

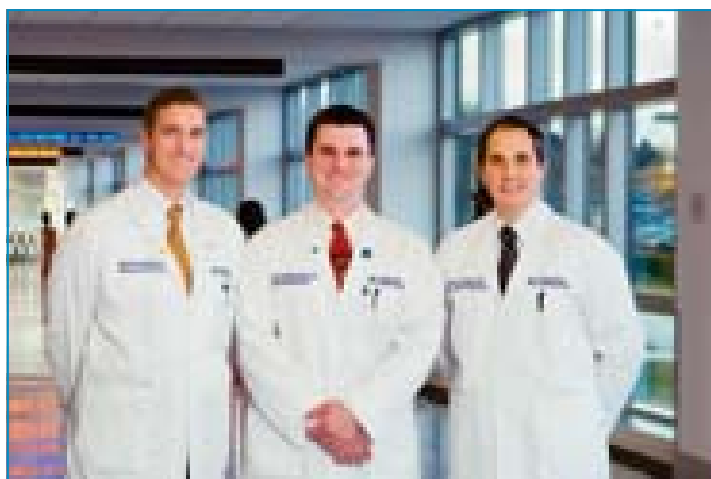
Progress Notes

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

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MEDICAL STAFF LEADERSHIP BEGINS NEW ERA



*New Medical Staff Leadership
pictured from left to right:
Matthew M. McCambridge,
MD, Past President; Michael
J. Pistoria, DO, President;
and Michael D. Pasquale,
MD, President-elect.*

On January 1, 2011, leadership of the Medical Staff changed hands as **Michael J. Pistoria, DO**, began his term as President of the Medical Staff, and **Michael D. Pasquale, MD**, joined the Medical Staff leadership as he began his two-year term as President-elect. **Matthew M. McCambridge, MD**, who served as President from January 1, 2009 through December 31, 2010, will serve as Past President for two years.

Please note that all mail for Dr. Pistoria, **relating to his position as Medical Staff President**, should be addressed to Medical Staff Services, Lehigh Valley Hospital, Cedar Crest & I-78, P.O. Box 689, Allentown, PA 18105-1556. Mail relating to patient matters should continue to be sent to Dr. Pistoria at his patient office LVPG-Hospitalist Services, 1240 S. Cedar Crest Blvd., Suite 409, Allentown, PA 18103-6218.

Mail for Dr. Pasquale should be sent to him at his office at Surgical Specialists of the Lehigh Valley, 1240 S. Cedar Crest Blvd., Suite 308, Allentown, PA 18103-6218.

Mail for Dr. McCambridge should be sent to his office at Pulmonary Associates, 1250 S. Cedar Crest Blvd., Suite 205, Allentown, PA 18103-6271.

If you have any questions regarding this issue, please contact Paige Roth in Medical Staff Services at 610-402-8980.



FROM THE PRESIDENT

“Thriving through Relationships During Times of Transition”

I began my career at LVHN as a secretary. Yes, you read that correctly. While in college, I worked as a secretary in various departments during winter and summer breaks (my typing skills got me the job...94 words per minute at the time!). I was exposed to parts of the Network that not many people get to see and met many wonderful people. In retrospect, those early relationships smoothed my future transitions, allowing me to thrive here in new roles as medical student, resident and attending physician.

Now I am honored to assume the role of your Medical Staff President. I am heading through another transition and again rely on relationships to help me grow and thrive. There are two important relationships that have prepared me for this responsibility. My immediate predecessor, Dr. Matt McCambridge, role modeled compassion, grace and empathy in handling difficult issues. Dr. Linda Lapos provided wisdom and guidance during her six years of dedicated service to the Medical Staff. I look forward to developing a similar relationship with Dr. Mike Pasquale as he joins Troika as our new President-Elect. Mike possesses an excellent skill set and organizational memory that will serve our Medical Staff well.

I want to acknowledge two other people at this time. Dr. Elliot Sussman had a profound impact on our Network and on me, particularly during my two years as President-Elect and I thank him for that. He was a transforming presence for LVHN and we are better for his contributions. I also thank Dr. Ron Swinfard for providing a seamless transition as he assumed the role of President and CEO. I am confident Ron will guide the Network with the same level of compassion and collaboration he demonstrated as CMO.

2011 brings changes in our Network and in healthcare – that is clear. Given that people grow toward the question they are asked, my question for us is – “How do we thrive and not just survive in times of change?” I mentioned the importance of relationships in my transitions at LVHN. Relationships – with our families, friends and colleagues – can be both a resource and a source of support in times of transition. These relationships offer steady ground and can be helpful in seeing us through turbulence. Relationships are built through taking the time to listen. Despite our daily time pressures, we can listen – to our colleagues, our patients, and those asking us to explore new ideas. Listening also provides safety to our colleagues and creates an environment where creativity and collaboration thrive. It is not always easy to remain open and respectful of other perspectives – it is hard work. Everyone benefits from that work, though – our patients and community certainly, but also our colleagues and us.

We will return to some of the themes in this column – relationships, connections, listening and transitions - during the next two years. This is a time for us to prove our greatness as a Network and as a profession. We have our mission – to heal, comfort and care for the people of our community. I look forward to working with you as we embrace our transitions and continue to fulfill our mission. And if you have typing needs, give me a call.

“Not in his goals but in his transitions is man great.”

– Ralph Waldo Emerson

Michael J. Pistoria, DO
Medical Staff President



A MESSAGE FROM THE PRESIDENT & CEO



As my transition into the President and CEO office continues, we will begin an internal search to fill my recently vacated position of Chief Medical Officer. I'm pleased to announce we have a pool of talented candidates right here at Lehigh Valley Health Network, a testament to our commitment to mentoring our colleagues and developing competent leaders.

Bill Mason, former President and CEO of Muhlenberg Hospital Center, will chair our search committee. Bill was instrumental in orchestrating our successful merger with Muhlenberg in 1997 and continues to be an admired and respected leader in our community and our network as a member of our sponsorship and development committees.



While we conduct our search, I have appointed psychiatry chair **Michael W. Kaufmann, MD**, as interim Chief Medical Officer. Since Dr. Kaufmann joined our Medical Staff in January of 1992, he has been highly regarded as a passionate caregiver and champion for people with mental health issues. While Dr. Kaufmann has served our community as an expert and advocate on several committees and boards such as the Allentown State Hospital, he has also transformed our psychiatry department by building a strong, effective and efficient team. On all levels, Dr. Kaufmann is a trusted leader, a leader who has also provided valuable counsel to our Senior Management Council and his fellow medical staff colleagues for many years.



Edward R. Norris, MD, Vice Chair for Education and Research in the Department of Psychiatry, will assume responsibility as the interim Chair of

Psychiatry. Dr. Norris joined the Department in September, 2003, and has been a passionate, dedicated physician who has made multiple contributions to patient care, education and research. His successes in those areas have earned him the respect, and admiration from his colleagues in the Department of Psychiatry and the Lehigh Valley Health Network.

If you have questions, please contact me at 610-402-7505 or by email at ronald.swinfard@lvhn.org.

THE LEAPFROG GROUP ANNOUNCES ANNUAL TOP HOSPITALS LIST



The Leapfrog Group's annual class of top hospitals – 65 from a field of nearly 1,200 – was announced December 1 in Washington, DC and included Lehigh Valley Hospital in Allentown, Pa., for the fourth straight year. The announcement came at Leapfrog's 10th anniversary meeting.

"Earning the top hospital designation is a testament to the work of everyone in the hospital – the governing body, management, physicians, caregivers, employees, and volunteers," said Leapfrog Chief Executive Leah Binder. Leapfrog began issuing the Top Hospitals list in 2006.

The 2010 list includes university and other teaching hospitals, children's hospitals and community hospitals in rural, suburban and urban settings. The selection is based on the results of the Leapfrog Group's national survey that measures hospitals' performance in crucial areas of patient safety and quality. The results are posted on a website open to the patients and families, the public and employers and other purchasers of health care. It is the most complete picture available of a hospital's quality and safety. The website is www.leapfroggroup.org.

PHYSICIANS ARE VITAL LINKS TO RESTRAINT REGULATORY COMPLIANCE

The recent Centers for Medicare and Medicaid Services (CMS) visit identified several regulatory deficiencies in the restraint ordering processes. The findings relate to (1) the timing of restraint orders at initiation, (2) recurring restraint orders and (3) incomplete orders.

Reminder

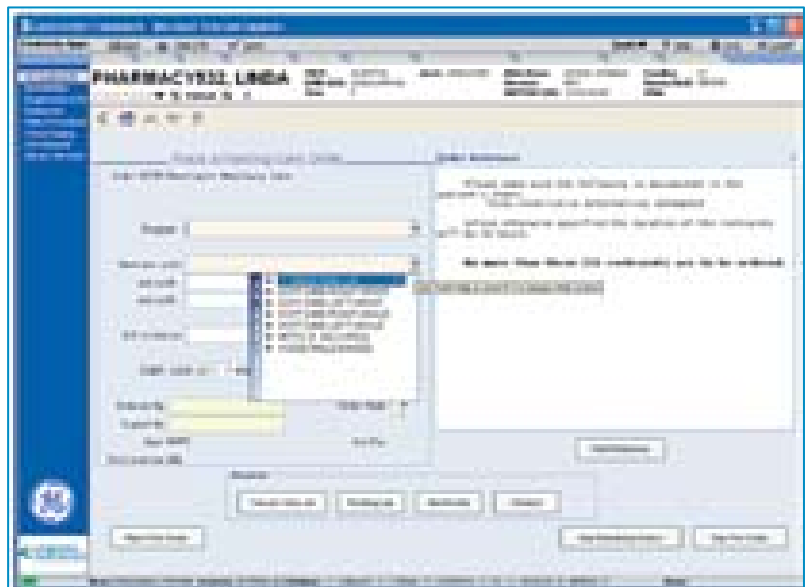
- An order for initiation of restraints for acute Med-Surg patients (soft restraints) must occur **within one hour of application**.
- Recurring orders for acute Med-Surg patients (soft restraints) are required **a minimum of every 24 hours**.
- Orders for restraints must include the type of restraints (wrist, ankle and/or four side rails).

As a result of the CMS findings, a new process for CAPOE restraint orders was approved by Troika:

- **Effective immediately, all orders for continued use of restraints must be entered into CAPOE by 10 a.m.**
- **In order to facilitate this order entry by 10 a.m., rounding physicians and licensed independent practitioners (Physician Assistants cannot write restraint orders according to federal agencies) will be provided a list of patients requiring a restraint renewal order. This list will be provided upon the provider's arrival to the patient care unit. The orders for continued/recurring restraints must then be promptly entered into CAPOE.**

- **Once restraints are initiated, an order must be entered immediately (no longer than one hour) from the time restraints are placed on a patient.**
- **Four raised side rails IS considered a restraint and requires a restraint order (see screen shot of restraint order).**
- **Nurse practitioners may be granted the privilege of writing restraints once they complete on-line education and apply for the privilege.**

We must submit a plan of correction to CMS outlining the actions we will put into practice to correct the deficient findings. The plan of correction is two-fold. Clinical staff will complete restraint update training. Physicians and nurse practitioners will be compliant and accountable in entering appropriate restraint orders. If we all work together to address this very serious issue, we will improve the practice concerns raised by our regulatory bodies.



If you have any questions regarding this issue, please contact Maureen T. Smith, RN, MSN, CNRN, Patient Care Specialist, at 610-402-8927.

NEWS FROM CAPOE CENTRAL

Free Water and Tube Feedings

To improve communication regarding the use of free water with tube feedings, a few changes have been made to the orders. The continuous and intermittent tube feedings are now grouped into order sets. The first order in each order set is a “Free Water” order; this order is pre-selected and should remain checked. After you choose the desired tube feeding and process the orders, you will see the “Free Water” order detail screen. If no free water is needed, please choose the “No Free Water” option from the drop-down menu. This will ensure that Nursing and Nutrition Services are aware of the status of free water and should decrease phone calls for clarification.

MRSA Screening - It's a Protocol

As you are probably aware, all high risk patients are currently screened for MRSA on admission as per our protocol. Regulations require that a physician order be placed for the MRSA Screening Protocol. We have added an order – “MRSA Screen as Per Protocol” – to the Admission Order Sets. The order is preselected on and requires no further action from the ordering physician/provider. Please do not uncheck this order. Only patients appropriate for screening will have the MRSA screen performed by Nursing.

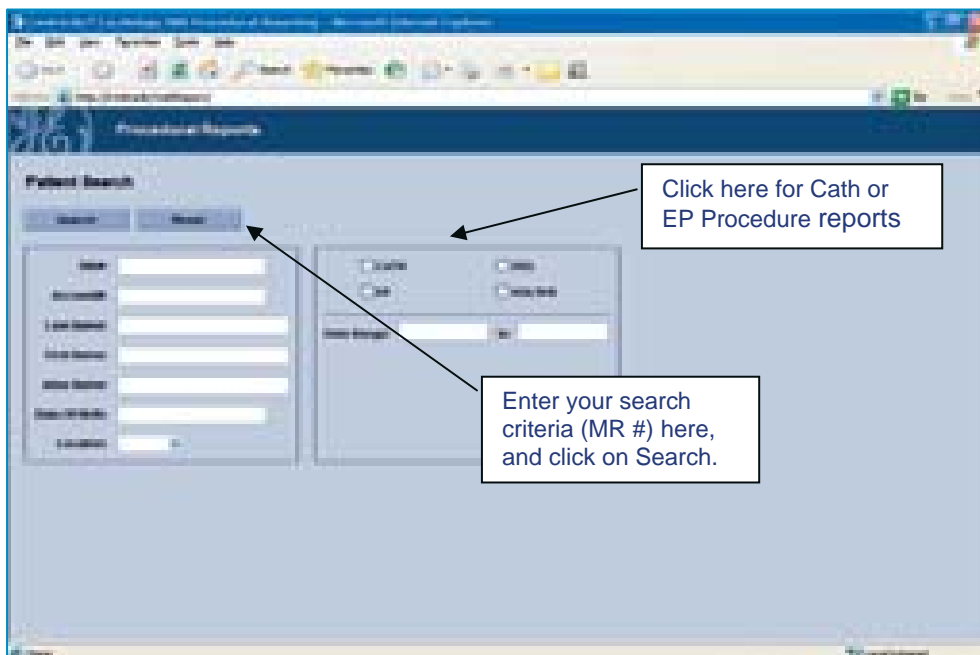
If you have any questions or concerns regarding this or any other CAPOE issues, please contact Don Levick, MD, MBA, Medical Director, Clinical Informatics, at 610-402-1426 or pager 610-402-5100 7481.

CARDIOWEB-DMS

Cath and EP Transcription Preferred View – Alternative to Centricity Enterprise

As an alternative to Centricity Enterprise (CE), **CardioWeb-DMS** is an application available for viewing Cath and EP Lab reports. This view shows the procedure reports in their original format. CardioWeb-DMS is accessible from your SSO toolbar.

After launching CardioWeb-DMS, the following screen will open:



The next screen that opens lists the results of your patient search. Double click on the desired report, **Physician Report-Complete-Confirmed** (for the procedure report). The reports will open and can be printed.

The application has been deployed to over 700 physicians and their office staff.

If you have any questions regarding this issue or if you would like to have this application, please contact Cyndi Ciocco, CVIS Coordinator, at 610-402-2190.

NEWS FROM HOME CARE

New Federal Regulations for 2011 – “Face-to-Face Encounter”

Beginning January 1, 2011, the Centers for Medicare and Medicaid Services (CMS) will require that prior to certification for home care, the physician (or the non-physician practitioners described below) must document that he or she had a face-to-face encounter with the patient within a reasonable timeframe.

- The face-to-face encounter may be performed by the certifying physician or by a nurse practitioner or an advanced clinical nurse specialist in consultation with the physician, or a physician assistant supervised by the physician.
- Non-physician practitioners performing a face-to-face encounter should document the clinical findings of that face-to-face encounter in the medical record and communicate those findings to the physician who certifies the encounter.

The face-to-face encounter must occur within 90 days prior to or 30 days post start of care.

An information packet will be mailed shortly to all physicians. This packet will contain a sample “Face-to-Face Encounter” form, a letter explaining the new regulation and a quick reference checklist from CAHABA.

Additional information can be found at website: https://www.cahabagba.com/rhhi/education/materials/quick_homehealth_face.pdf

If you have any questions concerning this new regulation, please contact Resa Herr, Medical Records Manager for Lehigh Valley Home Care, at 610-969-0130.

PHYSICIAN DOCUMENTATION

Readmission for Patient Noncompliance

Readmissions (patients returning in < 30 days) can be the result of, or influenced by, patients who leave the hospital and refuse or elect not to follow recommended treatment plans (by choice, by misunderstanding of discharge instructions, or due to costs). This noncompliance may cause their condition to worsen, resulting in a readmission.

Be sure to **clearly document** in your H&P and progress notes when readmission is due to patient noncompliance with meds, treatment plan, or home care regime. The Centers for Medicare and Medicaid Services (CMS) and other external review organizations are now focused on the **reason** for patient readmissions and want to assess when the patients themselves contribute to their hospital readmission. There is particular scrutiny of the following MS-DRGs: Acute MI, CHF, and Pneumonia.

Coding will pick this up with your precise documentation!!

If you have any questions concerning this topic, please contact John P. Pettine, MD, Director of the LVHN Clinical Documentation Improvement Program, via email at john.pettine@lvhn.org.

PATIENT STATUS—IT’S NOT JUST FOR THE CASE MANAGERS

by Scott M. Brenner, MD, Medical Director, Case Management

As the payment system for healthcare becomes increasingly complex, we, as physicians, must adapt to the whirlwind of changes that are upon us. Placing patients in inpatient or outpatient status has ramifications for level of reimbursement for physicians and facilities, patient contributions to payment for their care and compliance with third party payer regulations. As physicians, the greater our understanding of these concepts, the more equipped we will be to face payer challenges head on. But we are not in this battle alone. Our greatest allies are the Case Managers. They can assist us in ensuring patients are in the correct status and facilitate a smooth hospital stay and seamless discharge.

A new eLearning module titled “What’s Your Status?” is now available for all providers. This interactive learning module provides the basic tools you need to ensure that each of us is appropriately reimbursed for the care we provide while remaining compliant with third party payer regulations. I urge each of you to take a few minutes to review this eLearning module which is accessible through your SSO Toolbar. I assure you it will be time well spent.

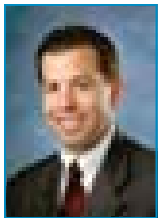
If you have questions, please call Scott M. Brenner, MD, Medical Director, Case Management, at 610-402-7632.

CONGRATULATIONS



Dale A. Dangleben, MD, General Surgery Residency Associate Program Director/Education Director, was elected Secretary/Treasurer of the Keystone Chapter of the American College of Surgeons at its annual meeting on November 12 in Harrisburg, Pa.

Dr. Dangleben has been a member of the Medical Staff since July, 2006. He is in practice with Surgical Specialists of the Lehigh Valley.



Wayne E. Dubov, MD, Division of Physical Medicine-Rehabilitation, was recently notified by the American Board of Physical Medicine and Rehabilitation that he successfully completed the recertification examination for subspecialty certification in Spinal Cord Injury Medicine.

Dr. Dubov has been a member of the Medical Staff since July, 1992. He is in practice with OAA Orthopaedic Specialists.



Donald L. Levick, MD, MBA, Medical Director, Clinical Informatics, was re-elected to the Board of the Pennsylvania eHealth Initiative for a two-year term beginning January, 2011. The Pennsylvania eHealth Initiative (PAeHI) was created in 2005 as a voluntary, non-profit coalition to bring together Pennsylvania's healthcare and business stakeholders to develop a vision and a plan for the future of health information technology and the secure exchange of health information in Pennsylvania.

Dr. Levick has been a member of the Medical Staff since July, 1985. In addition to serving as Medical Director of Clinical Informatics, he is in practice with ABC Family Pediatricians.



Alexander M. Rosenau, DO, Department of Emergency Medicine, Senior Vice Chair, Academics and Outreach, was elected to a one-year term as Secretary/Treasurer of the Board of Directors of the American College of Emergency Physicians at the annual council meeting and Scientific Assembly held in October in Las Vegas, Nev.

Dr. Rosenau has been a member of the Medical Staff since June of 1987. He is in practice with LVPG-Emergency Medicine.

UPDATES IN ONCOLOGY CLINICAL PRACTICE GUIDELINES

In collaboration with the Department of Pathology and Laboratory Medicine and the Cancer Risk and Genetic Assessment program, the disease management teams for breast and colorectal cancer have recommended changes for all newly diagnosed colorectal and breast cancers. These recommendations have been approved by both LVHN's Cancer Committee and the Medical Executive Committee.

Screening for microsatellite instability in colorectal cancer patients

As of January 1, 2011, all newly diagnosed colorectal cancer resections will be screened for the presence of microsatellite instability (MSI) by immunohistochemical analysis of mismatch repair proteins. Microsatellite instability occurs in approximately 90% of colorectal cancers from individuals with hereditary nonpolyposis colorectal cancer (HNPCC/Lynch syndrome), and in 10-15% of sporadic colon cancers. The presence of microsatellite instability may indicate an increased risk of colorectal cancer occurring at younger ages, with also increased risk of endometrial, ovarian and gastric cancer. The determination of microsatellite instability also assists in treatment selection for the individual patient. *Genetic counseling is recommended for those patients with abnormal results.*

Pathology reports for all persons with breast cancer will include the following annotation:

Referral to a genetic counselor should be considered in patients with breast cancer who: have a personal and family history suggesting an inherited cancer syndrome, are women under the age of 50, or are men of any age.

(NCCN: Clinical Practice Guidelines in Oncology -Version 1.2010, Genetic/Familial High Risk Assessment: Breast and Ovarian Cancer).

If you have any questions regarding this issue, please contact Gregory R. Harper, MD, PhD, Medical Director, Breast Health Services, at 610-402-7880, or Peter E. Fisher, MD, MBA, Chair, Department of Pathology and Laboratory Medicine, at 610-402-8155.

ETHICS CORNER

Doing good and what the patient wants: The disconnect between Beneficence and Autonomy

What happens when patients choose a therapy we don't think is best for them? Or worse, if we think it will harm them? There is a case from Drexel School of Medicine we use to discuss this issue with students.

A 45-year-old woman has a ½-cm breast mass that is found to be malignant on needle aspiration. With treatment (lumpectomy, chemotherapy, and/or radiation), she has an excellent chance of being cured of her cancer. She refuses any form of therapy, saying that she wants to try natural healing through herbal remedies, megavitamin therapy, spiritual healing, and relaxation techniques.

One resident objects, "How do we just stand by when she would most likely be cured of her cancer with surgery? Aren't we supposed to act in the patient's best interests? How can it be in the patient's best interests to lose the chance to have her cancer cured?" Another resident says, "Wait a minute, we're supposed to respect patient autonomy. It's her body and her life, and it's her decision."

This is the classic conflict between beneficence and autonomy...or is it? Certainly, on the surface, allowing the cancer, which is in a resectable stage, to grow will worsen prognosis. This violates our "do no harm" and do what is in the patient's best interest ethic. The patient seems to be opting for treatments that we think do not work. But the patient is of sound mind and competent to make her own decisions. She should be allowed to exercise her autonomy.

The visceral response to this scenario is often negative. Providers may not be able to become comfortable with the patient's decision. Given the history of medicine, this makes sense. Our oath obligates us to do no harm. Most major religions support the concept of "do unto others as you would have them do unto you." Doing otherwise gives us an uncomfortable feeling.

Respect for autonomy has gained prominence more recently, especially in Western societies. And nowhere is it more prevalent than the United States. We live in a "Burger King" society, we want what we want and we want it yesterday, even if it is not on the menu.

So how do we reconcile this conflict for our healthcare providers? In many cases, it is simply acknowledging that beneficence does not begin and end with what **we** feel is doing good. What is harm to this particular patient? One must be willing to look at the situation through the prism of the patient. Turn the focus from our views to the patient's views. Run a mile in their shoes. We may be able to reach a compromise if we have a better understanding of their perceptions, values and beliefs. We would act out of beneficence from the patient's point of view.



In the case described here, realizing the value of alternative medicine to this patient, even if we ourselves do not believe in it, is in the patient's best interest. Use this opportunity to find out more about these therapies and incorporate them into a treatment plan. Perhaps a time limited trial of these therapies looking for a response or agreeing to use these therapies in conjunction with more conventional treatment would be better accepted by this patient. Insisting upon your treatment plan may give you a better chance of treating the disease and benefiting the patient that way. The cost of the treatment, however, may be the patient's psychological or spiritual well being.

So remember, always do good and do no harm but be ready to look outside yourself for what that means.

If you have any questions regarding this issue, please contact Robert D. Barraco, MD, MPH, Chair of the Ethics Committee, at robert_d.barraco@lvhn.org.

PAPERS, PUBLICATIONS AND PRESENTATIONS

❖ At the annual meeting of the Keystone Chapter of the American College of Surgeons, the paper – “Does MELD Score Correlate with Outcome in Cirrhotic Trauma Patients?” – won Second Place in the oral presentation category. The paper was presented at the meeting by Christine Du, MD, General Surgery resident. Co-authors of the paper include **Dale A. Dangleben, MD**, General Surgery Residency Associate Program Director/Education Director; **Firas Madbak, MD**, General Surgery resident; **David Kashmer, MD**, Surgical Critical Care resident; **Michael M. Badellino, MD**, Department of Surgery Vice Chair, Education/General Surgery Residency Program Director; and **John J. Hong, MD**, Department of Surgery Vice Chair, Research.

At the same meeting in the poster competition, LVHN won both first and second place. First place – “Back to the Suture: The Two – 5mm Port Laparoscopic Appendectomy” – was presented by James Lee, MD, General Surgery resident, and **Dale A. Dangleben, MD**. Second place – “Parastomal Patch™ for Laparoscopic Repair of Parastomal Hernia: Description of the Technique” – was presented by Courtney Edwards, MD, General Surgery resident. Co-authors of the poster were **Dale A. Dangleben, MD**, and **Peter F. Rovito, MD**, Division of General Surgery.

❖ **Mark A. Gittleman, MD**, Division of General Surgery, Section of Surgical Oncology, presented a paper at the International Sentinel Node Society’s annual meeting held November 19, in Yokohama, Japan. The paper – “Intra-Operative Molecular Assessment of Axillary Sentinel Nodes Using a Quantitative Cytokeratin 19 (CK19) mRNA One Step Nucleic Acid Amplification (OSNA) technique – The U.S. Experience” – was a multi-institutional study involving 11 clinical sites in the U.S. Dr. Gittleman was the lead accrual physician of the study involving over 500 patients. The study has been accepted for publication in *Cancer*.

❖ **Scott J. Lipkin, DPM**, Chief, LVHN Office of Research and Innovation, was invited as faculty at the 2010 Public Responsibility in Medicine and Research Conference held December 6-9, in San Diego, Calif. He presented a lecture titled “Developing a Human Research Protection Education Program.” Dr. Lipkin also was a panel member on a session titled “I’ve learned a lot at the conference, now what?” and was joined by his colleagues from the Department of Health and Human Services, Duke University, University of Michigan, and the University of Arizona.

❖ **Thomas D. Meade, MD**, Division of Orthopedic Surgery, Section of Ortho/Trauma, was the primary author of a new book titled *Shape-Matched Technology in Total Knee Arthroplasty: A Kinematic Reference Guide*. The book is currently in press and will be available in 2011.

In addition, Dr. Meade was invited to lecture at the Triathlon Champion Meeting held in November in Wilmington, N.C. His lecture was titled “Rotating Platform vs. Fixed Bearing Total Knee Arthroplasty: Which is Better?”

❖ **Alexander M. Rosenau, DO**, Department of Emergency Medicine, Senior Vice Chair, Academics and Outreach, co-authored an article – “Regionalization of Emergency Care Future Directions and Research: Workforce Issues” – which was published in *Academic Emergency Medicine*, December 2010, Volume 17, Number 12 (p.1286-1296).

Dr. Rosenau also co-authored a textbook chapter – “Rashes in Infants and Children” – Chapter 134 in *Tintinalli’s Emergency Medicine, A Comprehensive Study Guide*, 7th edition, published in November, 2010.

In addition, on December 9, Dr. Rosenau led the Eastern EMS Council Base Station Course and presented to the region’s PGY1 and PGY2 Emergency Medicine residents, teaching EMS radio command systems.

❖ **Nanette M. Schwann, MD**, Department of Anesthesiology, Vice Chair, Research, chaired a panel on Healthcare Safety and Quality at the 12th Annual International Congress of Cardiothoracic and Vascular Anesthesia. The conference was held in conjunction with the annual meeting of the Asian Society of Anesthesiology. Nearly 2,000 participants attended the bilingual sessions held at the site of the 2008 Summer Olympics in Beijing. On the last day of the conference, Dr. Schwann gave a lecture on the use of hand-held ultrasound for peripheral nerve block anesthesia.

❖ **Michael Sheinberg, MD**, Department of Obstetrics and Gynecology, Medical Director, Quality Assurance and Performance Improvement, and **Mark A. Wendling, MD**, Department of Family Medicine, co-presented “Redesigning Organizational Structure for Optimal Patient Care” at the American Medical Group Association National Summit on Accountable Care Organization held September 28 - October 1, in Hollywood, Fla.

❖ **Arnold H. Slyper, MD**, Division of Pediatric Subspecialties, Section of Endocrinology, recently published a new book – *The Healthy Way to Changing Carbs: Weight Control and Weight Loss for Families with Kids*. Dr. Slyper and his book were featured in an article in the Morning Call in early November. The book focuses on controlling carbohydrates in the diet. As its title suggests, the book is designed not only for kids but also for the entire family since losing or maintaining a healthy weight must be a family effort. The book is available on Amazon.com and also at the Moravian Bookstore.

❖ **Christi A. Weston, MD, PhD**, Division of Consultation-Liaison Psychiatry, was a co-author of an article – “Childbirth and Mental Disorders” – which was published in *International Review of Psychiatry*, October 2010; 22(5), (p.453-471).

UPCOMING SEMINARS, CONFERENCES AND MEETINGS

2011 General Medical Staff Meetings

Please mark your calendars – the dates for the 2011 General Medical Staff meetings are as follows:

- Monday, March 14
- Monday, June 13
- Monday, September 12
- Monday, December 12

Meetings will begin at 6 p.m., and will be held in Kasych ECC Rooms 7 and 8 at LVH-Cedar Crest, and videoconferenced to ECC Rooms C and D at LVH-Muhlenberg.

If you have any questions regarding General Medical Staff meetings, please contact Ruth Davis, Director of Medical Staff Services, at 610-402-8975.

GLVIPA Annual Membership Meeting

The annual membership meeting of the Greater Lehigh Valley Independent Practice Association will be held on **Monday, January 24**, beginning at **6 p.m.**, in the hospital's **Auditorium at Cedar Crest & I-78**, and teleconferenced to the **Educational Conference Center, Rooms C and D, at LVH-Muhlenberg**.

For more information, please contact Mary Ann Curcio, Coordinator, GLVIPA, at 610-969-0423.

Save the Dates

Please mark your calendars for the following upcoming conferences:

- March 16, 2011 – “Neuromuscular Manifestation of Systemic Illness”
 - 4:30 – 8 p.m., Kasych Family Pavilion Rooms 6, 7 and 8
- May 7, 2011 – “Evolution of an Epidemic: Diabetes 2011”
 - 7:30 a.m. – 12:30 p.m., Kasych Family Pavilion Rooms 6, 7 and 8
- May 12 & 13, 2011 – “Stroke in Young Conference” - Auditorium
 - May 12 – 4:30-8:30 p.m.
 - May 13 – 7 a.m. – 4 p.m.

Cardiology Grand Rounds

“Present and Future Considerations in the Treatment of Chronic and Acute Aortic Syndromes” will be presented by Joseph E. Bavaria, MD, Vice Chief, Division of Cardiothoracic Surgery, and Director, Cardiothoracic and Thoracic Aortic Surgery, Hospital of the University of Pennsylvania, on **Friday, January 7**, from Noon to 1 p.m., in the hospital's Auditorium at LVH-Cedar Crest, and teleconferenced to ECC Room B at LVH-Muhlenberg.

For more information, please contact Caroline Maurer in the Regional Heart Center at 610-402-8215.

Family Medicine Grand Rounds

Family Medicine Grand Rounds will be held on **Tuesday, January 4**, from 7 to 8 a.m., in Kasych ECC Room 9 at LVH-Cedar Crest and teleconferenced to ECC Room A at LVH-Muhlenberg.

“Osteoporosis Management” will be presented by Ya-Yu Lee, MD, Division of Endocrinology.

For more information, contact Dorothy Jacquez in the Department of Family Medicine at 610-969-4965 or via email at dorothy.jacquez@lvhn.org.

Medical Grand Rounds

Medical Grand Rounds will be held on the following Tuesdays in January, from Noon to 1 p.m., in the Auditorium at LVH-Cedar Crest, and teleconferenced to ECC Room B at LVH-Muhlenberg and the VTC Room at LVH-17. Topics for January will include:

- January 4 – “Stroke Multidisciplinary Case Presentations” – Hermann C. Schumacher, MD, Darryn I. Shaff, MD, and Joshua A. Bemporad, MD
- January 11 – “Update in Liver Transplantation” – Kenneth Rothstein, MD, Chief, Division of Gastroenterology and Hepatology, Drexel University
- January 25 – Nephrology Case Presentation

For more information, contact Becky Sherman in the Department of Medicine at 610-402-8045.

Continued on next page

Neurology Conferences

The Division of Neurology Conferences are held on Thursdays beginning at Noon. Conferences for January will be held in Lehigh Neurology's Conference Room at 1250 S. Cedar Crest Blvd., Fourth Floor, and videoconferenced to Lehigh Neurology's Bathgate Office and Kasych ECC Room 4. Topics to be discussed in January will include:

- January 6 – “TPA Statistics and Data” – John E. Castaldo, MD
- January 13 – Division Meeting
- January 20 – “What's New in Atrial Fibrillation” – Bryan W. Kluck, DO
- January 27 – “Summary of the NIH – Consensus Conference on the Prevention of Memory Loss and Alzheimer's Disease” – Lorraine J. Spikol, MD

For more information, contact Sharon Bartz, Conference Coordinator, at 610-402-9001.

OB/GYN Grand Rounds

The Department of Obstetrics and Gynecology Grand Rounds are held Friday mornings from 7 to 8 a.m., in Kasych ECC Room 8 unless otherwise noted. Topics to be discussed in January will include:

- January 7 – “Documentation Update” – Cheryl Kraemer
- January 14 – “Endometriosis” – Patrick P. Yeung, MD, Director, Duke Center for Endometriosis Research and Treatment, Durham, N.C. –
Note Location Change – Auditorium, 17th & Chew
- January 21 – No Grand Rounds – CREOG In Training Exam for Residents
- January 28 – “Pediatric and Adolescent Gynecology” – Eduardo Laratorre, MD, Visiting Professor, Carilion Clinic, Roanoke, Va.

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 will hold Grand Rounds at 8 a.m., in **Kasych ECC Room 6** at LVH-Cedar Crest on the following Tuesdays in January:

- January 4 – Pediatric Surgery topic – Chris Chang, MD
- January 11 – “Head Cooling” – Janet Larson, MD, Chief, Neonatology, Jefferson, and Dorothy McElwee, MSN, TJUH ECMO and Hypothermia Therapy Coordinator, Nemours
- January 18 – “Child Passenger Safety” – William McQuilken
- January 25 – TBA

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

Psychiatry Grand Rounds

The next Department of Psychiatry Grand Rounds presentation will be held on **Thursday, January 20**, beginning at Noon (registration at 11:45 a.m.) in ECC Rooms B, C and D and videoconferenced to Kasych ECC Room 3.

“Soothe Your Senses” will be presented by Jennifer Maloney, MS, OTRL, Clinical Coordinator, Psychiatric Rehabilitation Program.

For more information, contact Tammy Schweizer at tammy.schweizer@lvhn.org or by phone at 610-402-5766.

Spine Conference

Conferences relating to interesting spine cases are held on the first Wednesday of every month beginning at 7 a.m. Clinicians are invited to bring interesting cases to the meeting.

The next Spine Conference will be held on **Wednesday, January 5**, in Kasych ECC Room 10.

For more information, contact James C. Weis, MD, Co-Chief, Division of Spine Surgery, or Kristen Tallman, Clinical Coordinator, at 610-973-6339.

Surgical Grand Rounds

Surgical Grand Rounds will be held at 7 a.m., in the Auditorium at LVH-Cedar Crest and via teleconference in the First Floor Conference Room at LVH-Muhlenberg. Topics for January will include:

- January 11 – “Recent Advances in Imaging for Colon Rectal Disease” – Kristian Noto, MD, Colon-Rectal Fellow
- January 18 – “Neoadjuvant Therapy and Prognostic/Predictive Markers in Breast Cancer” – Aaron D. Bleznak, MD, Department of Surgery Vice Chair, Operations and Clinical Affairs
- January 25 – “Graduate Medical Education and the Teaching Leader” – Thomas V. Whalen, MD, Chair, Department of Surgery, and J.P. Orlando, PhD, Graduate Medical Education

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

Continued on next page

What's New in Continuing Education?

Continuing Medical Education Needs Assessment

The Continuing Medical Education mission strives to promote the professional advancement in medical knowledge and clinical skills of our physicians to provide exemplary care to our patients. To this end, the Division of Education is conducting a needs assessment to determine the education needs and learning preferences for the physicians in the network. Thank you to all the physicians who have already completed the survey. For those who have not yet had a chance, the survey will remain open until January 15, 2011. The survey can be accessed electronically from the Physicians Bulletin Board, and hard copies are available in the physician lounges that can be completed and returned to the Division of Education. Your feedback is greatly appreciated and it will help guide us to meet the needs of Continuing Medical Education throughout the network.

FYI – Upcoming Events

Lehigh Valley Anesthesia Services Winter Retreat Conference

January 21-23, 2011

Bear Creek Mountain Resort

If you have any questions regarding CME/CNE accreditation, PI CME, or the CE Advisory Board, please contact Jane Grube, Associate Director, Continuing Education, at 610-402-2398.



LVHN DIGITAL LIBRARY

Google Scholar: The Better Search Choice

Do you know there is a way to search just for scholarly articles using Google technology? **Google Scholar** is your answer! Google Scholar searches internet sites for published journal articles, open source articles, conference proceedings, and pre-print articles. Go to www.google.com/scholar or, from the regular Google search, click on the “more” drop-down and choose Scholar.

Following are Library Services’ Top Tips for searching Google Scholar:

- Drug Names: Enter both the trade and generic names. (Coumadin or Warfarin) Both Google and Google Scholar search for keywords and do not automatically search for synonyms.
- De-duplication: Google Scholar finds all sites that contain the same article reference and/or abstract and returns only one result. It does try to select one that links to full-text. The downside is that it may choose a non-reliable site rather than link to the publisher site where our library subscription will grant you access to the full-text.
- Google Scholar only has access to about half of the full-text library journals. If it doesn’t offer you full-text, check the Digital Library’s Journal List or request your articles through interlibrary loan.

- Google and Google Scholar return your results based on a “top secret” algorithm that returns the most popular sites first. This means articles/sites that are linked to or accessed more often appear first. This also means that older information appears first.
- Personalization: Unless you clean out your temporary files often, Google can see all searches done on a specific computer in the last 18 months. As part of their algorithm, they select what articles/sites they think you may want to see. This can influence your results and make it difficult to recreate your search.

If you would like to find out more information or tips about Google and Google Scholar, Library Services offers an Extreme Googling class. For a list of upcoming classes, visit the Digital Library’s Training page through the LVHN Digital Library Homepage. Go to **Find Fast/Library Services** then click on training and Tutorials on the left hand side navigation frame. You can sign up through eLearning.

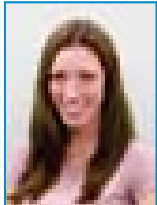
If you have any questions regarding this issue, please contact Kristine Petre in Library Services at 610-402-8408.

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



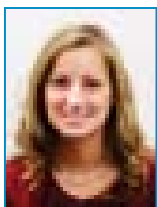
Brigid K. Hallinan, DO

LVH Department of Medicine
Lehigh Valley Hospital
Cedar Crest & I-78, P.O. Box 689
Allentown, PA 18105-1556
Phone: 610-402-5200 Fax: 610-402-1675
Department of Medicine
Division of General Internal Medicine
Provisional Limited Duty



Donald G. Jones, DO

LVPGEmergency 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



Stephanie A. Klassner, DMD

Practice of Patricia A. Ludwig, DMD
144 E. Broad Street
Bethlehem, PA 18018-6220
Phone: 610-865-5082 Fax: 610-865-1975
Department of Dental Medicine
Division of General Dentistry
Provisional Active



Gregory Smeriglio, Jr., DO

LVH-M Emergency Medicine
LVH-Muhlenberg
2545 Schoenersville Road
Fifth Floor
Bethlehem, PA 18017-7384
Phone: 484-884-2888 Fax: 484-884-2885
Department of Emergency Medicine
Division of Emergency Medicine
Provisional Limited Duty

Medical Staff Leadership Appointments

Michael W. Kaufmann, MD

Interim Chief Medical Officer

Department of Pathology and Laboratory Medicine

Samuel D. Land, MD

Chief, Section of Medical and Forensic Pathology

Department of Psychiatry

Edward R. Norris, MD

Interim Chair

Department of Surgery

John J. Hong, MD

Vice Chair, Research

Marshall G. Miles, DO

Plastic Surgery Residency Associate Program Director

Raymond L. Singer, MD

Chief, Division of Cardio-Thoracic Surgery

Marshall G. Miles, DO

Associate Chief, Division of Plastic Surgery

Status Change

Saralee Funke, MD

Department of Pathology and Laboratory Medicine
Division of Anatomic Pathology
Section of Medical and Forensic Pathology
From: Active To: Honorary

Addition to Departmental Assignment

Patricia A. Quinlan, MD

Department of Medicine
Division of General Internal Medicine
Addition of: Section of Hospital Medicine

Continued on next page

Continued from Page 13

Address Changes

Kimberly L. DeWire, DMD

DeWire Dental, LLC
1089 Main Street
Hellertown, PA 18055-1526
Phone: 610-838-6188 Fax: 610-838-7770

LVPG-Arthritis and Rheumatology

Kristin M. Ingraham, DO, MBA

William F. Iobst, MD

Marie S. O'Brien, DO

James M. Ross, MD

1210 S. Cedar Crest Blvd.
Suite 3300
Allentown, PA 18103-6265
Phone: 610-402-1147 Fax: 610-402-9218

Suneel S. Valla, MD

2925 William Penn Highway
Suite 302
Easton, PA 18045-5283
Phone: 610-252-9053 Fax: 610-252-9021

Practice Changes

Arnold R. Cook, DDS, MSD

Lehigh Valley Hospital-Muhlenberg
2545 Schoenersville Road
Dental Clinic
Bethlehem, PA 18017-7300
Phone: 484-884-2315 Fax: 484-884-3309

Vinky S. Pathak, DDS

Sloane & Oppenheim DDS, PC
1251 S. Cedar Crest Blvd.
Suite 207C
Allentown, PA 18103-6214
Phone: 610-437-9000 Fax: 610-437-6298

Resignations

Carol L. Bub, MD

Department of Family Medicine
(Bub and Associates Medical Center)

Donnelle L. Crouse, DO

Department of Surgery
Division of Trauma-Surgical Critical Care/General Surgery/Burn
(Surgical Specialists of the Lehigh Valley)

Kate M. Dewar, DO

Department of Emergency Medicine
Division of Emergency Medicine
(LVH-M Emergency Medicine)

Michael J. Durkin, MD

Department of Medicine
Division of Cardiology
(St. Luke's Cardiology Associates)

Tyler S. Fugate, DO

Department of Medicine
Division of General Internal Medicine
(Afterhours Physician Coverage Group)

Michael P. Horowski, DMD

Department of Dental Medicine
Division of General Dentistry/Special Care

Peter J. Isaac, DO

Department of Surgery
Division of General Surgery
(Peter J. Isaac, DO, LLC)

Elizabeth A. Khan, MD

Department of Family Medicine
(Tilghman Medical Center)

Michael S. Patriarco, DO

Department of Obstetrics and Gynecology
Division of Gynecology
(St. Luke's Center for Advanced Gynecologic Care)

Mythili Seetharaman, MD

Department of Medicine
Division of Rheumatology
(OAA Orthopaedic Specialists)

Ernest M. Sully, DO

Department of Emergency Medicine
Division of Emergency Medicine
(LVPG-Emergency Medicine)

Donald P. Talenti, MD

Department of Emergency Medicine
Division of Emergency Medicine
(LVPG-Emergency Medicine)

Shu G. Xu, MD, PhD

Department of Pediatrics
Division of Pediatric Subspecialties
Section of Neurology
(Pediatric Specialists of the Lehigh Valley)

Continued on next page

Allied Health Staff

New Appointments



Pamella M. Bonner Graveley

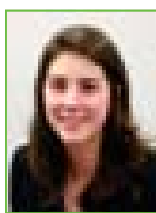
Dental Assistant

Greater Lehigh Valley Oral Health Partnership
Lehigh Valley Hospital
17th & Chew, P.O. Box 7017

Community Health, SON, Third Floor
Allentown, PA 18105-7017

Phone: 610-969-2665 Fax: 610-969-3951

Supervising Physician: Deborah A. Campbell, DMD



Kate D. Bossert, PA-C

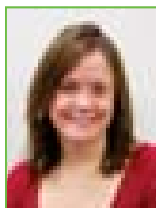
Physician Assistant-Certified

Primary Care Associates in the LV, PC
1941 Hamilton Street
Suite 102

Allentown, PA 18104-6413

Phone: 610-776-1603 Fax: 610-776-6344

Supervising Physician: Brian K. Shablin, MD



Megan K. Fairchild, CRNP

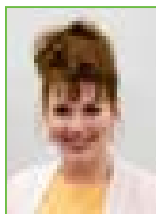
Certified Registered Nurse Practitioner

Lehigh County Child Advocacy Center
740 Hamilton Street

Allentown, PA 18101-2425

Phone: 610-770-9644 Fax: 610-770-9626

Supervising Physician: John D. Van Brakle, MD



Donna R. Hennings, PA-C

Physician Assistant-Certified

LVPG-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

Supervising Physician: Richard S. MacKenzie, MD



Kyle E. Zehr, PA-C

Physician Assistant-Certified

VSAS Orthopaedics

Center for Advanced Health Care

1250 S. Cedar Crest Blvd.

Suite 110

Allentown, PA 18103-6224

Phone: 610-435-1003 Fax: 610-435-3184

Supervising Physician: Mitchell E. Cooper, MD

Change of Supervising Physician and Group

Renee M. Lehmann, CRNP

Certified Registered Nurse Practitioner

From: Lehigh Valley Heart & Lung Surgeons – Raymond L. Singer, MD

To: OACIS Services – Sarah Nicklin, MD

Michelle M. Trzesniowski, CRNP

Certified Registered Nurse Practitioner

From: Lehigh Neurology – John E. Castaldo, MD

To: Good Shepherd Physician Group – Phillip R. Bryant, DO

Removal of Supervising Physician

Afifi A. Khoury, CRNP

Certified Registered Nurse Practitioner

(Wound Healing Center – Robert S. Murphy, Jr., MD and Linda L. Lapos, MD)

Removal of: Muhlenberg Primary Care, PC – Clinton C. Holumzer, MD

Resignations

Cheryl L. Lichner, CRNP

Certified Registered Nurse Practitioner

(St. Luke's Center for Advanced Gynecologic Care)

Patricia A. Muller, PA-C

Physician Assistant-Certified

(Surgical Specialists of the Lehigh Valley)

William G. Wert, Jr., PA-C

Physician Assistant-Certified

(LVPG-Emergency Medicine)



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Ronald W. Swinfard, MD

John D. Van Brakle, MD

James T. Wertz, DO

Thomas V. Whalen, MD

S. Clarke Woodruff, DMD

*Visit us on the new LVHN internet site at
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.org 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.