

Progress Notes

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

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FROM THE PRESIDENT

Little Heaven



I recently took my middle daughter, Giana, to visit my oldest child, Maddie, in Florida.

Maddie lives there with her mother, as she has for all but the first seven months of her life. She turns 14 this year.

We went to see Maddie's dance recital. For years, she has enjoyed dance and I love experiencing the parental joy of watching one of your children pursue their passions. In the course of the weekend, we enjoyed each other's company and conversation. We talked about dance, school, her friends, and boys. The sisters talked about sister things and I tried to provide space for those conversations. On Sunday, I took Maddie and Giana to Downtown Disney – one of Disney's giant vacuums that literally sucks money from parents' pockets. The girls had a blast, and I was in heaven – my own little heaven.

Through the day we all knew the worst was approaching, though – the time when we needed to say goodbye. The inevitable came at the hotel as Maddie climbed into her mom and stepdad's truck. As she drove away, I knew there were tears – there always are. I looked down at Giana and

knew she needed a hug. I lifted her up and her tears started to flow. I whispered to her that it was okay to cry. She responded, "It is for everyone but you. You keep your tears inside." With that, I lifted her fingers to the corner of my eye where a tear had already formed and told her, "Not all the time, honey. Not all the time."

I wanted to tell her about the times when I've cried like there was no tomorrow as Maddie and I said goodbye. I wanted to tell her about how my heart breaks as I watch her drive away. I wanted to tell her about the gaping hole in my heart that is only filled when we are ALL together – the now five of us. I didn't tell her, though, because that is not her pain to bear. She knows that she has a big sister she loves and who loves her. She knows that they don't spend nearly enough time together. That's enough for her.

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For me, the story is different. I keep most of it inside, where it hurts less. I worry about Maddie constantly, hoping that my physical absence from her daily life does not hurt her too much. I wish she were with me – with us – but I know she is happy with her Florida family and her friends. I work hard to make the most of our time together and our time apart. I have become quite adept at the language of text messaging – the preferred choice of communication of all teenagers.

We all have struggles in our lives – loss of loved ones, divorce, depression. We all have a proverbial cross we bear. As I've written in this space before, we deal best with these struggles by reframing the situation. Instead of focusing on the pain of leaving Maddie, I chose to focus on the fact that we had a great time and that we'll see each other again in about six weeks. I've talked with my girls about making the same choice. These are conscious choices we make. It isn't always easy, but for me it is better than the alternative. As you deal with the struggles in your life, strive to find your little heaven.

"All I know is that sometimes memory can be too much to carry."

– Rush, *The Wreckers*

"When it is quiet and still, I can feel order here. Change what I can and pray that hope will not disappear."

– Toad the Wet Sprocket, *Little Heaven*



Michael J. Pistoria, DO
Medical Staff President

LVHN INTRODUCES "CHILDREN'S HOSPITAL AT LEHIGH VALLEY HOSPITAL"

On May 22, Lehigh Valley Health Network (LVHN) announced a milestone in pediatric care in the Lehigh Valley by introducing the Children's Hospital at Lehigh Valley Hospital.

Ronald W. Swinfard, MD, LVHN's President and CEO, said the community will soon see signs at Lehigh Valley Hospital – Cedar Crest and at other health network locations throughout the community identifying children's services under the name Children's Hospital at Lehigh Valley Hospital, the only children's hospital in the region.

"Over the years, I have received hundreds of requests from the parents of a sick or injured child," Dr. Swinfard said. "Some of them asked us to provide more specialized health care services for children close to home. Others asked us to establish a children's hospital. We listened to every comment, took action and carefully, strategically and comprehensively expanded our children's care services."

Dr. Swinfard said LVHN has been recognized as a children's hospital since becoming a member of the National Association of Children's Hospitals and Related Institutions (NACHRI), and the Children's Hospital Association (CHA), in 2006. He said the health network strived to complete a "children's care checklist" made by the late Forrest Moyer, MD, the Lehigh Valley's father of pediatrics. Led by the current Chair of Pediatrics, John D. Van Brakle, MD, LVHN recently accomplished the last two goals on the list for our community by opening the area's first Children's ER in 2011, and establishing a pediatric residency program to educate tomorrow's children's care experts.

"The completion of Dr. Moyer's list led to our decision to visibly establish the Children's Hospital at Lehigh Valley Hospital," Dr. Van Brakle said. "It's not a new building, but a new name that encompasses all the specialized health care services we provide for children. The name tells people of our community that they can get specialized health care for children close to home."



MEDICAL EXECUTIVE COMMITTEE 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, 2012:



Ravindra Bollu, MD
Department of Medicine
Division of Nephrology
Valley Kidney Specialists, PC



J. John Collins, MD
Department of Anesthesiology
Division of Obstetric Anesthesiology/Pediatric Anesthesiology
Allentown Anesthesia Associates, Inc.



Kevin A. McNeill, MD
Department of Family Medicine
Trexlerstown Family Medicine



Carmine J. Pellosie, DO, MPH, MBA
Department of Family Medicine
Section of Occupational Medicine
HealthWorks

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:

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

Edward R. Norris, MD
Department of Psychiatry
Division of Consultation-Liaison Psychiatry

Jarret R. Patton, MD
Department of Pediatrics
Division of General Pediatrics

James T. Wertz, DO
Department of Medicine
Division of General Internal Medicine

NOMINATIONS BEING TAKEN FOR NEXT MEDICAL STAFF PRESIDENT ELECT

The Lehigh Valley Health Network Medical Staff Nominating Committee is soliciting nominations for the next Medical Staff President-elect to begin a two-year term in January, 2013.

Although the term of Medical Staff President-elect is for two years, the individual elected to this position must be willing to make a commitment for six years as he/she will assume the position of Medical Staff President for two years, followed by a two-year term as Medical Staff Past President.

Nominations should be submitted in writing to Robert J. Motley, MD, Chair of the Nominating Committee, via Medical Staff Services, Cedar Crest & I-78, or via email to John W. Hart, Vice President, Medical Staff Services, at john.hart@lvhn.org. All nominations must be submitted by Friday, August 10, 2012.

UPDATING YOUR FIND A DOCTOR PROFILE AND PHOTO

Research shows that prospective patients who use the Internet to find a new health care provider want to get a sense of a provider's personality before they make a choice. The Marketing and Public Affairs staff is redesigning the network's website – LVHN.org – to be more patient-focused, so the improved **Find a Doctor** tool on the website will include this profile information they are seeking.

To meet patients' needs by making this tool more robust, accurate and useful, we need your help. Here's how:

- Complete your profile. Briefly, tell patients about your philosophy of care, why you entered medicine, community and charity involvement, and personal interests.

You can complete your profile at lvhn.org/doclogin. Your user name is your LVHN.org email address. To retrieve your password, go to lvhn.org/doclogin and click on "request a new password." Enter your LVHN.org email only, and you will receive a password immediately via email. A designated member of your practice staff will help manage your profile by editing your office hours, whether you are accepting new patients and which insurances you accept.

- Get a new photo taken. This will become your official LVHN photo. Please dress however you feel comfortable. It is recommended that you wear something in which you would see patients.



Convenient photo sessions will be scheduled in the near future. An upcoming opportunity is from 4:30-6 p.m. on Wednesday, July 11, before the LVPG membership meeting in the Kasych Pavilion at LVH-Cedar Crest. Also, check your LVHN email to learn about additional photo sessions as they are scheduled.

If you have any questions about this process, please contact Alyssa Young, Senior Web Producer, Marketing and Public Affairs, at alyssa.young@lvhn.org or 484-884-3173 or Pamela Riddell, Associate Director, at pamela.riddell@lvhn.org or 484-884-0818.

YOUR PATH TO OPEN ENROLLMENT

I I LVHN E P A H

Follow these 4 steps to be eligible for Choice Plus coverage in 2013

By embracing health and wellness, you serve as a positive, healthy role model for your patients. To help you in your quest, Lehigh Valley Health Network is making important changes to the Choice Plus health plan for 2013.

Our plan is unique in that it's funded by the health network. We do this so we can customize our plan to best meet members' needs. Last year, the health network paid \$110 million to cover nearly 9,500 employees and an additional 12,000-plus dependents.

To keep benefits-eligible employees covered, and to keep our expenses in line for 2013, we are changing our premium structure (the payroll deduction for Choice Plus). However, by taking four simple steps toward health and wellness, benefit-eligible employees can continue to receive the full-time employee coverage at no charge.

If you are a full-time colleague with no dependents, you have historically not paid a premium. If you take the four steps listed on the following page, you will still have no premium. If you don't take the four steps, you will no longer receive employee coverage at no cost. If you have dependents, taking these four steps will allow you to reduce the premium you pay and therefore keep it at about the same rate you paid in 2012.

Continued on next page

Take the following four steps on your Path to Open Enrollment 2013 (complete them by September 30, 2012):

Step 1

Take a health and wellness assessment at WebSAI.com. This step is **mandatory** to be eligible for Choice Plus health benefits in 2013. You need to take a health and wellness assessment as an employee; your dependents do not have to take one.

What it is: The health and wellness assessment is a questionnaire that helps you learn more about your overall well-being. It can help you identify factors that could put you at risk for disease and guide you toward wellness activities to reduce that risk. The data collected will be grouped together to help Choice Plus better plan services – such as disease management programs – to benefit all employees. Access the assessment at WebSAI.com (or click on the WebSAI icon on your SSO toolbar).

Timeline: June 21 – September 30

Step 2

Take the “Health Care Benefits 101” module on The Learning Curve. This step is required for a reduction in the premium you’ll pay in 2013.

What it is: This is the first of two modules you need to complete. (Access them by clicking the TLC icon on your SSO toolbar). It explains details about our Choice Plus health plan and defines terms you need to know, such as premium, deductible and coordination of benefits.

Timeline: June 21 – September 30

Step 3

Elect a primary care physician (PCP) at WebSAI.com. This step is also required for a reduction in the premium you’ll pay in 2013.

Why it’s important: Starting in mid-July, you will be asked to list your primary care physician – either internal medicine or family medicine – at WebSAI.com. If you are from the area, your PCP should be from in-network. If you are from outside the area, you may list an in-network or out-of-area physician. A PCP focuses on your overall health, best knows your medical history, and is an

important part of the patient-centered medical home. If you don’t have a PCP, you can find one by calling 610-402-CARE or review a list on WebSAI.com.

Timeline: Mid-July – September 30

Step 4

Take the “All Around Wellness” module on The Learning Curve. This step also is required for a reduction in the premium you’ll pay in 2013.

What it is: This is the second of two TLC modules. It emphasizes the importance of embracing healthy behaviors and resources available to you such as Well U. and our Culture of Wellness classes and programs. This bundle will be available starting in mid-July.

Timeline: Mid-July – September 30

Get more information:

Check your mailbox for a packet that will explain more about your *Path to Open Enrollment 2013*. The packet includes frequently asked questions, a chart of 2013 premiums and other important information.

Connect by phone at 484-884-3199 with your human resources benefits counselor (Becky Dougherty if your last name starts with A-G, Lynne Ryden for H-O, or Janet Miller for P-Z), or Spectrum Administrators at 484-884-0410.

Connect online with human resources on the intranet on your work computer at hr.lvh.org or with Spectrum Administrators on the internet from any computer at WebSAI.com.

YOU MUST ENROLL IN BENEFITS during Open Enrollment 2013 from October 29 – November 16, 2012 in order to participate in Choice Plus for 2013. If you don’t enroll, you will not be eligible for Choice Plus coverage until Open Enrollment 2014, unless you have a qualifying life event.

SELECT

Scholarly Excellence.
Leadership Experiences.
Collaborative Training.

Experiences for a lifetime.
A network for life.™

USF College of Medicine and
Lehigh Valley Health Network

O S C



Name: N C

Hometown: P

Undergraduate College: U

Major:

Hobbies/Interests: E
E

H PC H P C

i o oo e

“From growing up in the Lehigh Valley, I have always understood the quality and superb reputation associated with the Lehigh Valley Health Network. Therefore, upon hearing about the Scholarly Excellence, Leadership Experience, Collaborative Training (SELECT) medical program, I could not have been more excited.

In particular, this program has granted me the opportunity to develop my leadership and collaboration skills, appreciate the value of an inter-professional team, learn the importance of true patient-centered care, gain professional competencies while learning one-on-one from some of the most recognized leaders within health-care, and has taught me mindfulness in order to better adjust my emotions to handle a variety of situations that may arise. These are qualities not traditionally taught within medical education programs across the country and are some of the main reasons why I chose to participate in the SELECT program.”

t re Goa ntere t :

“It is my ultimate vision to lead a Family Medicine clinic somewhere within the Greater Lehigh Valley, providing the highest quality care and inspiring those around me. I also hope to reside within the Lehigh Valley and raise a family. Lastly, it is a personal goal of mine to one day teach medicine in an academic hospital/setting and open a primary care clinic for the needy populations of Puerto Rico. I understand that these are huge aspirations – however, it is my belief that the SELECT program puts me in an excellent position to accomplish all of my goals and more. I look forward to the opportunity of meeting and learning from the faculty of the Lehigh Valley Health Network!”

For more information about the SELECT program, please contact Michael J. La Rock, MD, Division of General Internal Medicine and Associate Clinical Professor, Morsani College of Medicine, USF Health, at michael.j.larock@lvhn.org.

PALLIATIVE MEDICINE OACIS SERVICES

Does your patient need an OACIS consult? The answer is “Yes” if you have a patient with advanced complex illness (metastatic cancer, late-stage heart, liver or kidney failure, COPD, dementia, neurodegenerative disease, AIDS) and any of the following:

- multiple admissions to the hospital (two or more in the last year for the same problem)
- difficult pain and symptom management (dyspnea, nausea, anxiety)
- advanced disease and frequent infections
- nutritional complications with albumin < 2.5
- primarily bedbound
- considering PEG, ICD or hemodialysis
- goals of treatment unclear
- patient and family distress

Following are a few of the ways that OACIS Services can help:

- clarify goals of care and treatment
- advanced care planning to make sure there is a plan in place when things get worse
- follow patient at home (in selected geographic areas) to help manage exacerbations

- self-management goals to maintain motivation and hope despite serious illness
- complex symptom management (physical and psychosocial) to avoid unnecessary hospitalizations
- complex communication to help all members of the team including the family

To place an order for OACIS Services, go to the consult button and select the OACIS Palliative Medicine consult from the “Consult Physician by Name or Group” list.



For more information regarding this article or OACIS Services, contact Jennifer E. Allen, MD, OACIS Services, at 610-969-0100.

LEHIGH VALLEY HOSPITAL AND LEHIGH VALLEY HOSPITAL-MUHLENBERG AWARDED AN “A” GRADE FOR PATIENT SAFETY

On June 6, Lehigh Valley Hospital and Lehigh Valley Hospital-Muhlenberg were honored with an “A” Hospital Safety ScoreSM by The Leapfrog Group, an independent national non-profit run by employers and other large purchasers of health benefits. The Hospital Safety ScoreSM was calculated under the guidance of The Leapfrog Group’s Blue Ribbon Expert Panel using publicly available data on patient injuries, medical and medication errors, and infections. U.S. hospitals were assigned an A, B, C, D, or F for their safety.

“We are delighted to receive an “A” grade for safety from the Leapfrog organization for all the hard work of our physicians, nurses and staff,” said Ronald W. Swinfard, MD, Lehigh Valley Health Network’s President and CEO. “Our colleagues have a real passion for better medicine and deserve this national recognition; they strive every day to provide the highest quality care in the safest environment possible. This is great news for our community.”

To see Lehigh Valley Hospital and Lehigh Valley Hospital-Muhlenberg’s scores as they compare nationally and locally, visit www.hospitalsafetyscore.org, the Hospital Safety ScoreSM website, which also provides information on how the public can protect themselves and loved ones during a hospital stay.

PCE PRESCRIPTION INVOLVING PATIENTS AND FAMILIES IN THEIR CARE

The goal of Lehigh Valley Health Network's Patient-Centered Experience (PCE) initiative is to give patients and their loved ones the best possible health care experience. Through PCE, the health network has developed ways to involve patients and families in their care.

PCE Outcomes: In the health network's hospitals, traditional visiting hours were eliminated, and family presence and guest visitation guidelines were established. Patients are encouraged to spend as much time with loved ones as they desire. Nurses are conducting bedside shift reports with family members present.

Why it's important to you: "Research shows the participation of family members as 'partners in care' provides cost savings, improves management of chronic and acute illnesses, enhances continuity of care, prevents hospital readmissions, and enhances the patient and family's experience" says Bruce Ellsweig, M.D., Vice Chair of Family Medicine Community Practices and Medical Director of Lehigh Valley Hospice.

Next step: To learn about involving patients and families, visit the PCE Sharepoint site at <http://lvhsharepoint3/pce toolkit>. Under "Links," click on "The Institute for Family-Centered Care."

For information about PCE, contact James Geiger, Senior Vice President, Operations, at 610-969-4290; Anne Panik, Senior Vice President, Patient Care Services, at 610-402-4267, or James Prowant, Associate Executive Director, Primary Care Operations, at 484-884-8531.



LVHN DIGITAL LIBRARY

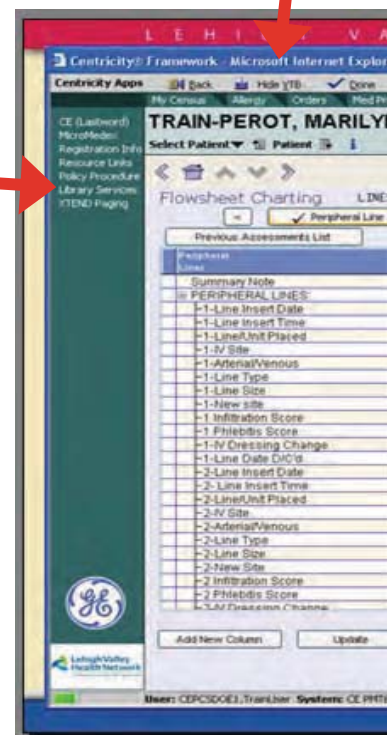
L S C E

Did you realize you can look up journals, get to Dynamed or other resources, or submit a literature search request – starting from Centricity Enterprise?

Centricity Enterprise provides a link to Library Services in the Vertical Tool Bar on the left side of the screen. Click on the link to be taken to The Digital Library, where you'll find buttons to look up journals or submit article requests, and access to evidence-based tools and resources (identified by the green EB icon). Another direct link on the Vertical Tool Bar is Micromedex, a key pharmacology tool available through Library Services for drug lists and summaries, toxicology/interactions/disease profile information, clinical decision calculators, and LVHN-approved patient education handouts.

To see the Vertical Tool Bar and its links to Library Resources and Micromedex, use Hide/unhide VTB.

You can always find the Digital Library under: **LVHN Intranet > FIND FAST > Library Services**. If you have any questions regarding this article, contact Library Services at 610-402-8410 or email LibraryServices@lvhn.org.



THROMBOTIC RISK TESTING UPDATE

Heath Network Laboratories is updating its Thrombotic Risk testing menu to align with the most current consensus based guidelines.

The new profiles are segregated based upon suspected etiology and will include the latest genetic molecular tests:

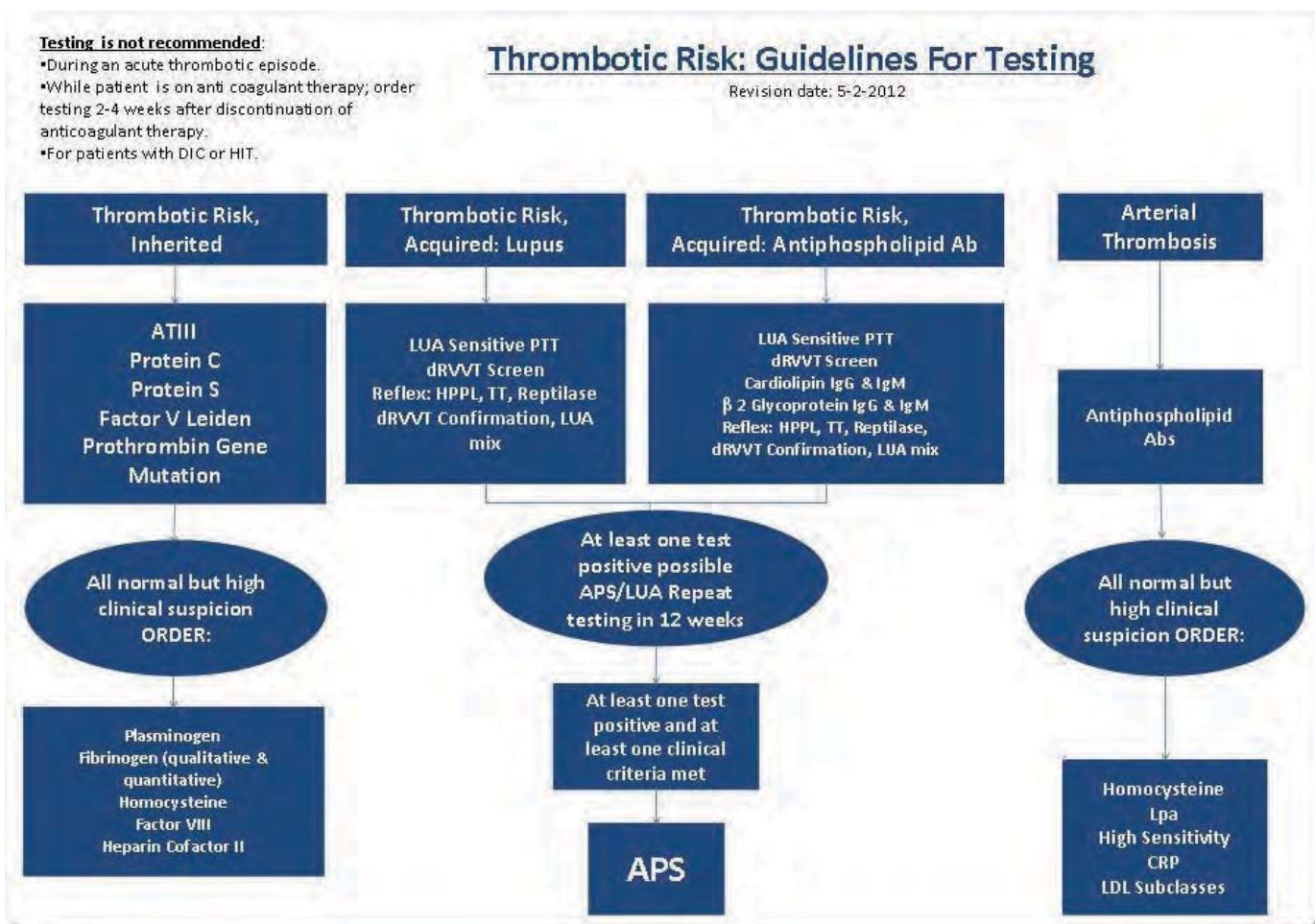
- Thrombotic Risk, Inherited
- Thrombotic Risk, Acquired: Lupus
- Thrombotic Risk, Acquired: Antiphospholipid Ab
- Arterial Thrombosis

This testing is not recommended during or immediately after an acute thrombotic episode or while patients are on anticoagulant therapy.

Testing should be done when the patient is clinically stable and at least two to four weeks after discontinuation of anticoagulant therapy.

Note that pregnancy, estrogen use, liver disease and DIC may interfere with test interpretation due to acquired deficiencies of antithrombin III, protein C and protein S.

For more information, refer to the following algorithm regarding Thrombotic Risk: Guidelines for Testing.



If you have any questions regarding this article, please contact Bala B. Carver, MD, Chief, Section of Transfusion Medicine & HLA, at 610-402-8142.

References: *Cecil Medicine*: 23rd edition, Chapter 182
Kenneth A. Bauer, *JAMA*, April 6, 2011 —
Vol 305, No. 13

ETHICS CORNER

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C

by Stephen Lammers, PhD, Ethic Program Consultant

This is a continuation of our ethics thread on communication. It concerns the confusion that is sometimes introduced into our discussions when we substitute the word “treatment” for the word “care.” This is especially important during conversations around the end of life.

There are many times, of course, when it makes sense to use the terms “treatment” and “care” interchangeably. When physicians heal patients by doing some kind of medical treatment, the terms “treatment” and “care” can be used as synonyms for one another with no necessary loss of meaning. But that is not always the case.

Imagine an end of life scenario where you want to discuss limiting or withdrawing a particular medical “treatment” that is no longer useful for this patient but you have no intention of withdrawing “care” for the patient. Then you have to be careful how and when you use the terms “treatment” and “care.” Patients and their families always want to be cared for; they do not always want particular medical or surgical treatments. Indeed, there is some evidence that patients and their families request fewer medical treatments once these are fully explained to them. Treatments may be a way of caring for patients but medical and surgical treatments and care are not necessarily the same thing. We know this but we often forget it. Or we allow patients and their families to use these terms in ways that we do not mean them to be used.

Sometimes this occurs when families state that they desire a particular treatment that is not appropriate given the particular patient’s clinical condition. At those admittedly difficult times, it is often too easy to slip into using the terms “treatment” and “care” interchangeably when in fact what is required is the use of language that makes it clear that some treatments are not forms of care for this patient in their particular circumstances.



There are places where we can go to for help in disciplining ourselves on how to use these terms. In the hospital “Administrative Manual,” there is a section on life sustaining treatment and patient centered medical decision making. Within that particular section is a discussion of limiting medical treatments. What is particularly useful is the way in which the authors of this document show the rest of us how to think and speak about medical and surgical treatments.

Another way to remind ourselves is to remember that the term “care” is the broader term, it is something we strive to do in everything that we do. Most of the time we offer and do treatments as part of the care of patients. But sometimes a particular treatment is not appropriate as a way of caring for a particular patient. Reminding ourselves of this will help us as we teach our patients what is and is not possible through the arts of medicine and surgery.

If you have any questions regarding this article, contact Stephen Lammers, PhD, Ethics Consultant, via email at stephen.lammers@lvhn.org.

CONGRATULATIONS



David C. Hay, Jr., DPM, Division of Podiatric Surgery, recently passed the 2012 Diplomate Foot Surgery Recertification Examination and has become recertified by the American Board of Podiatric Surgery. Dr. Hay has been a member of the Medical Staff since October, 1987. He is in private practice in Emmaus, Pa.



Diana Pallin, MD, Division of General Internal Medicine, Section of Hospital Medicine, has become certified in Internal Medicine by the American Board of Internal Medicine. Dr. Pallin joined the LVHN Medical Staff in September, 2011. She is in practice with Lehigh Area Medical Associates.



Charles D. Peters, Jr., MD, Division of Cardiology, has become recertified in Internal Medicine by the American Board of

Internal Medicine. Dr. Peters has been a member of the Medical Staff since October, 2008. He is in practice with The Heart Care Group, PC.

PAPERS PUBLICATIONS AND PRESENTATIONS



Shamed Ahmed, MD, Cardiology Fellow; Michael Weiss, Statistician, Network Office of Research & Innovation; Taylor Trapp, Research Associate; **Lori A. Neri, CRNP**, nurse practitioner with The Heart Care Group, PC; and **Martin E. Matsumura, MD**, Division of Cardiology, co-authored the article – “Relationship Between Professional Dental Care in Childhood and Coronary Heart Disease in Adulthood in a Single Urban Dental Clinic” – which was published in *Oral Health & Preventive Dentistry*, Volume 10, Number 1, 2012.



Dale A. Dangleben, MD, Division of Trauma-Surgical Critical Care/General Surgery, was an invited speaker at the annual meeting of the American Urological Association (AUA) on Friday, May 18, in Atlanta, Ga. He spoke to the Society for Urology Chairpersons and Program Directors on “Enhancing Surgical Education through Web and Mobile Applications.”



Rhonda W. Moore, CRNP, nurse practitioner with Lehigh Valley Heart & Lung Surgeons, authored an article – “Chronic Sorrow in Heart Failure” – which was published in *The Connection*, Issue 32, Summer 2012. *The Connection* is the quarterly newsletter of the American Association of Heart Failure Nurses.



Lori A. Neri, CRNP, nurse practitioner with The Heart Care Group, PC, co-authored the article – “Using Text Messages to Improve Adherence” – which was published in the Spring 2012 issue of *Lipid Spin*, the official publication of the National Lipid Association.



Donna F. Petrucci, CRNP, nurse practitioner with Lehigh Valley Heart Specialists, authored an article – “Fostering Self-Care Adherence: When Heart Failure and Depression Intersect” – which was published in *The Connection*, Issue 32, Summer 2012. *The Connection* is the quarterly newsletter of the American Association of Heart Failure Nurses.



Several members of the Department of Emergency Medicine attended and presented at the Council of Emergency Medicine Resident Directors Annual Academic Assembly held April 1-4, in Atlanta, Ga. Poster presentations and participants included:

- “Medical Knowledge Professional Growth Plan” – **Gavin C. Barr, Jr., MD**, Emergency Medicine Residency Associate Program Director; **Kevin R. Weaver, DO**, Emergency Medicine Residency Program Director, **Michael B. Weigner, MD**, **Bryan G. Kane, MD**, Dawn Yenser, Emergency Medicine Residency Program Manager; and Donna M. Chormanski-Bigelow, Emergency Medicine Residency Program Coordinator.
- “SDOT Faculty and Resident Training Study” – **Bryan G. Kane, MD**, **Kevin R. Weaver, DO**, **Kathleen E. Kane, MD**, **Gavin C. Barr, Jr., MD**, Residents – Allison L. Raines, DO, Nicole L. Bendock, DO, Brian M. Berry, DO, Gregory Smeriglio, Jr., DO, and Dawn Yenser.
- “The Residency CPC as a Means of Faculty Development” – **Charles C. Worrlow, MD**, Department of Emergency Medicine Director of Education; **Kathleen E. Kane, MD**, **Kevin R. Weaver, DO**, **Gavin C. Barr, Jr., MD**, Amy B. Smith, PhD, Medical Educator; **Andrew C. Miller, DO**, **Terrence E. Goyke, DO**, **Bryan G. Kane, MD**, and Dawn Yenser.

In addition, the same three posters were presented at the Pennsylvania American College of Emergency Physicians Annual Conference held April 16-18, in Gettysburg, Pa. The presenters were: “Medical Knowledge Professional Growth Plan” – **Michael B. Weigner, DO**, “SDOT Faculty and Resident Training Study” – **Kevin R. Weaver, DO**, and “The Residency CPC as a Means of Faculty Development” – **Kathleen E. Kane, MD**.

THE RETAIL PHARMACY VIEW

This new monthly section of *Progress Notes* will feature information dealing with the interaction between retail pharmacy (Health Spectrum, CVS, Walgreens, etc.) and prescribers. The goal is to inform you of some of the issues pharmacists face when trying to fill your prescription orders so that the process goes smoother for the patients and you get fewer calls. It will also be another source of updates on what name brand drugs become available generically and other helpful information to make life easier!

Brand Name

The FDA has ruled that by January 2014, products that contain Acetaminophen (APAP/Tylenol) and another drug in combination should have no more than 325mg per unit dose. This is due to the possibility of an APAP overdose. All brand name and generic combo manufacturers will be reformulating their products over the next year and a half to comply with this ruling.

VICODIN, manufactured by Abbot Labs, will be changing by the third quarter of this year. The new VICODIN formulas compared to the old versions will be:

<u>NEW</u>	<u>OLD</u>
VICODIN: Hydrocodone/APAP 5/300	5/500
VICODIN ES: Hydrocodone/APAP 7.5/300	7.5/750
VICODIN HP: Hydrocodone/APAP 10/300	10/660

When these new formulas become available, any script written for VICODIN, VICODIN ES or VICODIN HP must be filled with the brand name product until the generics with the new formulations become available. That may take a while. However, notification of availability will be printed in this section, or you can contact any pharmacy. Until these become available, you can still order a generic by using the generic names of the older formulations – Hydrocodone/APAP 5/500, 7.5/750 or 10/660, but if you use the name VICODIN, the brand name will be used, which will be a greater expense for your patients. Be on the lookout for similar changes with other products such as Percocet, Lorcet, Lortab and Norco.

Recently, the DEA tabled the idea of Hydrocodone containing products going from a Schedule 3: Controlled Substance to a Schedule 2 Narcotic. This could be revisited in the future.

Electronic Prescription

By now, most practices are using Interactive Voice Response (IVR) or E-Scribing (sending scripts electronically from the doctor's office to the pharmacy). Please be aware that this process can take up to an hour to get from your phone or computer to show up on the pharmacy's computer. Then it still must be filled. Patients are being told that the script has been sent and arrive at the pharmacy way before the electronic process is complete. The pharmacy tells the patient they did not receive the script, while the doctor's office told the patient that it was sent. This causes much frustration for the patient and the pharmacist. Please inform your staff of this so they can make your patients aware of the turnaround time. **If something is truly more urgent than an hour, call the pharmacy directly, do not send it electronically.**



Generics

PLAVIX: *Clopidogrel* – has gone **generic**. It was generically available a few years ago but pulled due to a successful patent infringement case brought by the manufacturer.

Other recent generic switches:

YAZ: *Gianvi*

DORYX: *Doxycycline* 150mg tablets

VIRAMUNE: *Nevirapine*– (Not the XL formulation)

Additional generics coming in August:

SINULAIR: *Montelukast*

ACTOS: *Pioglitazone*

XOPENEX: *Levalbuterol*

If you have any questions or need additional information, contact Jay Needle, RPh, Manager, Health Spectrum Pharmacy – Muhlenberg, via email at jay.needle@lvhn.org or by phone at 484-884-7004.



UPCOMING SEMINARS, CONFERENCES AND MEETINGS

OBSTETRICS AND GYNECOLOGY

The Department of Obstetrics and Gynecology Grand Rounds will be held on **Friday, July 20**, from **7 to 8 a.m.**, in Kasych ECC Rooms 7 and 8.

“Preventing Adhesions with C-Sections” will be presented by Hector Chapa, MD, Medical Director of the Women’s Specialty Center in Dallas, Texas.

For more information, contact Julie Gualano in the Department of Obstetrics and Gynecology at 610-969-4515.

PEDIATRICS

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 July:

- July 10 – “Breaking Bad News: Some data and some experience” – Anderson B. Collier III, MD
- July 17 – PICU Topic – Samuel Umaru, MD
- July 24 – Outpatient Topic – Anthony Dimick, MD, and Matthew Saltz, MD
- July 31 – Risk Management Topic – Elaine Donoghue, MD

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

PSYCHIATRY

The next Department of Psychiatry Grand Rounds presentation will be held on **Thursday, July 19**, beginning at Noon (registration at 11:45 a.m.) in ECC Rooms B, C and D at LVH-Muhlenberg and teleconferenced to the Auditorium at LVH-Cedar Crest.

“Successful Family Intervention in the Short Term Setting” will be presented by Patricia Fuisz, RPRN, CNS-BC, and Marlene Bayer, LPC, NCC, members of the LVHN Alternatives Partial Program.

For more information, contact Tammy Schweizer in the Department of Psychiatry at 610-402-5766 or via email at tammy.schweizer@lvhn.org.

CONTINUING EDUCATION

Online

- **Therasim Virtual Patient Simulation Cases in Diabetes and Anticoagulation**
These simulations present comorbid patient information from the patient interview and medical history. Physicians can evaluate and treat accordingly using all information available. All modules are supported with sourced guidelines for advanced self-study and are CME accredited. Therasim will be available through the home page of The Learning Curve. To search for cases, type *case simulation* in The Learning Curve search box.
- **4th Annual Ultrasound in Obstetrics and Gynecology Conference**
September 21 and 22
LVH-Cedar Crest
Further details to follow.
- **4th Annual Fleming Infection Prevention and Infectious Diseases Symposium**
October 5
LVH-Cedar Crest
Further details to follow.
- **Addressing Obesity and Weight Management in the 21st Century**
October 20
LVH-Cedar Crest
Further details to follow.

For more information about the events listed above, preview the brochures available on the Division of Education’s website under “Continuing Education Events Brochures.”

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.

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EMSL

Upcoming life support classes sponsored by the Emergency Medicine Institute (EMI) are listed below:

Advanced Airway Life Support

ACLS renewal classes will be held from 8 a.m. to Noon, at the Emergency Medicine Institute located at 2166 S. 12th Street, Allentown, on the following dates:

- September 17
- September 18
- September 26
- September 27

A two-day provided course will also be held September 10 and 11 from 8:30 a.m. to 4 p.m., at the Emergency Medicine Institute.

Emergency Triage and Life Support

PALS renewal classes will be held from 8 a.m. to 4 p.m., at the Emergency Medicine Institute on the following dates:

- August 23
- September 14

A two-day provider course will also be held September 12 and 13, from 8 a.m. to 4 p.m., at the Emergency Medicine Institute.

Registration information and a list of additional classes are available on the EMI website. To access the EMI website from the LVHN Intranet homepage, select “Departments” – “Non-Clinical” – “EMI.”

For more information regarding these classes, contact Christine Ash at the Emergency Medicine Institute at 610-969-0299.

LEHIGH VALLEY HEALTH NETWORK

2012 Special Events Save the Date

51ST ANNUAL SUMMER FESTIVAL

Wednesday, August 15 through Saturday, August 18, 2012
Lehigh Valley Hospital-Muhlenberg

17TH ANNUAL NITE LITES GALA

Saturday, September 29, 2012
Lehigh Valley Hospital-Muhlenberg

For sponsorships, reservations or event information, please contact
Amy Burrows or Sandi Marsh at 484-884-6385.

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610-402-CARE LVHN.org

HO'S NE

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

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Pleasant Valley Family Practice
208 Kevin Lane, Suite 101
Brodheads ville, PA 18322-7044
Phone: 570-992-7620 Fax: 570-992-9884
Department of Family Medicine
Provisional Active
Appointment Date – 7/16/2012



Ellina C. Feiner, MD
Lehigh Valley Heart Specialists
Center for Advanced Health Care
1250 S. Cedar Crest Blvd., Suite 300
Allentown, PA 18103-6381
Phone: 610-402-3110 Fax: 610-402-3112
Department of Medicine
Division of Cardiology
Provisional Active
Appointment Date – 8/20/2012



Arzoo Habib, MD
LVPG-Psychiatry
Lehigh Valley Hospital-Muhlenberg
2545 Schoenersville Road, Fifth Floor
Bethlehem, PA 18017-7384
Phone: 484-884-6501 Fax: 484-884-6504
Department of Psychiatry
Division of Adult Inpatient Psychiatry/
Psychiatric Ambulatory Care
Provisional Active
Appointment Date – 9/3/2012



Badar U. Jan, MD
Aesthetic Surgery Associates
250 Cetronia Road, Suite 301
Allentown, PA 18104-9168
Phone: 610-437-2378 Fax: 610-820-9983
Department of Surgery
Division of Plastic Surgery
Provisional Active
Appointment Date – 7/14/2012



Joshua P. Morrison, DO
LVH-M Emergency Medicine
Lehigh Valley Hospital-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



Robin S. Schroeder, MD
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Lehigh Valley Hospital
17th & Chew, P.O. Box 7017
Department of Family Medicine – SON
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Division of Obstetrics/Gynecology
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Department of Medicine

Allen M. Khademi, MD
Chief, Division of Physical Medicine-Rehabilitation

Joseph B. Schellenberg, MD
Associate Chief, Division of Pulmonary

Department of Obstetrics and Gynecology

Folusho A. Tugbiyele, MD
Chief, Division of Urogynecology

Continued on next page

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Department of Pathology & Laboratory Medicine

Kirsten SW Bellucci, MD

Co-Chief, Section of Dermatopathology

Hina A. Sheikh, MD

Co-Chief, Section of Dermatopathology

Gary A. Stopyra, MD

Chief, Section of Pulmonary and Endocrine Pathology
and
Chief, Section of Bone and Soft Tissue Pathology

Medical Directors of Patient Care Units

Adedotun A. Adewusi, MD

Medical Director
South 2
(LVH-Muhlenberg)

Rita M. Pechulis, MD

Medical Director
Medical Intensive Care Unit
(LVH-Cedar Crest – Kasych)

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Marshall G. Miles, DO

Department of Surgery
From: Plastic Surgery
To: Plastic Surgery/Hand Surgery

Randolph Wojcik, Jr., MD

Department of Surgery
From: Plastic Surgery
To: Plastic Surgery/Hand Surgery

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Department of Medicine
Division of Neurology
(Lehigh Neurology)
From: Active To: Honorary Status

Richard N. Stein, MD

Department of Pediatrics
Division of General Pediatrics
(Stein & Stein Pediatrics)
From: Active To: Honorary Status

Stanley I. Stein, MD

Department of Pediatrics
Division of General Pediatrics
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From: Active To: Honorary Status

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Division of General Internal Medicine
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Sam Bub, MD

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(Bub and Associates Medical Center)

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Division of Ophthalmology
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Gerrienne Burke, MD

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Division of General Internal Medicine
(LVPG-Internal Medicine Float Pool)

Thomas O. Burkholder, MD

Department of Surgery
Division of Ophthalmology
(Lehigh Valley Eye Center, PC)

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Michael D. Gabriel, DO

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(Alan P. Muto, DO)

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(Northeastern Rehabilitation Associates PC)

Vu Nguyen, DO

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(Valley Family Care, PC)

Michael C. O'Connor, DO

Department of Family Medicine
(Macungie Medical Group)

Marc B. Perlman, MD

Department of Pediatrics
Division of General Pediatrics
(Pediatric Hospitalist at Pottstown Memorial Medical Center)

William J. Phelan, MD

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Division of General Pediatrics
(P.E.D.S., Ltd.)

Gary M. Pryblick, DO

Department of Family Medicine
(Total Family Health Care)

Judith R. Pryblick, DO

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Division of General Internal Medicine/Geriatrics
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Gregory S. Todd, DO

Department of Family Medicine
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Leo W. Todd, Jr., DO, PhD

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Continued on next page

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To: Mohammad N. Saqib, MD

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(Allen Ear Nose & Throat Associates – Paul S. Lemberg, MD)

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Pestcoe, DO)

Song-Hee Bohn, CRNP

Certified Registered Nurse Practitioner

(Pain Specialists of Greater Lehigh Valley, PC – Bruce D.

Nicholson, MD)

Addition of: Health Center at Moselem Springs – Joselito A.

Quano, MD

David A. Cederberg, PA-C

Physician Assistant-Certified

From: Lehigh Valley Heart Surgeons – Theodore G. Phillips, MD

To: Medical Imaging of LV, PC – Errin J. Hoffman, MD

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To: Najma Khanani, MD

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To: Kathryn E. Ussai, MD

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From: Gregory R. Harper, MD, PhD

To: Nicole M. Agostino, DO

Continued on next page

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To: Lehigh Valley Heart Specialists – William J. Strimel, DO
Addition of: Lehigh Valley Cardiology Assoc. – Deborah W. Sundlof, DO
Removal of: The Heart Care Group, PC – William J. Smolinski, DO

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Addition of: Muhlenberg Primary Care – James T. McNelis, DO

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To: Henry L. Schairer, Jr., MD

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*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.