

# Progress Notes

Published for the Medical Staff  
and Advanced Practice Clinicians  
of Lehigh Valley Health Network

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## MEDICAL EXECUTIVE COMMITTEE WELCOMES NEW MEMBERS AT-LARGE

Congratulations are extended to the following members of the Medical Staff who were recently elected to serve three-year terms as members at-large of the Medical Executive Committee, beginning July 1, 2009:



**Aaron D. Bleznak, MD**  
Department of Surgery  
Division of General Surgery  
Section of Surgical Oncology  
*Lehigh Valley Surgical Oncology*



**Martin A. Martino, MD**  
Department of Obstetrics and Gynecology  
Division of Gynecologic Oncology/Gynecology  
*Gynecologic Oncology Specialists*



**Jarret R. Patton, MD**  
Department of Pediatrics  
Division of General Pediatrics  
*LVPG-Pediatrics*



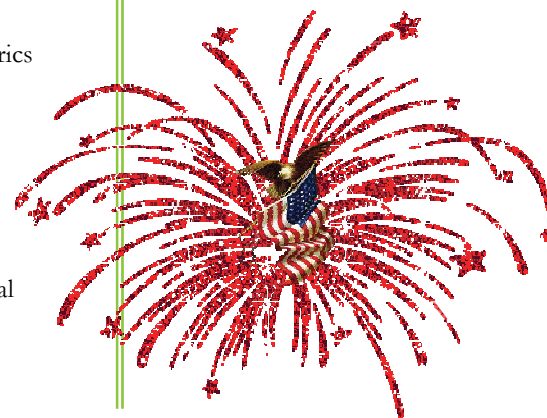
**James T. Wertz, DO**  
Department of Medicine  
Division of General Internal Medicine  
*Muhlenberg Primary Care, PC*  
(Second consecutive term)

A special "Thank You" is extended to the members at-large, who completed their terms at the end of June, for their dedication and service to the Medical Staff as members of the Medical Executive Committee –

**Edgardo G. Maldonado, MD**  
Department of Medicine  
Division of General Internal Medicine

**L. Kyle Walker, MD**  
Department of Pediatrics  
Division of Critical Care Medicine

**John F. Welkie, MD**  
Department of Surgery  
Division of Vascular and Endovascular Surgery





## FROM THE PRESIDENT

### Physicians and Health Care Reform

*"The greatest threat to America's fiscal health is not social security. It's not the investments we have made to rescue our economy during this crisis. By a wide margin, the biggest threat to our nation's balance sheet is the skyrocketing cost of health care. It's not even close."*

**- President Barack Obama, March, 2009**

President Obama has this one right. As is typical of American life, so many issues revolve around money. In mid-May, the Medicare and Social Security trustees' reports were released, projecting rising health care costs leading to long term deficits. If costs per enrollee on Medicare and Medicaid grow at the same rate over the next 40 years as they have in the past 40 years, the money spent on those two programs will increase from 5% to 20% of the Gross Domestic Product (GDP). Comparatively, at the current growth rate, spending on Social Security will rise from 5% to 6% of GDP in the same time period. The 20% increase in Social Security spending is minor

when compared with the 300% growth in Medicare and Medicaid expenses. As a result, health economists and people like President Obama appreciate the importance of finding a permanent change in the way health care is provided in America. The current system is simply not financially sustainable.



With President Obama's focus, this year our nation has the best chance of achieving health care reform legislation to place the United States on a path to high-quality, affordable healthcare

for all Americans and simultaneously slow the growth in health care spending. The reins are firmly in the hands of two democrats: Max Baucus of Montana and Edward Kennedy of Massachusetts, the head of the Senate's Health Committee. The Republican Party also seems willing to participate. On May 20, Senator Tom Coburn from Oklahoma and three fellow Republicans introduced their version of a health care reform bill.

Also willing to join in the discussion is the American Medical Association, appreciating the need to slow the growth of health care spending. There are two controversial issues that threaten to disrupt the dialog on health care reform: the creation of a new public insurance option and the government's support for comparative-effectiveness research.

Even though uncertainty remains regarding specific changes, the likelihood of health care reform is growing. So what should physicians do? Physicians have a choice: wait and see what happens or lead the discussion. Some believe that physicians can become our most credible and effective leaders in health care reform.

One proposal to curb the growth of health care costs is for the health care community to accept the "1 ½ percent solution"

and reduce annual spending growth by 1.5%. This isn't a reimbursement cut but simply an agreement to decrease the rate of growth. This solution, according to the Lewin Group, provides a significant enough savings to expand coverage for all without imposing hardships on patients or providers. A 1.5% reduction in the growth rate of spending would still result in a significant portion of our GDP spent on health care and would still allow the

incomes of providers to rise – from \$2.6 trillion in 2010 (17.7% of the GDP) to \$4.3 trillion in 2020 (18.5% of GDP). Conversely, a 1.5% cut in the growth rate of health care spending is still not enough, as spending 18.5% of our GDP on health care remains unsustainable for our society, but you have to start somewhere. With the health care community supporting the "1 ½ percent solution," the annual growth rate of health care spending decreases from 6.7% to 5.2%, saving \$3.1 trillion of the \$40 trillion currently projected to be spent between 2010 and 2020. This amount of savings could cover the additional cost of health care for all Americans.



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How could the health care community achieve this reduction in the growth rate? One way for physicians to start contributing to this goal is reassessing and scaling back, when appropriate, our use of clinical resources on our patients – x-rays, CTs, MRIs, labs, consultations, etc. The National Quality Forum's



National Priorities Partnership believes that, for physicians and health care organizations, 30% of health care spending (\$600-700 billion) is unnecessary and wasteful. Furthermore, they encourage all healthcare organizations to continually strive to reduce inappropriate medication use,

unnecessary laboratory tests, unwarranted maternity care interventions, unwarranted diagnostic procedures, inappropriate non-palliative services at the end of life, unwarranted procedures, unnecessary consultations, preventable emergency department visits and hospitalizations and preventive services with no documented benefits.

I can hear what you are saying from where I am writing – those goals would be much easier to achieve if there were not the seemingly constant threat of being sued for the care we are providing to our patients. Surveys have shown that 85% of physicians have practiced defensive medicine at some point. If you have ever been sued, you will do just about anything to prevent getting sued again, including ordering an additional test to ensure you are not missing something on your patient. I feel tort reform and more efficient, less wasteful medicine are inextricably entwined and I am disappointed that national tort reform does not seem to be a part of the current national health care reform legislation. However, 31 states have enacted tort reform to date. Unfortunately, Pennsylvania is not one of them.



Historically, physicians as a group find difficulty policing themselves to voluntarily cut spending. As a result, looking forward, it is more likely the Congressional Budget Office will set a legislative target to cut the growth rate in health care spending by giving the federal government the authority to reduce updates in Medicare fees.

For what it's worth, I agree with President Obama on this issue. As a country, we cannot go on spending one in every six dollars on health care. It is not sustainable and will negatively impact other areas of importance to our country. This is the moment of truth for health care. As physicians, we can lead, follow, or get out of the way. I suggest physicians lead.



Have a nice month.

*Matthew M. McCambridge, MD*

Matthew M. McCambridge, MD  
Medical Staff President

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Fisher ES, Berwick DM, Davis K. Achieving health care reform – how physicians can help. *New England Journal of Medicine*, 2009; 360:2495-2497.

National Priorities Partnership. National priorities and goals: aligning our efforts to transform America's health-care. Washington, DC: National Quality Forum, November 2008.

The future of health-care reform: the moment of truth. *The Economist*, June 6, 2009:27-28

Sheils J. The Lewin Group. Statement for the Senate Committee on Finance, May 12, 2009.

Orszag PR. Health costs are the real deficit threat. *The Wall Street Journal*, May 15, 2009.

# NEW RAPIDARC RADIOTHERAPY TREATMENT NOW AVAILABLE FOR CANCER PATIENTS

In late April, two patients, both in their 70s, were the first people in Allentown, Pa., to receive a new, faster, more precise form of radiotherapy for cancer. A 72-year-old man was treated for prostate cancer, while a 70-year-old woman received treatment for a brain tumor at the base of her skull. Doctors at Lehigh Valley Hospital used RapidArc™ radiotherapy and image-guidance technology from Varian Medical Systems to target their tumors with carefully shaped radiation beams.

“The prostate cancer patient’s tumor was close to the bladder, rectum, and many other sensitive organs and tissues,” said Charles F. Andrews, MD, radiation oncologist. “Using RapidArc, we are able to deliver treatments very quickly, concentrating the dose on the tumor while minimizing exposure of nearby sensitive structures.”

For the patient with the brain tumor, Dr. Andrews was able to deliver a RapidArc treatment designed to minimize exposure of her eyes, pituitary gland, and other sensitive organs and tissues in the head and neck.

For both patients, the RapidArc treatments were much faster than would have been possible using earlier generations of technology. “With RapidArc, prostate cancer treatments that once took 10 minutes to deliver can now be completed in just two minutes,” Dr. Andrews said. “The typical set-up and treatment time for a brain cancer patient used to be about 40 minutes, but with RapidArc, we’re completing these treatments in just over 10 minutes.”

As a result, cancer patients spend much less time immobilized on the treatment table. In addition to improving patient comfort, faster treatments help reduce the chance of tumor motion during treatment. According to Dr. Andrews, for a prostate cancer patient, as the bladder fills, the tumor can move by several millimeters. “The RapidArc treatments are delivered so quickly that there really isn’t enough time for the tumor to move,” said Dr. Andrews.

Hospitals and cancer centers from around the world have now used RapidArc radiotherapy technology for the treatment of prostate, head and neck, lung, brain, spine, bone, gynecological, and soft tissue cancers. The American Cancer Society’s most recent estimates show that in 2008 there were 70,110 new cancer cases in the state of Pennsylvania. “RapidArc represents a significant step forward in what is possible,” said Victor R. Risch, MD, PhD, Department of Radiation Oncology. “We have installed this capability on two treatment machines, and we will be offering RapidArc to patients whenever it’s an appropriate treatment option.”

For more information regarding this new treatment, please contact either Dr. Andrews or Dr. Risch in the Department of Radiation Oncology at 610-402-0700.

## NEW C. DIFFICILE TEST AVAILABLE



Health Network Labs has instituted a new *Clostridium difficile* test that uses PCR technology. The PCR DNA assay detects the presence of the toxin B tcdB gene. The tcdB gene target is a good surrogate for detection of toxigenic *Clostridium difficile* because it has been shown to correlate well with clinical disease. This method offers excellent sensitivity (100%) and specificity (97%) as compared to the cytotoxicity reference method and other *C. difficile* toxin assays (48-71%). Because of the sensitivity and specificity enhancement of this test, the need for multiple screening and confirmatory assays is rarely necessary.

If you have any questions regarding this issue, please contact Jarrod W. Kile, RPh, Clinical Pharmacy Specialist – Infectious Diseases, at 610-402-2389.



# LEHIGH VALLEY HOSPITAL RECEIVES AWARD FOR STROKE CARE

The American Stroke Association awarded Lehigh Valley Hospital its Get With The Guidelines<sup>SM</sup>-Stroke (GWTG-Stroke) Gold Performance Achievement Award at the association's International Stroke Conference 2009. The award recognizes the hospital's commitment and success in implementing a higher standard of stroke care by ensuring that stroke patients receive treatment according to evidence-based guidelines.

"In treating stroke, time to treatment is a key factor in predicting patient outcomes," said John E. Castaldo, MD, Chief, Division of Neurology. "Receiving the Get With The Guidelines-Stroke Gold Performance Achievement Award shows that Lehigh Valley Health Network is continuing to treat its stroke patients quickly and effectively."

Through GWTG-Stroke, Lehigh Valley Hospital is tracking comprehensive efforts to rapidly diagnose and treat stroke patients admitted to the emergency department. This includes being equipped to provide brain imaging scans, having neurologists available to conduct patient evaluations and using clot-busting medications when appropriate.

To receive the GWTG-Stroke Gold Performance Achievement Award, Lehigh Valley Hospital consistently complied for at least 24 months with the requirements in the GWTG-Stroke program. These include aggressive use of medications like tPA, antithrombotics, anticoagulation therapy, DVT prophylaxis, cholesterol reducing drugs and smoking cessation. This 24-month evaluation period reflects an ongoing effort of the hospital to continually maintain 85 percent compliance required for an award.

GWTG is a comprehensive program that provides an online interactive assessment and report tool, resources, quarterly workshops, training and feedback to staff at participating hospitals. The goal is to improve implementation of evidence-based interventions that are proven to reduce complications after stroke and the chances of a subsequent stroke or heart attack.

Stroke is the third leading cause of death in the United States. According to the American Stroke Association, approximately 795,000 people each year experience a new or recurrent stroke.

## HYPOGLYCEMIA PROTOCOL

The Hypoglycemia protocol is being revised to comply with The Joint Commission standards which require an order from a physician or other licensed independent practitioner before providing care (verbal or written). Previously, the Hypoglycemia protocol allowed nurses to implement prompt treatment through oral treatment, Dextrose 50% IV, or Glucagon SQ without a physician's order.

Therefore, in order to be in compliance with this standard, it was reviewed and accepted by Troika that all "Accucheck or One-Touch" orders would have an automatic default order selected to initiate the Hypoglycemia Protocol and avoid a possible delay in treatment. In the rare circumstance of an episode

of hypoglycemia without an "Accucheck or One-Touch" order, the nurse would initiate emergency treatment, and then notify clinician according to current policy.

This change does not affect the current guideline which states: "Notify physician if blood glucose remains less than 70mg/dL after two cycles of algorithm and/or patient's condition deteriorates."

If you have any questions regarding this issue, please contact Joyce Najarian, Program Coordinator, Helwig Diabetes Center, at 610-402-1731.

# PHYSICIAN DOCUMENTATION

## RAC Is Coming!!

A comprehensive new program from the Centers for Medicare and Medicaid Services (CMS) is set to roll out in Pennsylvania on August 1, 2009. The Recovery Audit Contractor (RAC) initiative promises to bring tremendous challenges to our organization as we will be subjected to extensive review of Medicare claims reaching back to October 2007.

RAC's mission is to detect and correct improper Medicare payments and collect these overpayments from providers.

RAC legislation empowered auditors to conduct two types of audits – automated and complex reviews. With automated reviews, the RAC auditors perform automated “mining” and filtering of claims for “low hanging fruit” – looking for missing modifiers, multiple units billed, or payments for discontinued CPT codes. With complex reviews, hospitals must provide the RAC with medical records for specific cases within a 45-day period. The RAC reviews the record within 60 days and issues a denial or “all-clear” letter to the provider.

The government offered the RACs an unusual contingency fee (12.45% of everything they find) which creates a somewhat inappropriate incentive to find errors. When you combine this incentive structure with the way that CMS left the entire process undefined, it gave the RAC room to engage in some fairly broad fishing expeditions with a “guilty until proven innocent” philosophy.

Top services identified so far by RAC are overpayment for:

- Surgical procedures in wrong setting (medically unnecessary)
- Excisional Debridement (incorrectly coded)
- Cardiac defibrillator implant in wrong setting (medically unnecessary)
- Treatment for heart failure and shock in wrong setting (medically unnecessary)
- Respiratory system diagnosis with ventilator support (incorrectly coded)

LVHN has been preparing and steps taken have included:

- Developing a process and personnel to respond to RAC requests
- Identify “at-risk” cases (those cases RAC demonstration showed high probability targets for audits)
- Perform coding and medical necessity reviews
- Establish a RAC repository
- Test our RAC workflow

This will be a difficult period and require intensified efforts from many departments and personnel; however, our organization's wide preparation and response will minimize the financial impact, reduce future risk exposures, and position our Network to improve the quality of its processes and health care.

If you have any questions regarding this issue, please contact Anthony V. Matejicka II, DO, at 610-868-6880.



## LVHN DIGITAL LIBRARY

### Dynamed Adds Interactive Calculators Categorized by Specialty

DynaMed now offers over 500 interactive clinical calculators including: disease criteria tools, decision trees, unit/dose converters, and statistics calculations (prevalence, probability, survey sample size, etc.) to provide clinicians with even more decision-making tools to use at the point-of-care.

The calculators are categorized by specialty and many include information to help interpret results, as well as evidence-based references to literature with links to full text from the Digital Library subscribed journals.

Calculated values can be printed by right clicking the screen and selecting Print from the menu.

Network-wide access is available to Dynamed from the Digital Library homepage both onsite and via WebSSO and from the Resources tab in LastWord. Look for the link to calculators at the top of the Dynamed screen.

For more information, please contact Library Services at 610-402-8410.

# 48th Annual **SUMMER FESTIVAL**



**Aug. 12–15, 2009**

On the hospital grounds at  
Lehigh Valley Hospital–Muhlenberg

**Wednesday–Friday**

5–10:30 p.m.

**Saturday**

noon–10:30 p.m.



## **Free admission**

**Free entertainment nightly 7–10 p.m.**

Wed., Aug. 12 King Henry and the Showmen

Thu., Aug. 13 The Cramer Brothers

Fri., Aug. 14 The Majestics Band

Sat., Aug. 15 Jesse Wade Gang

## **Pay-one-price ride special**

Wed., Aug. 12 & Thurs., Aug. 13, 5–9 p.m. \$15

Sat., Aug. 15, 1–3 p.m. \$10 plus an entry for  
a bike drawing

**Special Attractions:** Crafts, Kiddie Land, attic  
treasures, bingo, book and plant sale, cash raffle,  
food, games, 2-penny candy, rides

The festival maintains a very important purpose  
– to raise funds to support a project, program or  
service of Lehigh Valley Hospital–Muhlenberg.

A PASSION FOR BETTER MEDICINE.™



610-402-CARE LVH.org

## ***Save the Date:***

**October 3 — 14th Annual Nite Lites Gala — Campus of LVH-Muhlenberg**

# PROTOCOL AND CLINICAL PRACTICE GUIDELINES FOR ALCOHOL WITHDRAWAL BEING DEVELOPED

Alcoholism and the Alcohol Withdrawal syndrome remain a common, underdiagnosed comorbidity in our patients.

A multidisciplinary committee was assembled to develop a protocol and clinical practice guidelines for the identification of patients at risk for alcohol withdrawal.

In July and August, this protocol will only be piloted on 5K, TTU, 6T Muhlenberg and Behavioral Health units with plans on going “network-wide” by fall. The Emergency Department and Intensive Care units will also be included at that time. The protocol will be available on LastWord and utilizes the “CAGE” questionnaire and the Clinical Institute of Withdrawal Assessment of Alcohol scale, revised (CIWA-Ar) as well as built in order sets through CAPOE.

Goals of the protocol include:

- Identify the illness/safe detox
- Decrease the frequency of progression to seizures/delirium tremens
- Decrease length of stay
- Decrease utilization and cost/case
- Improve compliance and coding

Further education will be forthcoming.

## *Physician members of the committee include:*

**Ralph A. Primelo, MD**, Department of Psychiatry, Vice Chair, Quality Assurance, and Chair of the committee – Pager 610-402-5100 9361

**Robert D. Barraco, MD, MPH**, Chief, Sections of Geriatric Trauma and Pediatric Trauma – Pager 610-402-5100 1651

**S. Perry Fooskas, MD**, Department of Emergency Medicine – Pager 610-402-5100 6624

**Michael J. La Rock, MD**, Division of Hospital Medicine/General Internal Medicine – Pager 610-402-5100 5265

**Brian P. Mika, MD**, Division of Consultation-Liaison Psychiatry – Pager 610-402-5100 9893

**Muhamad Aly Rifai, MD**, Division of Psychiatric Ambulatory Care/Adult Inpatient Psychiatry – Pager 610-402-5100 5867

**Eugene P. York, MD**, Division of Hospital Medicine/General Internal Medicine – Pager 610-402-5100 7448

If you have any questions regarding this issue, please contact a physician member of the committee listed above.

# TRANSITIONAL CARE MODEL IN MICU/SICU

The essence of modern critical care medicine is the ability to consistently deliver state of the art care to all patients over a wide range of subspecialty disciplines. In order to achieve this goal, a process must be in place to ensure that the system of care supporting the ICU patients is functioning well at all times.

The care of the ICU patient depends on a complex network of people working together as a team. Multiple studies have shown that the addition of an intensivist to an open ICU system of care results in significantly decreased ICU and hospital mortality as well as ICU and hospital length of stay. Moreover, studies have also shown that changing from an open ICU to a hybrid or transitional ICU model, where intensivist consultation is mandatory, resulted in improved resource utilization reflected by reduced ICU length of stay, decreased ventilator days, fewer consultations, fewer complications, and smaller hospital charges.

Effective in the early part of 2009, the care of the MICU/SICU has implemented the transitional ICU model. Patients being admitted/transferred to the MICU/SICU need one of three consults prior to or upon arrival to the unit.

- Surgical Critical Care Service (SICU Service)
- Medical Critical Care Service (MICU Service with residents)
- Pulmonary, Non-Teaching Service (MICU Service without residents)

Policies titled *High Intensity Physician Staffing for Medically Ill ICU Patients* and *Management of Patients in the Surgical Intensive Care Unit* can be located on-line in the Administrative Manual.

Patient care delivery in accordance with this transitional ICU model will improve overall patient care, coordination of care and communication between all of the care providers on the case.

If you have any questions regarding this issue, please contact Matthew M. McCambridge, MD, Chief, Division of Critical Care Medicine, at pager 610-402-5100 9467, or James F. Reilly, MD, Co-Medical Director, Surgical Intensive Care Unit, at pager 610-402-5100 8654.



# CONGRATULATIONS



**William F. Bond, MD**, Department of Emergency Medicine, successfully completed a Masters of Science in Health and Biopharmaceutical Economics at Lehigh University. Dr. Bond serves as the Chief of the Division of Education for LVHN. He is also a faculty member for the LVHN Emergency Medicine Residency Program. He has been a member of the Medical Staff since August, 1998.



**Herbert L. Hyman, MD**, former member of the Division of Gastroenterology with Honorary Status, was recently made a fellow by the American Gastroenterologic Association. Since his retirement, Dr. Hyman has been living in Florida where he is affiliated with the Department of Health of Palm Beach County as a volunteer physician in the Community Clinic and as a lecturer in Preventive Medicine. He recently celebrated his 88<sup>th</sup> birthday. Dr. Hyman joined the Medical Staff in November, 1953. He was honored for 50 years of service at the 2004 Physician Recognition Dinner.



**Lester Rosen, MD**, former member of the Division of Colon and Rectal Surgery with Honorary Status, was recently named “Healthcare Professional of the Year” at the Palm Beach (Florida) Chamber of Commerce 2009 Business Awards breakfast. In March, 2008, Dr. Rosen moved to Florida where he has been working for the Cleveland Clinic Florida Health and Wellness Center. Dr. Rosen was a member of the hospital’s Medical Staff since July, 1981, and was in practice with Indru T. Khubchandani, MD, and John J. Stasik, MD.



**Ernest M. Sully, DO**, Department of Emergency Medicine, was notified by the American Osteopathic Board of Emergency Medicine that he has completed and passed all portions of the examination process and has become certified in Emergency Medicine. Dr. Sully joined the hospital’s Medical Staff in August, 2006. He is in practice with LVPG-Emergency Medicine.

## PAPERS, PUBLICATIONS AND PRESENTATIONS



**Kara M. Coassolo, MD**, Division of Maternal-Fetal Medicine/Obstetrics, and **John C. Smulian, MD**, Vice Chair, Department of Obstetrics and Gynecology, and Chief, Division of Maternal-Fetal Medicine, were two of the co-authors of an article – “Neonatal Hypoglycemia in Term Non-Diabetic Pregnancies” – which was published in the May 2009 issue of the *American Journal of Obstetrics and Gynecology*.



**Edward R. Norris, MD**, Department of Psychiatry, Vice Chair, Education and Research, presented a poster on his recently completed research at the American Psychiatric Association Annual Meeting in San Francisco, Calif., on May 19. His poster was titled “Randomized Placebo-Controlled Trial of Ramelteon for Depressive Symptoms in Patients with Seasonal Affective Disorder.” Contributing authors include Karen Burke, RN, Clinical Research Coordinator, Behavioral Health; Carol Foltz, PhD, Senior Research Scientist, Health Studies; **Kenneth J. Zemanek, MD**, Division of Consultation-Liaison Psychiatry, and **Michael W. Kaufmann, MD**, Chair, Department of Psychiatry.



**Debbie Salas-Lopez, MD, MPH**, Chair, Department of Medicine, co-authored two chapters in the book – *Achieving Cultural Competency: A Case-Based Approach to Training Health Professionals*. The first chapter – “Case 7. Isabel Delgado: A 47-year-old Dominican Woman with Hypertension” – was co-authored with **Eric J. Gertner, MD, MPH**, Division of General Internal Medicine. The second chapter – “Case 15. Irma Matos: A 66-year-old Ecuadorian Woman with Type II Diabetes and Hypertension” – was co-authored with **Edgardo G. Maldonado, MD**, Division of General Internal Medicine.

In addition, Dr. Salas-Lopez co-authored an article – “Understanding Breast Cancer Patients’ Perceptions: Health Information-Seeking Behavior and Passive Information Receipt” – which was published in Volume 2, Number 2 – May 2009 issue of the *Journal of Communication in Healthcare*.

# UPCOMING SEMINARS, CONFERENCES AND MEETINGS

## 2009-2010 Faculty Development Workshop Series

The Division of Education is sponsoring the 2009-2010 Faculty Development Workshop Series for all clinical educators, including physicians with teaching responsibilities. This series is designed to build our capabilities for both teaching and assessment within the framework of competency-based education. The sessions offered include giving feedback, delivering bad news, adult learning methods, as well as many others that will prove beneficial in settings inside and outside of the formal teaching role.

The dates, topics and registration information will be available through the e-Learning button on your WebSSO toolbar by July 15. All sessions are free of charge, however, registration is required. You can also find the workshop series on the Division of Education intranet site – the link to the schedule is on the home page.

Some of the presenters will include Jay Baglia, PhD, and Elissa Foster, PhD, from the Department of Family Medicine; James Orlando, EdD, and Amy Smith, PhD, from the Division of Education, and other network faculty as well as invited professors and instructors from local colleges and universities.

If you have questions regarding the workshop series, please contact Kirsten L. Ryan, Medical Education Coordinator, at 610-402-2316.

## 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 July will include:

- July 2 – LVH-M ECC Rooms C & D
  - ◇ Guest Speaker – TBA
  - ◇ Journal Club
- July 9 – LVH-M ECC Rooms C & D
  - ◇ Rosen's – Gavin Barr, Jr., MD
  - ◇ AEMC Tox – Matthew Cook, DO
  - ◇ Head Trauma – Mark Guzzo, MD
  - ◇ Admin Hour – David Burmeister, DO, and Michelle Carraro, DO

- July 16 – LVH-M ECC Rooms C & D
  - ◇ Ultrasound Lecture – Kevin Roth, DO
  - ◇ PBL Jr. EKG's that kill – Steven Conroy, DO
  - ◇ PBL Sr. EKG's that kill – Gavin Barr, Jr., MD
  - ◇ PGY1 – Adult Code – Steven Conroy, DO
  - ◇ PGY2 – Peds Code – Bock Moyes, DO
  - ◇ PGY3 – Class Project – Andrew Miller, DO
  - ◇ PGY4 – OB: Triples – Gavin Barr, Jr., MD, Gary Bonfante, DO, Bryan Kane, MD, and Kevin Weaver, DO
- July 23
  - PGY1 and PGY2 – EMI – 2166 S. 12<sup>th</sup> Street
    - ◇ Class Specific Labs – LP/Chest Tube – Steven Conroy, DO, Andrew Miller, DO, Gavin Barr, Jr., MD, Gary Bonfante, DO, Bryan Kane, MD, and Charles Worrilow, MD
  - PGY3 and PGY4 – LVH-M 4<sup>th</sup> Floor Classroom
    - ◇ Oval Board Lecture/Mock Case – Bryan Kane, MD, and Kevin Weaver, DO
    - ◇ CV/Job Hunt – Joseph Sexton, MD
- July 30 – EMI – 2166 S. 12<sup>th</sup> Street
  - PGY1 and PGY2
    - ◇ Citi Training/Research Questions – Bryan Kane, MD
    - ◇ Billing/Coding – Megan Kalb
  - PGY3 and PGY4
    - ◇ Airway Course – Steven Conroy, DO, Andrew Miller, DO, Gavin Barr, Jr., MD, Gary Bonfante, DO, Bryan Kane, MD, Charles Worrilow, MD, Kevin Weaver, DO, and Kate Kane, DO

For more information, please contact Dawn Yenser in the Department of Emergency Medicine at 484-884-2888.

## Family Medicine Grand Rounds

The next Family Medicine Grand Rounds will be held on Tuesday, July 7, from 7 to 8 a.m., in Kasych ECC 10 at Lehigh Valley Hospital, Cedar Crest, and teleconferenced to ECC Room A at LVH-Muhlenberg.

“TB Update” will be presented by Marcelo G. Gareca, MD, Division of Infectious Diseases.

For more information, please contact Janice Hertia in the Department of Family Medicine at 610-969-4894.

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## OB/GYN Grand Rounds

The Department of Obstetrics and Gynecology holds Grand Rounds on Friday mornings from 7:15 to 8:15 a.m., in the locations noted. Topics to be discussed in July will include:

- July 3 – No Grand Rounds – 4<sup>th</sup> of July Holiday
- July 10 – Gynecologic Oncology M&M – Joseph DeFulvio, MD/Martin Martino, MD
  - ◇ Location: Kasych ECC 8
- July 17 – “Faculty Development” – Krista Hirschmann, Craig Koller, Kristin Friel, MD
  - ◇ Location: Kasych ECC 8
- July 24 – “Faculty Development” – Krista Hirschmann, Craig Koller, Kristin Friel, MD
  - ◇ Location: Kasych ECC 10
- July 31 – No Grand Rounds

For more information, please contact Teresa Benner in the Department of Obstetrics and Gynecology at 610-969-4515.

## Pediatric Grand Rounds

The Department of Pediatrics holds Grand Rounds on Tuesdays beginning at 8 a.m., in ECC Room 1 on the first floor of the Anderson Wing at Lehigh Valley Hospital, Cedar Crest. Topics to be discussed in July will include:

- July 7 – “Visual Diagnosis of Child Abuse” – John D. Van Brakle, MD
- July 14 – TBA
- July 21 – Case Presentation – Karen E. Senft, MD
- July 28 – “Travel Medicine” – Sheila Mackell, MD

For more information, please contact Kelli Ripperger in the Department of Pediatrics at 610-969-2540.

## Psychiatry Grand Rounds

The next Department of Psychiatry Grand Rounds will be held on Thursday, July 16, beginning at Noon (registration at 11:45 a.m.) in the Banko Family Center on the LVH-Muhlenberg campus.

“Optimizing Advanced Complex Illness Support (OACIS)” will be presented by Lou A. Lukas, MD, Medical Director of OACIS, and Donna Stevens, Program Director of OACIS Services.

For more information, please contact Tammy Schweizer in the Department of Psychiatry at 610-402-5255.

## Schwartz Rounds

The next Schwartz Rounds will be held on Wednesday, July 1, beginning at Noon, in Kasych ECC 8.

“Strengthening Teams and the Culture of Safe Patient Care” will be presented by Sharon Clark, Director of 4K, and Team.

For more information, please contact Krista Hirschmann in the Department of Medicine at 610-402-1583.

## Spine Conference

Conferences relating to interesting spine cases are held the first Wednesday of every month beginning at 7 a.m. Attendees typically include spine surgeons, neurosurgeons, physiatrists, pain management specialists, radiologists, among others. All clinicians are invited to bring interesting spine cases to the meeting.

The next Spine Conference will be held on Wednesday, July 1, in Kasych ECC 10.

For more information, please contact James C. Weis, MD, Co-Chief, Division of Spine Surgery, or Laura Warner, Clinical Coordinator, at 610-973-6338.

## Advanced Practice Clinicians Quarterly Meeting

The next quarterly meeting of the Advanced Practice Clinicians will be held on Thursday, July 23, at 5:30 p.m., in Kasych ECC Rooms 7 and 8.

If you have any questions regarding the Advanced Practice Clinicians Executive Council, please contact James C. Miller, CRNA, President, via email at [james.miller@lvh.com](mailto:james.miller@lvh.com) or by pager at 610-402-5100 2820.

# 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



**Paul B. Cesanek, MD**  
General Surgical Associates  
1240 S. Cedar Crest Blvd.  
Suite 208  
Allentown, PA 18103-6218  
Phone: 610-439-4055 Fax: 610-439-8650  
Department of Surgery  
Division of General Surgery  
Provisional Active



**Scott R. Dubow, MD**  
Allentown Anesthesia Associates, Inc.  
1245 S. Cedar Crest Blvd.  
Suite 301  
Allentown, PA 18103-6243  
Phone: 610-402-9080 Fax: 610-402-9029  
Department of Anesthesiology  
Provisional Active



**Ahmad M. Mizyed, MD**  
LVPF-Float Pool  
1605 N. Cedar Crest Blvd.  
Suite 602  
Allentown, PA 18104-2351  
Phone: 610-439-7506 Fax: 484-664-2290  
Department of Medicine  
Division of General Internal Medicine  
Provisional Active



**Michael C. Nguyen, MD**  
LVPF-Emergency Medicine  
Lehigh Valley Hospital  
Cedar Crest & I-78  
P.O. Box 689  
Allentown, PA 18105-1556  
Phone: 610-402-8130 Fax: 610-402-7160  
Department of Emergency Medicine  
Division of Emergency Medicine  
Provisional Active



**Christopher M. Pogodzinski, MD**  
Nazareth Area Family Medicine Associates, PC  
25 S. Broad Street  
Suite 104  
Nazareth, PA 18064-2189  
Phone: 610-759-6145 Fax: 610-759-4590  
Department of Family Medicine  
Provisional Affiliate



**James P. Reichart II, MD**  
Nephrology/Hypertension Associates of LV  
Allentown Medical Center  
401 N. 17<sup>th</sup> Street  
Suite 212  
Allentown, PA 18104-5050  
Phone: 610-432-8488 Fax: 610-258-2140  
Department of Medicine  
Division of Nephrology  
Provisional Active



**Jay S. Talsania, MD**  
OAA Orthopaedic Specialists  
250 Cetronia Road  
Second Floor  
Allentown, PA 18104-9168  
Phone: 610-973-6200 Fax: 610-973-6546  
Department of Surgery  
Division of Orthopedic Surgery/Hand Surgery  
Provisional Active

### Medical Staff Leadership Appointments

#### Department of Emergency Medicine

**John F. Wheary, DO**  
Site Director, Hazleton General Hospital

**Colleen M. Wladyslawski, MD**  
Site Director, Sacred Heart Hospital

*Continued on next page*



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### ***Department of Family Medicine***

**Julie A. Dostal, MD**

Vice Chair for Education

**Bruce A. Ellsweig, MD**

Vice Chair for Family Medicine Community Practices

### ***Department of Medicine***

**Phillip R. Bryant, DO**

Chief, Division of Physical Medicine-Rehabilitation

**Robert J. Krukltis, MD**

Fellowship Director, Pulmonary-Critical Care

**Michael J. Pistoria, DO**

Assistant Program Director, Internal Medicine Residency Program

**Stacey J. Smith, MD**

Associate Program Director, Internal Medicine Residency Program

### ***Department of Pathology and Laboratory Medicine***

**Kirsten S.W. Bellucci, MD**

Chief, Section of Dermatopathology

**Daniel F. Brown, MD**

Vice Chair for Network Affairs

**Shereen M. Gheith, MD**

Chief, Section of Molecular Pathology

**Jillian R. Grau, MD**

Chief, Section of Transplantation Pathology

**Michael Scarlato, MD**

Vice Chair

### ***Department of Surgery***

**Eric B. Lebby, MD**

Associate Chief (LVH), Division of Orthopedic Surgery

**Scott T. Sauer, MD**

Chief, Section of Foot and Ankle Surgery

### ***Medical Directors of Patient Care Units, Laboratories and Programs***

#### **Patient Care Units – Cedar Crest & I-78**

Emergency Department-CC – **David M. Richardson, MD**

Emergency Department-17<sup>th</sup> – **S. Perry Fooskas, MD**

Progressive Coronary Care Unit – **Ronald S. Freudenberger, MD**

5ATT – **Daniel M. Roesler, MD**

#### **Patient Care Units – LVH-Muhlenberg**

Adult Psychiatry – Secure – **Laurence P. Karper, MD**

Emergency Department – **David B. Burmeister, DO**

#### **Hospital Lab/Service Directors**

GI/Pulmonary Endoscopy Unit – **Scott W. Beman, MD**

(Associate Medical Director – GI)

PICC Team – **Jaen P. Naktin, MD**

Rehabilitation Services – **Phillip R. Bryant, DO**

#### **Health Network Laboratories**

Gynecologic Pathology – **Victoria L. Russin, MD**

Pulmonary/Endocrine Pathology – **Gary A. Stopyra, MD**

Soft Tissue/Bone – **Gary A. Stopyra, MD**

### ***Change of Address***

**Clifford H. Schilke, MD**

1251 S. Cedar Crest Blvd., Suite 103B

Allentown, PA 18103-6205

Phone: 610-433-9080 Fax: 610-433-9081

### ***Change of Primary Address***

**Michael R. Goldner, DO**

**James T. McNelis, DO**

Muhlenberg Primary Care, PC

2101 Emrick Blvd, Suite 100

Bethlehem, PA 18020-8001

Phone: 610-868-4000 Fax: 610-868-4033

### ***Change of Practice***

**Jay H. Kaufman, DPM**

**Dean L. Sorrento, DPM**

(No longer Lehigh Valley Foot & Ankle Surgeons)

OAA Orthopaedic Specialists

250 Cetronia Road, Second Floor

Allentown, PA 18104-9168

Phone: 610-973-6200 Fax: 610-973-6546

*Continued on next page*

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**Daniel M. Spatz, Jr., MD**

(No longer with Northampton Medical Associates)  
Riverside Family Practice  
Riverside Professional Center  
5649 Wynnewood Drive, Suite 203  
Laurys Station, PA 18059-1124  
Phone: 610-261-1123 Fax: 610-262-1739

**Phone Number Change**

**Laurence P. Karper, MD**

**Michael W. Kaufmann, MD**

**Muhamad Aly Rifai, MD**

Phone: 484-884-6501

**Change in Departmental Assignment**

**Peter A. Keblish, Jr., MD**

Department of Surgery  
Division of Orthopedic Surgery

**Removal of: Section of Ortho Trauma**

Active

**Change of Status**

**Daniel M. Spatz, Jr., MD**

Department of Family Medicine  
From: Affiliate  
To: Provisional Active

**One-Year Leaves of Absence**

**Martha A. Lusser, MD**

Department of Pediatrics  
Division of Pediatric Subspecialties  
Section of Neurology

**Guy H. Takahashi, MD**

Department of Radiology-Diagnostic Medical Imaging  
Division of Diagnostic Radiology

**Resignations**

**Lisa E. Ceraolo, MD**

Department of Medicine  
Division of General Internal Medicine

**Michelle E. Nashleanas, MD, PhD**

Department of Family Medicine

**Falguni C. Patel, DO**

Department of Family Medicine

**John V. Young, MD**

Department of Surgery  
Division of General Surgery  
Section of Surgical Oncology

**Allied Health Staff**

**New Appointments**



**Roberta Hoffert, RN**

*Registered Nurse*

ABC Family Pediatricians  
1611 Pond Road  
Suite 400  
Allentown, PA 18104-2256  
Phone: 610-395-4300 Fax: 610-530-9372  
Supervising Physician: Amil M. Qureshi, DO



**Jamie L. Hoffman, PA-C**

*Physician Assistant-Certified*

Hematology-Oncology Associates  
LVH-M Cancer Center  
2545 Schoenersville Road  
First Floor  
Bethlehem, PA 18017-7384  
Phone: 484-884-5733 Fax: 484-884-5735  
Supervising Physician: Savitri Padmanabhan, MD



**BreeAnn E. Jensen, CRNA**

*Certified Registered Nurse Anesthetist*

Lehigh Valley Anesthesia Services, PC  
1210 S. Cedar Crest Blvd.  
Suite 1100  
Allentown, PA 18103-6241  
Phone: 610-402-1374 Fax: 610-402-4230  
Supervising Physician: Thomas M. McLoughlin, Jr., MD



**Jennifer R. Kapun, CRNP**

*Certified Registered Nurse Practitioner*

Coordinated Health  
2775 Schoenersville Road  
Bethlehem, PA 18017-7307  
Phone: 610-861-8080 Fax: 610-861-2989  
Supervising Physician: Christopher F. Wagener, MD

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**Erika L. Keller, CNM**

*Certified Nurse Midwife*  
LVPG-Maternal Fetal Medicine  
Lehigh Valley Hospital  
Cedar Crest & I-78  
P.O. Box 689  
Allentown, PA 18105-1556  
Phone: 610-402-8510 Fax: 610-402-1328  
Supervising Physician: William E. Scorza, MD



**Lori C. Lucas, CRNP**

*Certified Registered Nurse Practitioner*  
OACIS Services  
2166 S. 12<sup>th</sup> Street  
Suite 402  
Allentown, PA 18103-4792  
Phone: 610-969-0100 Fax: 610-969-0101  
Supervising Physician: Sarah Nicklin, MD



**Kevin P. McGill, PA-C**

*Physician Assistant-Certified*  
Lehigh Valley Heart & Lung Surgeons  
1240 S. Cedar Crest Blvd.  
Suite 403  
Allentown, PA 18103-6218  
Phone: 610-402-6890 Fax: 610-402-6892  
Supervising Physician: James K. Wu, MD



**Patricia L. Trowbridge, CRNA**

*Certified Registered Nurse Anesthetist*  
Lehigh Valley Anesthesia Services, PC  
1210 S. Cedar Crest Blvd.  
Suite 1100  
Allentown, PA 18103-6241  
Phone: 610-402-1374 Fax: 610-402-4230  
Supervising Physician: Thomas M. McLoughlin, Jr., MD

***Change of Supervising Physician***

**Krista Allshouse, PA-C**

Physician Assistant-Certified  
(Lehigh Valley Heart Specialists)  
From: David B. Goldner, MD  
To: Nainesh C. Patel, MD

**Mandi M. Boone, PA-C**

Physician Assistant-Certified  
(Lehigh Valley Heart Specialists)  
From: David B. Goldner, MD  
To: Nainesh C. Patel, MD

**Cynthia L. Dinsmore, CNM**

Certified Nurse Midwife  
(Casa Guadalupe & Center for Women's Medicine)  
Supervising Physician: Joseph E. Patruno, MD  
Secondary Supervising Physician:  
From: Ernest Y. Normington II, MD  
To: Sandra L. Curet, MD

***Resignations***

**Judith R. Griffin, RN**

Pacemaker/ICD Technician  
(Medtronic USA Inc.)

**Benjamin G. Steward, PA-C**

Physician Assistant-Certified  
(Lehigh Valley Heart & Lung Surgeons)



**GO GREEN  
TIP OF THE MONTH**

***Switch from Plastic Shopping Bags  
to Reusable Bags***

Americans use 380 billion plastic bags per year and only 1% of them are recycled. Plastic bags don't biodegrade – they photo-degrade – breaking down into smaller and smaller toxic bits contaminating soil and waterways and entering the food web when accidentally ingested by animals. Invest in a few reusable canvas tote bags, each of which has the potential to eliminate an average of 1,000 plastic bags over its lifetime.

(Source: Pacific Institute; EPA)



## *Medical Staff Services Office*

Matthew M. McCambridge, MD  
*President, Medical Staff*

Michael J. Pistoria, DO  
*President-elect, Medical Staff*

Linda L. Lapos, MD  
*Past President, Medical Staff*

John W. Hart  
*Vice President, Medical Staff Services*

Janet M. Seifert  
*Coordinator, Communications & Special Events*  
*Managing Editor*

## *Medical Executive Committee*

Paul M. Berger, MD  
Aaron D. Bleznak, MD  
Ronald J. Bross, MD  
Anthony P. Buonanno, MD  
William G. Combs, MD  
Peter E. Fisher, MD, MBA  
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Michael J. Pistoria, DO  
Debbie Salas-Lopez, MD, MPH  
Elliot J. Sussman, MD  
Ronald W. Swinfard, MD  
John D. Van Brakle, MD  
James T. Wertz, DO  
Thomas V. Whalen, MD  
S. Clarke Woodruff, DMD

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[www.lvhn.org](http://www.lvhn.org)*

*Select "Information for: Physicians" in the lower black  
section, then select "Medical Staff Services" and  
"Services for Members of the Medical Staff"*

***Progress Notes*** is published monthly to inform the Medical Staff, Advanced Practice Clinicians, and employees of Lehigh Valley Health Network of important issues concerning the Medical Staff and Advanced Practice Clinicians.

*Articles should be submitted by e-mail to [janet.seifert@lvhn.com](mailto:janet.seifert@lvhn.com) or sent to Janet M. Seifert, Medical Staff Services, Lehigh Valley Health Network, 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.*