/nodal dissection
- Non-compliance
- Lack of long term access requirement
- Lab draws (primary)

PICCs are limiting in the access they provide in relation to flow volumes and viscosity of infusate. Blood products are administered more reliably through a short peripheral catheter, likewise, frequent lab draws via a PICC can affect catheter patency and require frequent declotting.

The PICC team, under the supervision of Terry Burger, Manager of Infection Control, presently has five specially trained nurses; four based at Cedar Crest & I-78 and one nurse at LVH-Muhlenberg.

The PICC team offers inservices to all hospital staff and bedside training to qualified nurses from outside institutions.

If you have any questions or concerns regarding the PICC team, please call Terry Burger at 610-402-0685.
News from CAPOE Central

Second LVH-M Physician Wins CAPOE Trip
Imhotep Boukman, MD, one of the hospitalists at LVH-Muhlenberg, was the winner of the CAPOE Compliance Trip Drawing for the month of July. The drawing was held September 3, in the Medical Staff Lounge. Dr. Boukman was a resident at LVH and has extensive experience with CAPOE. He and the other LVH-Muhlenberg Hospitalists average 85% CAPOE compliance. Now with two winners from LVH-Muhlenberg (including Dr. Michelle Liu), it is clear that CAPOE is gaining momentum at that campus.

A Few Reminders from Pharmacy
Our colleagues in Pharmacy have worked very hard to help make CAPOE a success. Their role has changed from interpreter of physician handwriting to interpreter of electronic orders. The Pharmacy staff still spends a significant amount of time making sure that CAPOE orders are complete and accurate to insure the Pharmacy robot and the electronic medication administration record are correct. The following issues represent recurring sources of re-work for the Pharmacy team. Please read these tips and incorporate them into your CAPOE routine. If you are unsure of how to enter a specific medication order, please contact someone from the CAPOE team or one of the pharmacists – they will be happy to assist you.

... Comments in Medication Orders
Please do not enter doses or stop dates into the comment fields of medication orders. There are specific fields for this data. Total number of doses, when needed to be specified, should be entered into the 'Max Doses' field. If the medication is to be stopped on a specific date or time, that can be entered into the 'End Date' and 'End Time' fields. Also, PRN orders should be placed by checking the PRN box and using the canned ‘PRN Comments’ found in Comments field. Without checking the PRN box, the med will appear as a scheduled medication, regardless of the comment.

... Timing of Doses
Consider when a medication is to be given in relation to when it is being ordered. The Frequency menu list shows the standard administration times for most frequencies. If a med is ordered prior to a scheduled time, and the 'Start ASAP' checkbox is selected, doses will be ordered for ASAP and the scheduled time. If the med is ordered after a routine administration time, the medication will not be given until the next scheduled time (which could be tomorrow morning for a 9AM once daily med ordered today at 11AM), unless the 'Start ASAP' checkbox is selected. Please keep this in mind when ordering medications.

... Alert Screens
Please remember to read the Alert Screens. These screens alert you to potential drug allergies, interactions and duplicate medication orders. Although the utility of these alerts is occasionally marginal, clicking through all of them can quickly become a bad and potentially dangerous habit. Pharmacy reports that medications may be ordered by one physician, even though the medication was ordered earlier by another physician. Obviously, alerts are being overlooked. We continuously work with the Pharmacy staff and IDX to fine-tune the alerting mechanisms.

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

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

Coding Tip of the Month
The coding of Non Insulin Dependent Diabetes Mellitus (NIDDM) vs. Insulin Dependent Diabetes Mellitus (IDDM) is dependent upon the physician’s documentation of Type I or Type II Diabetes in the patient’s record. If this documentation is not readily available, a physician query will be generated to clarify whether the patient is Type I or Type II Diabetes Mellitus. Coding cannot be based on the use of insulin alone since treatment of insulin is given for both types of Diabetes.
Telephone Issues

The LVH Telecommunications Department is requesting your assistance. While in the hospital, please do not unplug telephones and move them to another jack. Each telephone jack is programmed with a unique telephone number that corresponds with the telephone plugged into that jack. If you move the telephone, the number DOES NOT follow the telephone.

How can this impact you? If you page someone to a number on a telephone that has been moved to another jack, the person you want to speak with will not be able to reach you at that telephone.

If you are aware of any of the hospital phones that are not working, please contact Telephone Repair at 610-402-8866. This number is applicable for all sites, and is manned by the hospital operators 24 hours a day/7 days a week.

If you have a telephone issue that you wish to discuss, please contact Pat Kutz at 610-402-1999 or Cindy Pasquale at 610-402-1470 in Telecommunications.

Parent Education Program

Lehigh Valley Hospital’s Parent Education Program is pleased to offer Pre- and Post-Natal Exercise classes to help women improve their aerobic and muscular fitness. As part of the class, participants can also learn about appropriate weight gain and decrease possible complications of labor. Regular exercise during pregnancy is important and may help prevent gestational diabetes, pregnancy induced hypertension, and lessen risks of post partum depression.

Other educational opportunities available through the Parent Education Program include:

- Prepared Childbirth (series, weekend, private, and refresher programs)
- Hypnobirthing
- Baby Care
- Breastfeeding
- Breastfeeding Monday Morning Moms (support gathering with lactation consultant)
- Return to Work for Breastfeeding Moms
- CPR for Family and Friends
- Pregnancy Massage
- Safe Sitter

For more information, please contact Deanna Shisslak, Parent Education Coordinator, at 610-402-5733.

Congratulations!

Kenneth G. Ryder, Jr., MD, Department of Family Medicine, has been selected as the 2004 recipient of the Cheston M. Berlin Award. The award serves as recognition by the Penn State College of Medicine Alumni Society to faculty, students, administration, alumni, or any person directly or indirectly associated with Penn State College of Medicine. Criteria for eligibility are based upon the provision of services meriting recognition to the Society and its members. Dr. Ryder received his medical degree from Penn State College of Medicine in 1984. His Penn State service includes being class president from 1982 to 1984, class of 1984 reunion chair in 1999 and 2004, and a three-year term on the College of Medicine Alumni Society Board of Directors. He also serves on the College of Medicine Alumni Campaign Committee. Dr. Ryder received his award during the All-Alumni Dinner on September 11 during the annual Penn State College of Medicine Alumni Weekend.
Palliative Care Initiative

Community Care for Chronic Illness: whole-person, whole-network care for people with advanced chronic illness

Did you know that one percent of patients use 30-50% of healthcare resources? This small fraction of the population suffers from severe chronic diseases such as CHF and COPD. Even though millions of dollars are spent on their treatment, often they fall between the cracks of our complex medical system and don’t get the care they need when and where they need it.

Community Care for Chronic Illness (CCCI) is a collaborative effort between primary care physicians, home care services and community organizations designed to strengthen this network and maximizes both quality of life and network resources for people with advanced disease. This approach knits together successful interventions learned from pediatrics (the medical home), palliative care (multi-dimensional care), home care (tele-monitoring) and community based patient empowerment (reciprocity based volunteerism). This project is just beginning. In the next few months, members of the team will begin collecting pilot data about patient experiences, exploring network resources and developing volunteer programming in preparation for the implementation phase.

The initial target population will be patients with advanced CHF and/or COPD with frequent hospital admissions with the intention of expanding the population of eligible patients as the program matures. If you have any suggestions or would like to learn more about this effort, please contact Lou Lukas, MD, Department of Family Medicine, at 484-895-3300.

Fast Fact of the Month

Title: Fast Fact and Concept #002; Converting To-From Transdermal Fentanyl

Author(s): Weissman, D.

Quick—what dose of Duragesic patch (Fentanyl transdermal) is equianalgesic to a 3 mg/hr morphine drip?

Conversions to and from Duragesic are notoriously tricky, requiring knowledge of the published conversion data, general opioid pharmacology and a generous dose of common sense. Here are the steps recommended:

Step 1. Calculate the 24 hr morphine dose: 3 mg x 24 = 72 mg IV morphine/24 hrs;

Step 2. Convert IV to oral morphine: at a ratio of 1 mg IV = 3 mg oral; thus 72 mg IV = 216 mg po/24 hours;

Step 3. Convert the oral morphine dose to Duragesic—there are two methods:

METHOD 1. Look in the PDR, find the morphine conversion table, it says that 135-224 mg of morphine = 50 mcg patch. Note, this range of morphine is very broad; 50% of patients will be under-dosed when this conversion table is used.

METHOD 2. Use a ratio of MS:fentanyl of 100:1; 216mg/100/24hrs = 90 mcg/hr, can be rounded to 75 mcg or 100 mcg patch.

How to choose which dose?

A) Know that the "right" equianalgesic dose is likely to be somewhere close to or within the range of 50-100 mcg;

B) Know that for the elderly and anyone with renal impairment, the risk of sedation/respiratory depression with Duragesic is increased due to its long half-life, thus, choose the lower end of the dosing spectrum;

C) When in doubt, go low and slow, using prn breakthrough doses generously.

As a rule, all published opioid equianalgesic ratios should be thought of as a general reference guide to help avoid gross under or over dosing. Once chosen, the calculated dose is just a starting point for upward or downward dose titration.

Other teaching points about Duragesic:

Start at the lowest dose, 25 mcg in an opioid naïve patient. There is no maximum dose.

Therapeutic blood levels are not reached for 13-24 hours after patch application; Some patients need patch change every 48 hours.

The recommended upward dose titration interval is every 72 hours.

Place patches on non-irradiated, hairless skin. Data exists that Duragesica has less side effects than sustained release morphine.

Continued on next page
Continued from Page 8

References:

Contact: David E. Weissman, MD, FACP Editor, Journal of Palliative Medicine Palliative Care Program
Director Medical College of Wisconsin (P) 414-805-4607 (F) 414-805-4608; dweissma@mail.mcw.edu


Disclaimer: Fast Facts provide educational information; this information is not medical advice. Health care providers should exercise their own independent clinical judgment. Some Fast Fact information cites the use of a product in dosage, for an indication, or in a manner other than that recommended in the product labeling. Accordingly, the official prescribing information should be consulted before any such product is used.

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

Papers, Publications and Presentations

“Mark A. Gittleman, MD, Division of General Surgery, was a co-author of “Gross Pathologic and Ultrasound Appearances of a New Breast Biopsy Marker” which was published in Volume 1, Number 4, of The Breast Journal.

“The Cancer Risk Assessment Program at Lehigh Valley Hospital has recently collaborated with the Penn State Cancer Institute in a study to evaluate the effectiveness of a computer based CD-ROM educational tool to aid in the process of genetic counseling for women at increased risk for developing breast cancer. Gregory R. Harper, MD, PhD, Physician in Chief, Cancer Services and Medical Director for the risk assessment program, was one of the co-authors of a paper reporting the results of the study published in the July 28 volume of the Journal of the American Medical Association. The paper was titled "Effect of a Computer-Based Decision Aid on Knowledge, Perceptions, and Intentions About Genetic Testing for Breast Cancer Susceptibility: A Randomized Controlled Trial."

“Margaret Hoffman-Terry, MD, Division of Infectious Diseases, recently traveled to Bangkok, Thailand, for the XVth World AIDS conference held from July 11-16. During the conference, she presented a paper, co-authored by Sharon R. Kimmel, MHA, PhD, Senior Research Scientist, Health Studies, titled "The Use of Surrogate Markers to Predict Degree of Liver Damage in HIV/HCV Co-infected Patients." Dr. Hoffman-Terry was co-author of another study titled "Natural History of Anemia Associated with Interferon/Ribavirin (IFN/ RBV) Therapy for HIV/ HCV Coinfected Patients" which was presented at the conference. While attending the conference, Dr. Hoffman-Terry authored two review articles – "A HAART Regimen with Lower Metabolic Effect" and "Addition of Short-Course Zidovudine/ Lamivudine to Single-Dose Viramune Decreases Development of Maternal NNRTI Resistant HIV" which are now posted on the web at TheBodyPro.com.

“Peter F. Rovito, MD, Division of General Surgery, co-authored the article "Laparoscopic Roux-en-Y Gastric Bypass and the Role of the Surgical Resident." The article, which was co-authored by General Surgery residents Keith Kreitz, MD, T. Daniel Harrison, DO, M. Todd Miller, MD, and Richard Shimer, MD, was accepted for publication in the American Journal of Surgery.
Upcoming Seminars, Conferences and Meetings

**Geriatric Trauma Education Conference**

The October Geriatric Trauma Education Conference will be a Geriatric Trauma Journal Club to be held on Wednesday, October 6, beginning at noon in the Educational Conference Room #2, located on the first floor of the Anderson Wing, at Lehigh Valley Hospital, Cedar Crest & I-78. Robert D. Barraco, MD, MPH, Division of Trauma-Surgical Critical Care/General Surgery, will be the moderator.

Objectives of the conference will be to identify prognostic indicators of futility of trauma resuscitation, discuss the effect of immobility on outcome, and apply this knowledge to the clinical setting.

Lunch will be provided.

For more information, please contact either Suzanne Rice at 610-402-2475 or Sandy Yaich at 610-402-2552 in the Center for Education.

**Emergency Medicine Grand Rounds**

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

**October 7 – Cedar Crest & I-78 Auditorium**
- Visiting Speaker – James Holliman, MD
- CSF Fluid Tests
- Toxic Seafood Ingestions
- The Art of Dealing with Consultants
- Foreign Bodies
- St. Luke’s Case Review

**October 14 – LVH-Muhlenberg 4th Floor Classroom**
- Asthma & COPD
- Resident Presentation
- M&M
- Rosen’s Club

**October 21 – EMI, 2166 S. 12th Street**
- Pediatric Sexual Assault
- Crime Victims Council/County Coroner – Evidence Collection & Resources
- SAFE
- Domestic Violence

**Family Medicine Grand Rounds**

Family Medicine Grand Rounds are held the first Tuesday of every month from 7 to 8 a.m., in the Educational Conference Room #1, Lehigh Valley Hospital, Cedar Crest & I-78, unless otherwise noted. Upcoming topics include:

**October 5** – “Advances in Diagnostic Treatment of Acute Migraine”
**November 2** – “Pain Medicine in Primary Care”

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 October will include:

**October 5** – “New Approaches in the Diagnosis and Treatment of Bronchial Asthma”
**October 12** – “In-Hospital and Post-Hospital Stroke Management: Bringing the Message Home”
**October 19** – “Preventing Osteoporosis: What Should We Do About Osteopenia”
**October 26** – Grand Rounds PM&R has been cancelled

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

The Division of Neurology holds conferences every Friday beginning at noon, in Classroom 1, Lehigh Valley Hospital, Cedar Crest & I-78, unless otherwise noted. Topics to be discussed in October will include:

... October 1 – Cancelled due to Division meeting
... October 8 – “Case Discussions on Brachial Plexopathies”
... October 15 – “Neuromuscular Pathology” – CHANGE OF LOCATION – Classrooms 2 & 3
... October 22 – “Case Discussions on Selected Neuromuscular Problems”
... October 29 – “Case Discussions on Complex Neuromuscular Problems”

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

OB/GYN Grand Rounds

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

... October 1 – OB/GYN Tumor Board
... October 8 – Faculty Development – Clinical Reasoning and Clinical Teaching
... October 15 – GYN M&M
... October 22 – NO GRAND ROUNDS
... October 29 – Journal Club

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 October will include:

... October 5 – “Newborn Pain Control: Safe and Effective”
... October 12 – “Performance Improvement: From Patient Safety to Patient Satisfaction”
... October 19 – “Respiratory Problems in the Athlete” – LOCATION CHANGE – Auditorium, Cedar Crest & I-78
... October 26 – Case Conference

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

Surgical Grand Rounds

Surgical Grand Rounds are held every Tuesday 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 5 – “Communicate or Litigate”
... October 12 – No Conference – ACS Meeting
... October 19 – TBA
... October 26 – “Why Be a Colon-Rectal Surgeon?”

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

Safety Pearl of the Month

Recently, a dosing error was reported that involved the First Pass Effect. Medications such as Metoprolol, Propranolol, Enalapril, Synthroid, and Morphine have significantly higher oral doses than IV doses due to a significant portion of the drug having a “first pass” through the liver where a smaller fraction of the dose will enter the systemic circulation. For example, Metoprolol (Lopressor) oral doses range from 25-100 mg daily, whereas, IV doses are generally only 5mg.
News from the Libraries

Recently Acquired Publications

Library at 17th & Chew:
... Mladenovic. Primary Care Secrets. 2004
... Monroe. Patient Participation in Palliative Care. 2003

Library at Cedar Crest & I-78:
... Strange. Pediatric Emergency Medicine. 2004
... Creasy. Maternal-Fetal Medicine. 2004

Library at LVH-Muhlenberg:
... Moore. Trauma. 2004
... Petit. Handbook of Emergency Psychiatry. 2004

OVID Training
To arrange for instruction in the use of OVID’s MEDLINE and its other databases, please contact Barbara Iobst, Director of Library Services, at 610-402-8408.

MICROMEDX Drug Information Update
MICROMEDX has a new user interface. If you need assistance navigating through the new menus, please contact the Cedar Crest & I-78 Library at 610-402-8410. A training sheet is also available that can assist you in familiarizing yourself with the new interface.

Other fulltext Resources
Please remember that virtual library services are available to you from the desktop. Many fulltext resources, i.e., UpToDate, MD Consult and OVID online are accessible from any network computer by going to the INTRANET homepage and clicking on the Clinical Services option on the sidebar.

OVID online provides some fulltext textbooks as well as MEDLINE. Harrison’s Textbook of Internal Medicine is now available. When you click on OVID online from the Clinical Services page, you receive a list of options. Second from the top is Books @ OVID. When the front covers of the textbooks appear, click on the front cover of Harrison’s to view its Table of Contents.

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

Christopher C. Copenhaver, MD
Allentown Asthma and Allergy
1605 N. Cedar Crest Blvd., Suite 605
Allentown, PA 18104-2304
(610) 820-9000 Fax: (610) 820-9078
Department of Pediatrics
Division of Pediatric Subspecialties
Section of Allergy
Provisional Active

Lorraine D. Dickey, MD
LVPG-Neonatology
Lehigh Valley Hospital
Cedar Crest & I-78, P.O. Box 689
Allentown, PA 18105-1556
(610) 402-7632 Fax: (610) 402-7600
Department of Pediatrics
Division of Neonatology
Provisional Active

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

Aaron D. Bleznak, MD
Lehigh Valley Surgical Oncology
2597 Schoenersville Road, Suite 201
Bethlehem, PA 18017-7331
(484) 884-3024 Fax: (484) 884-3026
Department of Surgery
Division of General Surgery
Provisional Active

Continued on next page
Continued from Page 12

**Craig W. Erickson, MD**  
Northern Lehigh Primary Care  
586 Moorestown Drive  
Bath, PA  18014-9713  
(610) 746-2010  Fax: (610) 746-2060  
Department of Family Medicine  
Provisional Active

**Janet E. Erickson, MD**  
Northern Lehigh Primary Care  
586 Moorestown Drive  
Bath, PA  18014-9713  
(610) 746-2010  Fax: (610) 746-2060  
Department of Medicine  
Division of General Internal Medicine  
Provisional Active

**Eric A. Goldman, DO**  
Pain Specialists of Greater Lehigh Valley  
The Center for Pain Management  
1240 S. Cedar Crest Blvd., Suite 307  
Allentown, PA  18103-6218  
(610) 402-1756  Fax: (610) 402-1747  
Department of Anesthesiology  
Division of Pain Medicine  
Provisional Active

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

**Maria L.C. Labi, MD, PhD, MBA**  
Good Shepherd Physician Group  
Good Shepherd Rehab Hospital  
501 St. John Street  
Allentown, PA  18103-3296  
(610) 776-3278  Fax: (610) 776-3168  
Department of Medicine  
Division of Physical Medicine-Rehabilitation  
Provisional Active

**Prasant Pandey, MD**  
The Heart Care Group, PC  
Jaindl Pavilion, Suite 500  
1202 S. Cedar Crest Blvd.  
P.O. Box 3880  
Allentown, PA  18106-0880  
(610) 770-2200  Fax: (610) 776-6645  
Department of Medicine  
Division of Cardiology  
Provisional Active  
Appointment Date – 10/11/2004

**Nina J. Paonessa, DO**  
Khubchandani-Stasik-Rosen, PC  
1275 S. Cedar Crest Blvd.  
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Allentown, PA  18103-6255  
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Department of Surgery  
Division of Colon and Rectal Surgery  
Provisional Active

**Joseph R. Paprota, MD**  
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

**Dan Popescu, MD**  
Shah & Giangiulio  
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Allentown, PA  18103-6218  
(610) 821-2700  Fax: (610) 821-5431  
Department of Medicine  
Division of Hematology-Medical Oncology  
Provisional Active

**Rommel N. Ramos, MD**  
Allentown Associates LLC  
Allentown Medical Center  
401 N. 17th Street, Suite 304  
Allentown, PA  18104-5104  
(610) 820-3900  Fax: (610) 820-3835  
Department of Psychiatry  
Provisional Active

Continued on next page
Continued from Page 13

Jennifer C. Reap, DO
Department of Medicine
1240 S. Cedar Crest Blvd., Suite 410
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Department of Medicine
Division of General Internal Medicine
Provisional Limited Duty

Sara S. Viessman, MD
Center for Educational Development & Support
Lehigh Valley Hospital
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(610) 402-2501   Fax: (610) 402-2203
Department of Pediatrics
Division of General Pediatrics
Provisional Active

Practice Changes

Joseph A. Habig II, MD
(No longer in practice with John F. Wolf, MD)
798 Hausman Road, Suite 250
Allentown, PA 18104-9119
(610) 973-3868   Fax: (610) 973-3867

Andrew S. Potash, MD
(No longer in practice with John J. Cassel, MD, PC)
Ian Chan, MD Cardiology Associates
30 N. 18th Street
Allentown, PA 18104-5620
(610) 289-2840   Fax: (610) 289-2842

John F. Wolf, MD
(No longer in practice with Joseph A. Habig II, MD)
1255 S. Cedar Crest Blvd., Suite 2200
Allentown, PA 18103-6226
(610) 740-5547   Fax: (610) 820-8172

Practice and Status Change

John M. Davidyock, MD
LVPG-Hospitalist
1240 S. Cedar Crest Blvd., Suite 410
Allentown, PA 18103-6218
(610) 402-8045   Fax: (610) 402-1675
Department of Medicine
Division of General Internal Medicine
From: Provisional Limited Duty
To: Provisional Active

Status Change

Rajeev Rohatgi, MD
Department of Medicine
Division of Cardiology
From: Provisional Active
To: Affiliate

Primary Address Change

Jinesh M. Gandhi, MD
Northeast Medical Care, PC
59 Roseberry Street
Phillipsburg, NJ 08865-1627
(908) 454-8600   Fax: (908) 454-3524

One-Year Leave of Absence

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

Resignations

Pushpi P. Chaudhary, MD
Department of Psychiatry
Division of Consultation-Liaison Psychiatry

Continued on next page
Continued from Page 14

**Change of Supervising Physician**

Sarah Gollinger, CMA
Certified Medical Assistant
(Valley Sports & Arthritis Surgeons – Prodomos A. Ververeli, MD)

Teresa M. Lunardi, PA-C
Physician Assistant-Certified
(Center for Women’s Medicine – L. Wayne Hess, MD)

Naomi L. Reimert, MA
Medical Assistant
(The Heart Care Group, PC – Paul Gulotta, MD)

Wendy E. Schwenk, LPN
Licensed Practical Nurse
(The Heart Care Group, PC – Paul Gulotta, MD)

Lisa M. Shores, LPN
Licensed Practical Nurse
(The Heart Care Group, PC – Paul Gulotta, MD)

Benjamin G. Steward, PA-C
Physician Assistant-Certified
(Lehigh Valley Heart and Lung Surgeons – Gary W. Szydlowski, MD)

**Resignations**

Michael F. Altrichter
Surgical Technician
(Sacred Heart Medical Associates – Heart and Lung Surgery)

Rick C. Davis, RRT
Registered Respiratory Therapist
(Young’s Medical Equipment)

Nichole M. Eisenhard, MA
Medical Assistant
(Valley Sports & Arthritis Surgeons)

Susan E. Kunsman, CRNP
Certified Registered Nurse Practitioner
(The Heart Care Group, PC)

Mei MacHarrie, RN
Registered Nurse
(The Heart Care Group, PC)

Janice M. Schuler, RN
Registered Nurse
(Lehigh Valley Cardiology Assoc)

Mary Lou Shook
Anesthesia Technical Assistant
(Lehigh Valley Anesthesia Services, PC)

**Allied Health Staff Appointments**

Melissa R. Armstrong, RN
Registered Nurse
(The Center for Healthy Aging – Francis A. Salerno, MD)

Angela R. Pistoria, PA-C
Physician Assistant-Certified
(Surgical Specialists of the Lehigh Valley)

From: William R. Dougherty, MD
To: Michael M. Badellino, MD

Denise A. White, CRNP
Certified Registered Nurse Practitioner
(Lehigh Valley Hospital)

From: James M. Ross, MD
To: Arvind K. Gupta, MD
Medical Staff Progress Notes

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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

Janet M. Seifert
Coordinator, Communications & Special Events

Managing Editor

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Patrice M. Weiss, MD
Matthew J. Winas, DO

We’re on the Web!

If you have access to the Lehigh Valley Hospital intranet, you can find us on the LVH homepage under Departments — Non-Clinical “Medical Staff Services”

Medical Staff Progress Notes is published monthly to inform the Medical Staff and employees of Lehigh Valley Hospital of important issues concerning the Medical Staff.

Articles should be submitted by e-mail to janet.seifert@lvh.com or sent to Janet M. Seifert, Medical Staff Services, Lehigh Valley Hospital, Cedar Crest & I-78, P.O. Box 689, Allentown, PA 18105-1556 by the 15th of each month. If you have any questions about the newsletter, please contact Mrs. Seifert by e-mail or phone at (610) 402-8590.