

Medical Staff PROGRESS NOTES



Medical Executive Committee Welcomes New Members At-Large

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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, 2008:



Paul M. Berger, MD
Department of Surgery
Division of Urology
Urologic Associates of Allentown Inc.



Anthony P. Buonanno, MD
Department of Medicine
Division of Hospital Medicine/
General Internal Medicine
Lehigh Area Medical Associates, PC



Timothy J. Friel, MD
Department of Medicine
Division of Infectious Diseases
AIDS Activities Office



Pamela A. Howard, MD
Department of Surgery
Division of Burn/Trauma-Surgical Critical Care/General Surgery
Surgical Specialists of the Lehigh Valley



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

A special “Thank You” is extended to the five 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 –

Scott W. Beman, MD
Division of General Surgery

Wayne E. Dubov, MD
Division of Physical Medicine-Rehabilitation

Deborah W. Sundlof, DO
Division of Cardiology

Gary W. Szydlowski, MD
Division of Cardio-Thoracic Surgery, Section of Cardiac Surgery/Thoracic Surgery

Robert E. Wertz II, MD
Division of Pain Medicine



From the President

There's a pretty good chance that an oversized sheet of paper – and the decades of know-how Toyota draws on to make some of the highest-quality cars in the world – will lead to dramatic changes for the better at Lehigh Valley Hospital.

LVHN has launched a new performance improvement system designed to improve quality and service, reduce costs and improve the morale of employees and members of the Medical Staff. Troika, clinical department chairs, senior administrators and a wide range of others across the Network are helping adapt the program to Lehigh Valley.

The system draws in part on the so-called "Toyota Production System," developed beginning in 1948 and fine-tuned over the past 60 years. Known for the high quality of its product, Toyota is as profitable as all other car companies

combined, and became the world's largest car manufacturer in 2007.

The system also has something to do with an "A3" piece of paper, but you'll have to read to the end if you want to know what that means.

Developed with the help of well-known efficiency consultants, SPPI – the System of Partners for Performance Improvement – will become the mainstay of Lehigh Valley's problem-solving culture. It will look at key processes and involve people at all levels of the organization who will reach consensus and then make improvements.

The first two broad-reaching "value stream" projects are "In-Hospital Flow" and "Revenue Cycle." The former will focus on the GIMS/Hospitalist services, because of their large patient volumes and rapid growth in recent years. "Revenue Cycle" includes accounting and billing, but also such things as patient registration, physician and nursing documentation, and coding.

Why should members of the Medical Staff care?

First, we'll all start hearing a lot about SPPI in the coming months, and physicians will be asked to participate.

Second, doctors in the Network are very aware of bottlenecks, delays and inefficiencies that frustrate us, our colleagues, and our patients. Fixing these areas will benefit us all.

And finally, health care is becoming an expense-driven industry. Reimbursement rates are fixed or declining, and the ability to control expenses is becoming the main determinant of hospitals' financial performance. The ability to maintain a healthy margin, so the network can invest in programs and capital improvements to maintain and improve quality care, benefits all of us, and especially our patients.

Now, about the A3 paper:

It turns out A3 is one of the international standards in paper sizes – roughly 11.7 inches by 16.5 inches. In the Toyota system, an entire performance improvement project, expected to take months and involve people in many area of the company, must be simple and clear enough to be summarized on one sheet of A3 paper. Over the years, the process became known as "A3 thinking."

Whatever the size of the paper, the potential for improvement in morale, efficiency and cost savings – is huge.

A handwritten signature in blue ink that reads "Linda Lapos". The signature is fluid and cursive.

Linda L. Lapos, MD
Medical Staff President

Noninvasive Mask Ventilation for Adult Patients

The Respiratory Care Department, in conjunction with Pulmonary Associates, has recently revised the policy **Noninvasive Mask Ventilation (NIMV) for Adult Patients**. The objective of this revision was to further clarify the criteria for the placement of patients utilizing NIMV.

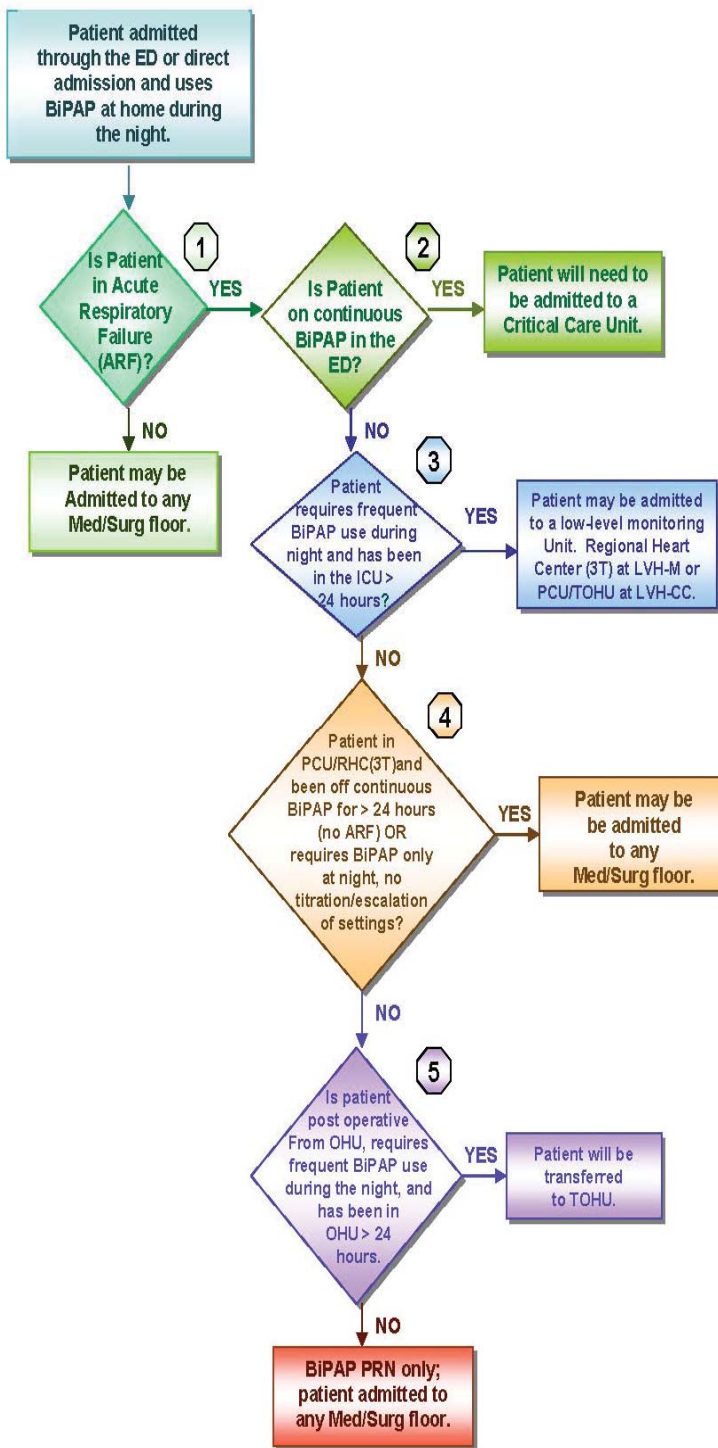
Key points from the policy provide clarity on NIMV admissions and transfers. Patients admitted through the Emergency Department (ED) or as direct admissions, and who use NIMV at home during the night and are not in Acute Respiratory Failure (ARF) may be admitted to any medical/surgical unit. Patients on NIMV initiated in the ED are to be admitted to a critical care unit with ventilator capabilities. Patients on NIMV initiated for ARF should be transferred to a critical care unit with ventilator level capabilities and continuous coverage by licensed Respiratory Care Practitioners. Criteria for transferring patients on NIMV out of the critical care units are also included. (See flow chart)

The full policy with attached algorithm can be found at the following link:

<http://www.lvh.com/webpublic/respiratorycare/files/1321.pdf>

Questions concerning the revised **Noninvasive Mask Ventilation for Adult Patients** policy may be directed to the Respiratory Clinical Coordinators at 610-402-0357, at the Cedar Crest & I-78 site.

BiPAP Utilization and Placement



Update — Lehigh Valley Hospice by Bruce A. Ellsweig, MD, Hospice Medical Director

Hospice is alive and well! As you know, hospice services are provided by an outstanding group of people within the Lehigh Valley Hospital and Health Network. We provide care on multiple levels. Social workers, bereavement counselors, physical therapy and occupational therapy, complimentary medicine, nursing and physician services are available to our community patients. We embrace the involvement of primary care doctors in our system to continue to provide care to our patients while on hospice service. Our goal is to capture patients as early as possible in their terminal illness. Hospice requirements allow us to assume care for patients for whom the course of their illness may dictate that they have six months or less to live. However, cases are reviewed on a regular basis and, if necessary, patients are provided with alternative services such as Home Care or OACIS. Plastic guideline cards are available as a reminder to you of the services that Hospice can provide. Listed for your information are general symptoms and end stage diagnoses that you may find helpful when in utilizing hospice services. Hospice provides both outpatient and inpatient services for all of your patients in need.

General Symptoms

- Decline in overall physical/mental status
- Weight loss in the last six months
- Repeat infections (pneumonia, bronchitis, UTIs)
- Profound weakness or fatigue
- Difficulty swallowing
- Shortness of breath or chest pain at rest
- Recurrent edema/swelling
- History of cardiac arrest
- Continuous oxygen
- Uncontrolled pain or vomiting
- Requires assistance with most activities of daily living

Appropriate End State Diagnoses

- * Dementia
- * Cardiac Disease
- * Pulmonary Disease
- * Renal Disease
- * Liver Disease
- * Stroke/Coma
- * ALS/Lou Gehrig's Disease
- * Parkinson's Disease, MS
- * AIDS
- * Cancer
- * Failure to thrive

If you have any questions or if I may assist you in your choices for incorporating hospice in the continuum of care for your patients, please call me at my direct line at 610-969-0314.

da Vinci S™ Surgical System

Lehigh Valley Hospital and Health Network is pleased to announce the installation of the **da Vinci S™ Surgical System**. The da Vinci S™, developed and manufactured by Intuitive Surgical Corporation, is the most advanced robotic system currently available. This robotic-assisted surgical system scales, filters, and translates surgeon hand movements into precise movements of micro-instruments within the operative site. The magnified, three-dimensional view enables the surgeon to perform precise surgery in complex procedures through smaller incisions than traditional surgical approaches.

Located at LVH-17th Street, initial focus using the system will be in the Divisions of Urology and Gynecologic Oncology. The operative team, including surgeons, nurses, technicians and others, began using this new technology in early June.



Brian Leader (left), Vice President, Ortho/ Perioperative Services, and Deb Schantzenbach, Specialty Team Coordinator, Urology/ Gynecology and Robotics, pose with the new "Robot."

Physician Documentation

Coding Criteria

Often, commonly used diagnostic phrases may in actuality, not fully reflect the full clinical severity that many physicians believe they're capturing in medical record documentation. In order to adequately reflect physician severity scoring and ensure proper hospital reimbursement for services, it is helpful to understand some coding/Medicare criteria.

The following are some examples

Patients will often be admitted with a diagnosis of "UTI with dehydration," "infected ureteral stone" or "community acquired pneumonia." In some cases, a diagnosis of "sepsis" may be clinically appropriate. Medicare criteria for sepsis does not require that the patient be in ICU or that pressors be given. Instead, clinical/laboratory findings are used to justify the diagnosis by Medicare. For example:

"Sepsis likely due to (cause)" should be used when the following criteria are met.

WBC>12,000 cells/mm³

RR>20 breaths/min

HR>90 beats/min

Temp>100.4

In the same way, patients admitted with a diagnosis of "exacerbation of COPD" or "exacerbation of asthma" may meet criteria for respiratory failure regardless of whether the patient is in the ICU or on mechanical vent. For example:

"Acute Respiratory Failure due to (cause)" should be used when the following criteria are met.

Oxygen saturation <88% or pO₂<60mm Hg or depressed consciousness/altered mental status, increased breathing effort.

When admitting or seeing patients daily, please consider documenting, "sepsis likely due to (cause)" and "acute respiratory failure due to (cause)," if clinically appropriate.

If you have any questions regarding these issues, please contact Anthony V. Matejicka II, DO, MPH, via email or at 610-868-6880.

News from Health Information Management

Physician Query

A physician query is a communication tool utilized by the Health Information Management Coders to clarify physician medical record documentation. Queries are similar to Clinical Documentation Requests utilized by Dr. Tony Matejicka's Clinical Documentation Team while the patient is hospitalized. After reviewing the medical record after discharge, queries may be utilized to further clarify documentation.

The benefits of clarifying medical record documentation include (1) improving data utilized to compute physician severity scoring for future pay for performance programs and (2) ensuring proper hospital reimbursement for services.

The process is undergoing revision to clarify questions as well as improve the response process. Representatives from HIM Coding will attend Clinical Division meetings during the month of July to introduce the new process. Following this communication, you will be able to answer these queries electronically by typing your response directly on the query form, utilizing the EHMR chart signature deficiency module. At that time, unanswered physician queries will be handled the same as other physician medical record deficiencies with eligibility for suspension of admitting and surgical privileges.

Thank you for your support in responding to these queries. Questions may be referred to Carolyn Murphy, Director, Coding/Registries at 610-969-2871.

Radiology News

Ordering of Routine CT Study with Specified Time

When ordering a CT study for a specific time (e.g., “head CT to be done at 6 AM”), please order this as a “routine CT” with a time specified in the comment section. Do not use “STAT” for these procedures. By their very nature, a study that can be scheduled is not STAT and does not require an immediate interpretation. In this way, the true STAT CT studies will be preferentially read and patient care improved.

If you have questions regarding this issue, please contact Don Klingeman, Manager, Radiology, at 610-402-4433.

Changes in Radiology After Hours Emergency Exam Approval and Call In Procedure

The Radiology Department at all sites will be changing the process for approval of after hours emergency cases and calling in the on-call technologists. This change will be effective July 14, 2008.

Physicians requesting emergency exams off shift must have the exam approved by a radiologist, regardless of the site.

Contact the page operator (610-402-8999) to initiate the on-call process. The operator will direct the call to the appropriate radiologist.



Upon approval from the radiologist, the ordering physician should call the page operator (610-402-8999) and ask that the appropriate on-call staff be called (this includes Interventional Radiology, Ultrasound, Nuclear Medicine, Vascular Lab, CT at 17th Street, and MRI at LVH-Muhlenberg, and LMIC). The specific times for on-call cov-

erage are listed on WebXchange (accessible from the hospital's Intranet Homepage by clicking on the Pager icon). CT at Cedar Crest & I-78 and LVH-Muhlenberg are staffed 24/7, as is the diagnostic area at all sites. Operating Room technologists will continue to be called in as needed by the Operating Room staff.

The physician should provide the page operator with a call back number for the technologist to return the call to obtain the patient information (type of study, patient name and location) and any other pertinent information regarding the exam.

The study will then be performed by the on-call staff.

The technologist will inform the reading radiologist that the exam is completed and available for interpretation.

If you have any questions regarding this issue, please contact Cathleen Story, Administrator, Diagnostic Services, at 610-402-8086.



Congratulations!



Jeffery A. Debuque, DO, Division of General Internal Medicine, and **Timothy E. Steckel, MD**, Division of Hospital Medicine/ General Internal Medicine, were recently selected as the latest winners of the Physician Patient Satisfaction Award.



This award was initiated by the Patient Satisfaction Improvement Council team at LVH-Muhlenberg last year. When Medical Staff Leadership learned about the initiative, it was decided to expand the idea across the Network.

Beginning this year, all physicians, dentists, and podiatrists will be eligible for the award, which is presented every six months to two Medical Staff members who excel at promoting patient satisfaction. The selection of winners is based in part on the

results of the Press Ganey surveys, in which discharged patients rate their experience, including their experience with their doctors. Many doctors do pay extra attention to those areas that lead to high levels of patient satisfaction, such as spending time talking with patients and their families, listening well, and working collaboratively with nurses, advanced practice clinicians and others to ensure that patients have the best possible experience and the best possible outcomes. Through this award, the exemplary efforts of our colleague can be recognized. The recipients of the award will each receive a \$500.00 check for their efforts.

Dr. Debuque has been a member of the Medical Staff since August, 1993. He is in practice with Coopersburg Medical Associates.

Dr. Steckel joined the Medical Staff in June, 2000. He is in practice with LVPG-Hospitalist Services.

Reminder – LVHVN Scrub Program Change



Effective July 1, 2008, the hospital's contract with HCSC (the not-for-profit cooperative that provides the hospital's scrubs) has changed. Every authorized department has been provided with a set number of scrubs based on historical usage. Department specific scrubs will be different colors to help with dress code control measures:

- OR – Ceil Blue
- Labor & Delivery – Teal
- Cath Lab – Raspberry
- Burn Center – Khaki
- Interventional Radiology – Misty Green
- Pharmacy – Jade Green

Authorized personnel must don scrubs upon arrival and remove them prior to leaving work. *No one should be seen walking into work or leaving work wearing scrubs.* Removal of hospital provided scrub attire will be construed as theft and appropriate action will be initiated.

If you have any questions regarding this issue, please contact Christopher Holmes, Operations Manager, SDS/ Linen, at 610-402-8571.

What Should You Do When a Serious Patient Event Occurs to Your Patient?

by Kristie Lowery, Patient Safety Officer

You are on call for the night and a critical care nurse contacts you regarding a patient that is hypotensive. A Levophed Drip has been started but it has had no effect on the blood pressure. The nurse is asking for new orders. You tell her to bolus 500 cc normal saline and you will be up to see the patient shortly. Before you get to the unit to see the patient, you receive a call again telling you that the Fentanyl drip was inadvertently increased for the bolus instead of the NSS and the patient is now arresting. Questions that may be running through your head – What am I going to tell the family? What do I document on the record? Do I need to contact patient safety? How do I complete a patient safety report? The purpose of this article is to provide you with some helpful tips to these questions.

What am I going to tell the family?

The answer to this question is easy. The family needs to be told what is known at the time the event occurred. There should be no assumptions or accusations of blame. Explain to them that there has been a change in the patient's condition. Inform them that the patient had been hypotensive and the steps taken to maintain the blood pressure. One of the steps was to give a large volume of fluids in a short period of time to increase the blood pressure. While increasing the fluids, the drip with Fentanyl, which is a narcotic, was increased instead of the saline causing the patient to stop breathing. A tube was inserted to help him breathe. Offer sincere apologies and assure them that we are committed to examining how the event occurred and will provide that information to them. Ask them if they have any questions, and answer as best you can based on facts only.

What do I document in the medical record?

Documentation on the medical record needs to indicate what led up to the event, what interventions were provided, and that the family was informed. It **should not** be stated in the record that a risk manager or patient safety was notified or a patient safety report was completed. For this particular event, documentation would include the hypotensive event, the attempts to increase the blood pressure with Levophed, including the ordered saline, and the fact that the Fentanyl was increased instead of the NSS resulting in a cardiorespiratory arrest. Documentation would then indicate measures taken when the arrest occurred, the patient's current status, and that family was informed of the event. It is important to document that the family, including who was present, was given an opportunity to ask questions and that sincere apologies were offered. You should also indicate any discussions that you had regarding future treatment of the patient in light of this event. It is important that the event, interventions, and discussions with the family are clearly documented on the medical record. Failure to do so could give the appearance of a cover-up and avoidance of the event.

Do I need to contact Risk Management/Patient Safety?

Whenever there is a serious patient safety event, Risk Management/Patient Safety should be notified. This should be done as soon as you recognize that an event has occurred. There is a risk manager on call 24 hours a day, 7 days per week. It is best to contact them first as they can assist you with what needs to be done to begin the investigation and with what to tell the family. For this particular event, it would be necessary to sequester the pump and take it out of service. The pump is then inspected by Clinical Bioengineering. They can run reports off of the pump that will identify the exact time the rate was increased and the amount that was infused at that rate. This information helps to determine if it was a pump malfunction or user error. This is a key step that is often omitted. A call can also be placed to the Patient Safety Hot Line at 610-402-2830. However, for significant and serious events, it is recommended that you contact the Risk Manager on call.

How do I complete a patient safety report?

Every health care provider should have an icon for patient safety reporting on the SSO toolbar. This icon may be a blue letter "e" or a heart rhythm with a red background. Either one will be labeled

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“Patient Safety.” If you do not have the icon, contact the Patient Safety Office at 610-402-3006 and they will expedite arrangements for you to have one. To access the report, click on the icon. This will bring up a screen that gives you an option to report an incident. The screens of the safety report are user friendly. A web user guide can be found in the left column next to the event slides under “Other Links.” This will provide you with step by step instructions on completing the report. Also, pocket sized instructions are available by contacting the Patient Safety Office.

In conclusion, if and when you need to deal with a significant patient safety event, the first thing you need to do is provide appropriate orders and interventions for the patient. Notify Risk Management or the Patient Safety Officer. Inform the patient or family. Document the event in the medical record including interventions and disclosure to the patient or family. Make sure a patient safety report is completed. Remember that the medical record **should not** indicate that Risk Management/Patient Safety was contacted or that a patient safety report was completed. Continue to communicate with the patient/family as to the status of the patient regarding this event. Do not avoid questions or put off discussions. The more transparent you are and the more you communicate with the patient/family, the less reasons they will have to seek answers elsewhere. It will also go a long way in showing the patient/family that you really do care and are committed to providing quality and safe care.

If you have any questions regarding this issue, please contact Kristie Lowery, Patient Safety Officer, at 610-402-3001.



LVHN Digital Library Services

PEPID Expands to include Emergency Medicine

Library Services is expanding its offering of materials available through our PEPID gateway to include the emergency medicine module – PEPID ED. Written by 40 board-certified emergency physicians, PEPID ED provides:

- Over **2,350 disease and trauma topics** including diagnosis, pathophysiology, treatment and disposition.
- **Immediate Lifesaving Protocols** for BLS, ACLS, ATLS, PALS, RSI, procedures, quick drugs and drips, toxidromes, and algorithms.
- **ACLS and PALS drug summaries** detail their use acute care life support and pediatric life support.
- **Pediatric information** from common complaints to life-threatening emergencies and trauma including pediatric scores and scales, and a full range of weight-based drug dosing calculators to reduce medication errors.

- **Toxicology** including toxin identification, drugs of abuse, household & cleaning agents, plants, mushrooms & seafood, pest, rodent & herbicides, inhaled gases, heavy metals & caustics, medication overdoses and antidotes.

- **Weapons of Mass Destruction** with diagnostic and treatment information on nuclear, chemical, and biological weapon threats.

- **Anatomical Illustrations and Rhythm Strips** - Over 600 high-resolution images

To access PEPID ED, from the hospital's intranet homepage, go to Departments/Nonclinical/Library Services and click on PEPID under Drug Resources.

If you have any questions regarding this issue, please contact Library Services at 610-402-8410.

Papers, Publications and Presentations



In January, **George A. Arangio, MD**, Chief, Section of Foot and Ankle Surgery, was a visiting clinician at the Hospital for Special Surgery in New York City, and at the Hospital of the University of Pennsylvania in Philadelphia. In February, Dr. Arangio participated in clinics and resident and fellow teaching at Penn State, Milton S. Hershey Medical Center. In April, he was an invited lecturer in the Department of Bioengineering at Lehigh University where he presented "Biomechanic Computer Modeling of Foot and Ankle." In May, Dr. Arangio was a guest lecturer of the Department of Biomechanics and Motion Laboratory at Penn State University in State College, where he presented "Computer Model of Surgery Results in the Flatfoot."



Sigrid A. Blome-Eberwein, MD, Division of Burn/Trauma-Surgical Critical Care/Plastic Surgery, was the workshop coordinator of the fourth Beyond the Burn survivor seminar which was held on Saturday, May 17, at Cedar Crest College and Macungie Memorial Park. The program took a holistic approach to promoting recovery, one that focused on all aspects of helping patients return to a healthy life, including improving their physical appearance and providing them with an opportunity to fellowship with other people who have been impacted by a burn injury.



Ronald S. Freudenberger, MD, Division of Cardiology, was a co-author of an article – "Impact of Oxypurinol in Patients with Symptomatic Heart Failure: Results of the OPT-CHF Study" – which was published in the June, 2008 issue of the *Journal of the American College of Cardiology*.



Jeffrey D. McConnell, MD, Division of Orthopedic Surgery/Spine Surgery, Section of Ortho Trauma, presented two scientific research papers – "One and Two Year Clinical Results of Secure-C Cervical Disc Arthroplasty: A Randomized Prospective Clinical Trial" and "A Comparison of β -TCP+BMA VS. RHBMP-2 in Anterior Lumbar Interbody Fusion: A Prospective, Randomized Trial with 1-Year Interim Clinical and Radiographic Outcomes" – at SpineWeek 2008, held May 26-31, in Geneva, Switzerland. This meeting, sponsored by the Spine Society of Europe, joins leading scientific societies concerned with disorders of the spine from around the world.



Suresh G. Nair, MD, Division of Hematology-Medical Oncology, presented a poster – "Targeting Intracellular Signaling Pathways in Soft Tissue Sarcoma" – at the American Society of Clinical Oncology Annual Meeting held May 30 to June 3 in Chicago, Ill.



Thomas V. Whalen, MD, Chair, Department of Surgery, was invited to present grand rounds at St. Agnes Hospital in Baltimore, Md., on April 11, 2008. The topic of his presentation was "Surgical Education from ABS to Z."

Also, at the 2008 Spring Meeting of the Association of Program Directors in Surgery held on April 15 in Toronto, Ontario, Dr. Whalen addressed the panel session with "Have the ACGME Requirements Improved Patient Safety?"

In addition, at the 10th Annual Trauma Symposium held May 5-7 at AtlantiCare Regional Medical Center in Atlantic City, NJ, Dr. Whalen gave two presentations – "Spine Clearance in Children After Multiple Trauma" and "Handlebar Injuries in Children."

Upcoming Seminars, Conferences and Meetings

OB/GYN Grand Rounds

The Department of Obstetrics and Gynecology holds Grand Rounds every Friday from 7:15 to 8:15 a.m. in the hospital's Auditorium at Cedar Crest & I-78, unless otherwise noted. Topics to be discussed in July will include:

- Ö July 4 – Independence Day – No OB/GYN Rounds
- Ö July 11 – Gynecologic M&M – Joseph DeFulvio, DO
- Ö July 18 – “Geriatric Gynecology” – Ann Honebrink, MD, Visiting Professor, University of Pennsylvania
- Ö July 25 – “Advances in the Management of Recurrent Ovarian Cancer” – Deborah Armstrong, MD, Visiting Professor, Johns Hopkins Kimmel Cancer Center

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

Pediatric Grand Rounds

The Department of Pediatrics holds Grand Rounds every Tuesday, beginning at 8 a.m., in Kasych ECC Room 6 at Lehigh Valley Hospital, Cedar Crest & I-78, unless otherwise noted. Topics to be discussed in July will include:

- Ö July 1 – “Gastroesophageal Reflux” – William D. Hardin, Jr., MD
- Ö July 8 – TBA
- Ö July 15 – “Pediatric Head Trauma: Review and Current Concepts” – Mark Dias, MD
- Ö July 22 – TBA
- Ö July 29 – “Neonatal Eye Abnormalities” – Mark Trachtman, MD

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

Psychiatry Grand Rounds

The next Department of Psychiatry Grand Rounds presentation will be held on **Thursday, July 17**, beginning at noon (registration at 11:45 a.m.), in the Educational Conference Center Rooms C & D at LVH-Muhlenberg.

The topic of discussion will be:

- Ö “Internet Addiction” – Diane Wieland, RN, Clinical Specialist in Adult Psychiatry, and Director, Undergraduate Program, LaSalle University School of Nursing

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

Spine Conference

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

The next Spine Conference will be held on **Wednesday, July 2**, in Kasych ECC Room 10, at Lehigh Valley Hospital, Cedar Crest & I-78.

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



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



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 OAA Orthopaedic Specialists
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Division of General Pediatrics
Provisional Active



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Farhad Sholevar, MD, LLC
Sacred Heart Hospital
451 W. Chew Street
Suite 403
Allentown, PA 18102-3424
610-435-8986 Fax: 610-435-8307
Department of Psychiatry
Division of Psychiatric Ambulatory
Care/Adult Inpatient Psychiatry
Provisional Active



Suzanne J. Templer, DO
Lehigh Valley Infectious Diseases
Specialists
1210 S. Cedar Crest Blvd.
Suite 2700
Allentown, PA 18103-7991
610-402-8430 Fax: 610-402-1676
Department of Medicine
Division of Infectious Diseases
Provisional Active



Daniel P. Weil, MD
Allentown Anesthesia Associates
1245 S. Cedar Crest Blvd.
Suite 301
Allentown, PA 18103-6243
610-402-9080 Fax: 610-402-9029
Department of Anesthesiology
Division of Cardiac Anesthesiology
Provisional Active



Mark R. Zaontz, MD
Urology for Children, LLC
120 Carnie Blvd.
Suite 2
Voorhees, NJ 08043-4520
856-751-7880 Fax: 856-751-9133
Department of Surgery
Division of Urology
Provisional Active

Medical Staff Leadership Appointments

Department of Anesthesiology

Dorothy I. Hartman, MD
Associate Vice Chair for Quality

Department of Medicine

Debbie Salas-Lopez, MD, MPH
Acting Chair

Jennifer L. Mariotti, DO
Associate Program Director
Internal Medicine Residency Program

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Department of Obstetrics and Gynecology

Susan I. Haas, MD, PhD

Chief, Division of Primary Care Obstetrics and Gynecology

Yong T. Zheng, MD

Chief, Division of Urogynecology

Department of Radiology-Diagnostic Medical Imaging

John F. Cox, MD

Chief, Division of Diagnostic Radiology

Julie A. Gubernick, MD

Chief, Section of Chest Radiology

Kelly M. Freed, MD

Chief, Section of Genitourinary Radiology

Michael C. Vichnin, MD

Chief, Section of Ultrasound

Department of Surgery

Dale A. Dangleben, MD

General Surgery Residency Assistant Program Director
Medical Student Clerkship Director

John M. Williams, MD

Associate Chief (LVH-M), Division of Orthopedic Surgery

Medical Directors of Patient Care Units, Laboratories and Programs

Cedar Crest & I-78 – Patient Care Units

Ravindra Bollu, MD

Medical Director, Dialysis

William E. Scorza, MD

Medical Director, High Risk Perinatal Unit

Aaron D. Bleznak, MD

Co-Medical Director, Operating Room

John C. Smulian, MD

Medical Director, Perinatal Center

Anthony P. Buonanno, MD

Medical Director, 6C

Eliot L. Friedman, MD

Medical Director, 7C

Michael J. Pistoria, DO

Medical Director, 5K

David M. Caccese, MD

Medical Director, 6K

LVH-Muhlenberg – Patient Care Units

Muhamad Aly Rifai, MD

Medical Director, Behavioral Health Emergency Services

The Cancer Center at Lehigh Valley Hospital

Richard M. Boulay, MD

Senior Medical Director, Gynecologic Oncology

Suresh G. Nair, MD

Senior Medical Director, Academic Oncology Programs

Kenneth H. Harris, MD

Director, Breast Imaging, Breast Health Services

Laboratory and Other Services

Joseph E. Patruno, MD

Interim Medical Director, Center for Women's Medicine

Richard C. Boorse, MD

Medical Director, Minimally Invasive Surgery Program

Vanessa A. Ribaud-Kaufman, MD

Medical Director, Respiratory Care

Continued on next page

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Practice and Status Changes

Daniel P. Bitetto, MD

From: Afterhours Physician Coverage Group
To: LVPG-Hospitalist Services
1240 S. Cedar Crest Blvd.
Suite 409
Allentown, PA 18103-6218
610-402-5369
Fax: 610-402-5959
Department of Medicine
From: Division of General Internal Medicine
To: Division of Hospital Medicine/General Internal
Medicine
From: Provisional Limited Duty
To: Provisional Active

Nicole Ceccacci, DO

From: LVH-M Emergency Medicine
To: LVPG-Emergency Medicine
Lehigh Valley Hospital
Cedar Crest & I-78
P.O. Box 689
Allentown, PA 18105-1556
610-402-8130
Fax: 610-402-7160
Department of Emergency Medicine
Division of Emergency Medicine
From: Provisional Limited Duty
To: Provisional Active

Gerald A. Coleman III, DO

From: LVH-M Emergency Medicine
To: LVPG-Emergency Medicine
Lehigh Valley Hospital
Cedar Crest & I-78
P.O. Box 689
Allentown, PA 18105-1556
610-402-8130
Fax: 610-402-7160
Department of Emergency Medicine
Division of Emergency Medicine
From: Provisional Limited Duty
To: Provisional Active

Steven M. Conroy, DO

From: LVH-M Emergency Medicine
To: LVPG-Emergency Medicine
Lehigh Valley Hospital
Cedar Crest & I-78
P.O. Box 689
Allentown, PA 18105-1556
610-402-8130
Fax: 610-402-7160
Department of Emergency Medicine
Division of Emergency Medicine
From: Provisional Limited Duty
To: Provisional Active

Michael J. Durkin, MD

From: Afterhours Physician Coverage Group
To: The Heart Care Group, PC
Jaindl Pavilion, Suite 500
1202 S. Cedar Crest Blvd.
P.O. Box 3880
Allentown, PA 18106-3880
610-770-2200
Fax: 610-776-6645
Department of Medicine
From: Division of General Internal Medicine
To: Division of Cardiology
From: Limited Duty
To: Provisional Active

Rezarta Lloyd, DO

From: LVH-M Emergency Medicine
To: LVPG-Emergency Medicine
Lehigh Valley Hospital
Cedar Crest & I-78
P.O. Box 689
Allentown, PA 18105-1556
610-402-8130
Fax: 610-402-7160
Department of Emergency Medicine
Division of Emergency Medicine
From: Provisional Limited Duty
To: Provisional Active

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Continued from Page 15

Shawna M. Murphy, DO

From: LVH-M Emergency
Medicine
To: LVPG-Emergency Medicine
Lehigh Valley Hospital
Cedar Crest & I-78
P.O. Box 689
Allentown, PA 18105-1556
610-402-8130
Fax: 610-402-7160
Department of Emergency
Medicine
Division of Emergency Medicine
From: Provisional Limited Duty
To: Provisional Active

Status Changes

Linda P. Augelli-Hodor, DO

Department of Medicine
Division of General Internal
Medicine
From: Affiliate
To: Provisional Active

Gavin C. Barr, MD

Department of Medicine
Division of General Internal
Medicine
From: Associate
To: Active

Robert B. Blausler, MD

Department of Family Medicine
From: Affiliate
To: Provisional Active

Jeffrey S. Blinder, MD

Department of Radiology-
Diagnostic Medical Imaging
Division of Diagnostic Radiology
From: Limited Duty
To: Active

Nicholas A. DiMartino, DO

Department of Family Medicine
From: Affiliate
To: Provisional Active

Gina M. Fitzsimmons, DO

Department of Family Medicine
From: Affiliate
To: Provisional Active

Gnanaprakash Gopal, MD

Department of Family Medicine
From: Affiliate
To: Provisional Active

Jyoti G. Gopal, MD

Department of Family Medicine
From: Affiliate
To: Provisional Active

William J. Gould, DO

Department of Medicine
Division of General Internal
Medicine
From: Active
To: Affiliate

John N. Heid, DO

Department of Family Medicine
From: Affiliate
To: Provisional Active

Mark A. Helfaer, MD

Department of Pediatrics
Division of Critical Care Medicine
From: Active
To: Medical Administrative

Arthur D. Hoffman, MD

Department of Medicine
Division of General Internal
Medicine
From: Active
To: Associate

Carol A. Hunter, MD

Department of Family Medicine
From: Affiliate
To: Provisional Active

John S. Jaffe, MD

Department of Surgery
Division of Urology
From: Active
To: Medical Administrative

Maria L. Jones, MD

Department of Medicine
Division of General Internal
Medicine
From: Associate
To: Active

Theodore Kowalyszyn, MD

Department of Medicine
Division of General Internal
Medicine
From: Affiliate
To: Provisional Active

Clifford H. Lyons, MD

Department of Family Medicine
From: Affiliate
To: Provisional Active

Paul G. Marcincin, MD

Department of Medicine
Division of Dermatology
From: Associate
To: Active

Joseph P. Matus, DO

Department of Family Medicine
From: Affiliate
To: Provisional Active

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Charles C. Norelli, MD

Department of Medicine
Division of Physical Medicine-
Rehabilitation
From: Active
To: Associate

Arthur H. Popkave, MD

Department of Medicine
Division of Cardiology
From: Provisional Active
To: Affiliate

Kimberly R. Sheets, MD

Department of Family Medicine
From: Affiliate
To: Provisional Active

Ronald W. Swinfard, MD

Department of Medicine
Division of Dermatology
From: Active
To: Medical Administrative

***Movement to Honorary
Status***

Charles T. Bonos III, MD

Department of Family Medicine
Section of Occupational Medicine

Jeffrey E. Burtaine, MD

Department of Family Medicine

Mark R. Eisner, DMD

Department of Dental Medicine
Division of Endodontics

Thomas J. McKee, DMD

Department of Dental Medicine
Division of Periodontics

***Additional Departmental
Assignment***

Anthony P. Buonanno, MD

Department of Medicine
From: Division of General Internal
Medicine
To: Division of Hospital Medicine/
General Internal Medicine

Stefano Camici, MD

Department of Surgery
From: Division of Neurological
Surgery
To: Division of Neurological
Surgery/Spine Surgery
Section of Neuro Trauma

Stephen S. Campbell, MD

Department of Surgery
From: Division of Neurological
Surgery
To: Division of Neurological
Surgery/Spine Surgery
Section of Neuro Trauma

Stephen P. Falatyn, MD

Department of Surgery
From: Division of Orthopedic
Surgery
To: Division of Orthopedic
Surgery/Spine Surgery

Amir H. Fayyazi, MD

Department of Surgery
From: Division of Orthopedic
Surgery
To: Division of Orthopedic
Surgery/Spine Surgery

P. Mark Li, MD, PhD

Department of Surgery
From: Division of Neurological
Surgery
To: Division of Neurological
Surgery/Spine Surgery
Section of Neuro Trauma

Chris A. Lycette, MD

Department of Surgery
From: Division of Neurological
Surgery
To: Division of Neurological
Surgery/Spine Surgery
Section of Neuro Trauma

Vipul D. Makwana, MD

Department of Medicine
From: Division of General Internal
Medicine
To: Division of Hospital Medicine/
General Internal Medicine

Jeffrey R. McConnell, MD

Department of Surgery
From: Division of Orthopedic
Surgery
To: Division of Orthopedic
Surgery/Spine Surgery
Section of Ortho Trauma

Christopher D. Newman, MD

Department of Medicine
From: Division of General Internal
Medicine
To: Division of Hospital Medicine/
General Internal Medicine

Edward J. Rosenfeld, MD

Department of Medicine
From: Division of General Internal
Medicine
To: Division of Hospital Medicine/
General Internal Medicine

Margaret S. Tretter, DO

Department of Medicine
From: Division of General Internal
Medicine/Geriatrics
To: Division of Hospital Medicine/
General Internal Medicine/
Geriatrics

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Daniel T. Valancius, MD

Department of Medicine
From: Division of General Internal
Medicine
To: Division of Hospital Medicine/
General Internal Medicine

James C. Weis, MD

Department of Surgery
From: Division of Orthopedic
Surgery
To: Division of Orthopedic
Surgery/Spine Surgery
Section of Ortho Trauma

Mei Y. Wong, MD

Department of Surgery
From: Division of Neurological
Surgery
To: Division of Neurological
Surgery/Spine Surgery
Section of Neuro Trauma

***Change of Departmental
Assignment***

Ann M. Freeman, DO

Department of Obstetrics and
Gynecology
From: Division of Primary
Obstetrics and Gynecology
To: Division of Gynecology

Tirun A. Gopal, MD

Department of Obstetrics and
Gynecology
From: Division of Primary
Obstetrics and Gynecology
To: Division of Gynecology

David J. Hanes, MD

Department of Obstetrics and
Gynecology
From: Division of Primary
Obstetrics and Gynecology
To: Division of Gynecology

Sheldon H. Linn, MD

Department of Obstetrics and
Gynecology
From: Division of Primary
Obstetrics and Gynecology
To: Division of Gynecology

Howard M. Listwa, DO

Department of Obstetrics and
Gynecology
From: Division of Primary
Obstetrics and Gynecology
To: Division of Gynecology

Michael S. Patriarco, DO

Department of Obstetrics and
Gynecology
From: Division of Primary
Obstetrics and Gynecology
To: Division of Gynecology

C. William Riedel, DO

Department of Obstetrics and
Gynecology
From: Division of Primary
Obstetrics and Gynecology
To: Division of Gynecology

William J. Vostinak, MD

From: Department of Surgery
Division of Orthopedic Surgery
To: Department of Family
Medicine
Section of Occupational Medicine

***Additional One-Year Leave
of Absence***

Ranjan Sachdev, MD

Department of Surgery
Division of Orthopedic Surgery

In Memoriam

Alexander S. Belman, MD

Department of Radiology-
Diagnostic Medical Imaging
Division of Diagnostic Radiology
7/29/1935 – 5/20/2008

Resignations

Gazi Abdulhay, MD

Department of Obstetrics and
Gynecology
Division of Gynecologic Oncology/
Gynecology

Jennifer A. Derr, DO

Department of Family Medicine

Richard S. Kolecki, MD

Department of Medicine
Division of Cardiology

Brian J. Miller, DMD

Department of Dental Medicine
Division of Periodontics

Meera V. Pathare, MD

Department of Medicine
Division of General Internal
Medicine

Donald E. Willard, MD

Department of Surgery
Division of Ophthalmology

***Allied Health Staff
New Appointments***

Jill M. Brantley, CMA

Certified Medical Assistant
(The Heart Care Group, PC –
Gerald E. Pytlewski, DO)

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Herman Caraballo, Jr.
Anesthesia Technical Assistant
(Lehigh Valley Anesthesia Services,
PC – Thomas M. McLoughlin, Jr.,
MD)

Latasha S. Connor
Dental Hygienist
(Greater Lehigh Valley Oral Health
Partnership – Sophia C. Kladias,
DMD)

Heidi P. Gearhart
Dental Hygienist
(Greater Lehigh Valley Oral Health
Partnership – Sophia C. Kladias,
DMD)

Christie Kragness
Dental Assistant
(Greater Lehigh Valley Oral Health
Partnership – Sophia C. Kladias,
DMD)

Jennifer Rauch, CST
Certified Surgical Technician
(OAA Orthopaedic Specialists –
Paul F. Pollice, MD)

Cynthia M. Sieto, PA-C
Physician Assistant-Certified
(Farhad Sholevar, MD, LLC –
Farhad Sholevar, MD)

Ann M. Williams, CRNA
Certified Registered Nurse Anes-
thetist
(Lehigh Valley Anesthesia Services,
PC – Thomas M. McLoughlin, Jr.,
MD)

Klaudia E. Zmigrodzka, CNIM
Intraoperative Neurophysiological
Monitoring Specialist
(Surgical Monitoring Associates –
Stefano Camici, MD)

Removal of Supervising Physician

Kimberly A. Attwood, CRNP
Certified Registered Nurse
Practitioner
(Allentown Anesthesia Associates,
Inc – Lisa A. Keglovitz, MD)
Removal of: LVPG-Psychiatry –
Muhamad A. Rifai, MD

Additional Supervising Physician

Corinne T. Feldman, PA-C
Physician Assistant-Certified
(Surgical Specialists of the Lehigh
Valley – James F. Reilly, MD,
MBA)
Addition of: LVPG-Emergency
Medicine – Mark A. Guzzo, MD

Change of Supervising Physician

Lauren Jacobsen, CRNP
Certified Registered Nurse
Practitioner
(HealthWorks)
From: Charles T. Bonos III, MD
To: Amy E. Kelleman, DO

Debra A. Williston, CRNP
Certified Registered Nurse
Practitioner
From: Syed A. Subzposh, MD –
Syed A. Subzposh, MD
To: Eastern PA Nephrology Assoc.
– Ravindra Bollu, MD

Resignations

Vaishali Arjula, PA-C
Physician Assistant-Certified
(Lehigh Neurology)

Alfredo P. Curtis
Anesthesia Technical Assistant
(Lehigh Valley Anesthesia Services,
PC)

Sandra J. Lackman, RN, CRLS
Certified Renal Lithotripsy
Specialist
(Keystone Mobile Partners)

Michele A. Lagler
Administrative Support
(The Heart Care Group, PC)





Cedar Crest & I-78
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Allentown, PA 18105-1556

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Fax: 610-402-8938
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Medical Staff Progress Notes

Linda L. Lapos, MD
President, Medical Staff

Matthew M. McCambridge, MD
President-elect, Medical Staff

Donald L. Levick, MD, MBA
Past President, Medical Staff

John W. Hart
Vice President, Medical Staff Services

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

Medical Executive Committee

Paul M. Berger, MD
Ronald J. Bross, MD
Anthony P. Buonanno, MD
William G. Combs, MD
Peter E. Fisher, MD, MBA
Timothy J. Friel, MD
Julie A. Gubernick, MD
Pamela A. Howard, MD
Thomas A. Hutchinson, MD
Bryan G. Kane, MD
Michael W. Kaufmann, MD
Robert Kricun, MD
Linda L. Lapos, MD
Donald L. Levick, MD, MBA
Richard S. MacKenzie, MD
Edgardo G. Maldonado, MD
Matthew M. McCambridge, MD
Thomas M. McLoughlin, Jr., MD
William L. Miller, MD
Suresh G. Nair, MD
Edward R. Norris, MD
Victor R. Risch, MD, PhD
Debbie Salas-Lopez, MD, MPH
Elliot J. Sussman, MD
Ronald W. Swinfard, MD
John D. Van Brakle, MD
L. Kyle Walker, MD
John F. Welkie, MD
James T. Wertz, DO
Thomas V. Whalen, MD

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the hospital's Internet Homepage at:***

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

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