

Medical Staff PROGRESS NOTES



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From the President

Quality and credentialing for healthcare practitioners of advanced age was one of the issues Troika members learned about at an Estes Park Institute conference in 2007, and I promised in a past column that I would keep you posted on any developments on this front.

This issue is an important one, and it has been the subject of national and local media attention. Here at Lehigh Valley, we've made some significant improvements in our ability to deal with it.

Our Medical Staff Bylaws charge the Medical Staff with maintaining an "acceptable level" of professional performance by Medical Staff members through delineation

of clinical privileges and performance review. Bylaws Article X, titled "Medical Staff Health Program," was designed "to provide a mechanism wherein the impaired staff member can be identified and when possible rehabilitated, and to provide protection for the patients who might be exposed to an impaired staff member."

Feeling the need for a more comprehensive and uniform policy across all departments, an ad hoc committee was formed in August 2007. Besides physicians from a variety of specialties, it also included John Hart, Vice President of Medical Staff Services, and Pat Skrovaneck, Physician Liaison, Physician Network Development.

The committee met several times from September 2007 to February 2008. Initially called the Aging Physician Task Force, the committee changed its name to the Practitioner Competency Screening Task Force a short time into the process. The change was a result of the group's first conclusion, based on literature review and discussions, that advanced age in itself is not a determinant of competency or a reason to impose additional restrictions on privileges.

The issue of competency is something that could apply to Medical Staff members of all ages. For example, even a young practitioner could suffer from a medical or psychiatric problem that would impair the ability to provide quality care. The name change also reflected the committee's desire to include not just physicians but other practitioners.

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Lehigh Valley Health Network and Careworks Convenient Healthcare Increase Access with Retail Health Clinic Collaboration

On September 12, Careworks Convenient Healthcare (Careworks), a Geisinger Health System Business operated through Geisinger Ventures, announced its collaboration with Lehigh Valley Health Network to operate two retail health clinics in Allentown and Schnecksville.



Careworks is a retail health clinic located inside the Allentown King's

Market at 365 S. Cedar Crest Boulevard and the Schnecksville Weis Market at 5020 Route 873. Careworks provides quick, convenient and affordable treatment for many minor, common illnesses and routine tests. Board-certified physician assistants and nurse practitioners treat minor illnesses and injuries such as bronchitis, ear infections, minor sprains and strains, flu symptoms, and pinkeye; provide various health screenings such as cholesterol testing and camp and sports physicals; administer immunizations; and perform laboratory tests. The clinics are open Monday through Friday from 8 a.m. to 8 p.m., and Saturday and Sunday from 10 a.m. to 4 p.m. Careworks' evening and weekend hours create a quality healthcare option when care is needed quickly, but a trip to the emergency department is unnecessary and an appointment with a primary care provider is unavailable. No appointment is necessary and there is little or no waiting time. A complete list of services and prices are posted on a menu board in the clinic. While patients can pay cash for services, Careworks also accepts many insurance plans including Valley Preferred and Capital Blue Cross.

"Lehigh Valley Health Network is truly excited to join Geisinger Health System in this unique collaboration on these two Careworks Convenient Health Clinics in Lehigh County," said Ronald W. Swinfard, MD, LVHN's Chief Medical Officer. "We believe that this collaboration, utilizing the respective strengths of each health system, has the potential to become a national example of efficient and effective use of regional healthcare resources."

LVHN's close alignment with more than 400 area physicians enables Careworks to integrate retail health clinics into the local system of care. For patients with primary care providers affiliated with LVHN, this means enhanced continuity of care. Careworks utilizes an electronic medical record that allows all patient activity to be communicated back to the patient's personal physician within 24 hours of the patient's Careworks visit, enhancing the patient's continuity of care. Additionally, Careworks will help interested patients find a primary care physician that is accepting new patients through LVHN's physician referral line at 610-402-CARE.

Careworks CEO Dean Q. Lin said that these clinics have been well received by consumers and that communications informing area physicians about the partnership and inviting them to work with Careworks has generated many positive responses. "As a physician-led health system our goal is to provide greater access to affordable, high quality health care for people on the go in places where they conveniently shop."

Both health systems also view the retail clinics as an opportunity to provide an option for patients who might otherwise see emergency rooms as their only treatment choice for non-emergency situations. A recently released report from the Centers for Disease Control and Prevention noted that there was a 32 percent increase in visits to the ER between 1996 and 2006, yet researchers found that there haven't been any recent increases in the number of cases considered to be true emergencies.

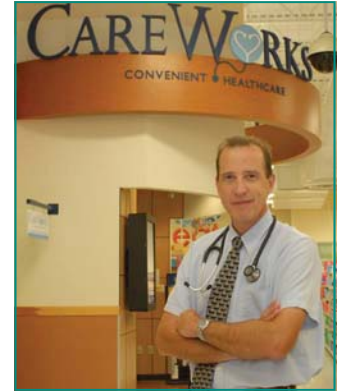
"The results of our recent customer satisfaction surveys indicate that Careworks is helping decrease unnecessary visits to the ER," said Mr. Lin. "More than 16 percent of those surveyed said they would have gone to a hospital emergency room if Careworks had not been available to them."

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Joseph A. Habig II, MD, medical liaison for Careworks in Allentown and Schnecksville, will be coordinating the relationship between Careworks and primary care practices. "I look forward to working with my colleagues to identify ways that Careworks can assist their busy practices with daily overflow support and after-hours and weekend coverage for low-acuity patients that do not need emergency care." Dr. Habig said. "I am also excited about the possibility of using these Careworks locations to link the significant portion of our community that does not have a primary care physician with those physicians that are accepting new patients."

Dr. Habig said close to 30 percent of patients who visit Careworks do not have primary care providers. "We hope to be able to compliment our already existing primary care network by connecting these patients with an appropriate medical home."



If you have any questions or would like more information about how Careworks can work with your practice, please email Dr. Habig at joseph.habig@lvh.com.

Continued from Page 1

The committee recommended a new policy on evaluating and dealing with concerns about a change in a Medical Staff member's ability to carry out his or her clinical privileges. The policy they recommended was:

When there is significant concern or evidence, a Department Chair may require an evaluation by an appropriate practitioner who is mutually acceptable to the Chair and the individual. The evaluation may include neuropsychological testing in various areas to ensure that the Medical Staff member can perform his or her clinical duties with reasonable skill, care and diligence.

This process is now reflected in the Medical Staff By-laws as approved at the General Medical Staff meeting in June 2008 and by the Hospitals' Boards of Trustees in September 2008.

The result is an evidence-based policy that ensures that a practitioner of any age who may be impaired is treated fairly, but also ensures that any impairment is dealt with appropriately to maintain quality and patient safety.

Linda L. Lapos, MD
Medical Staff President

Thank You to the Members of the Practitioner Competency Screening Task Force

Karen A. Bretz, MD

Department of Anesthesiology

David M. Caccese, MD

*Division of Hospital Medicine/
General Internal Medicine*

Catherine M. Glew, MD

*Division of Geriatrics/
General Internal Medicine*

John W. Hart

Vice President, Medical Staff Services

Edward M. Mullin, Jr., MD

Division of Urology

Muhamad A. Rifai, MD

*Division of Psychiatric Ambulatory Care/
Adult Inpatient Psychiatry*

Pat Skrovaneck

*Physician Liaison
Physician Network Development*

Lorraine J. Spikol, MD

Division of Neurology

News from Health Information Management

Physician Query

As noted in previous issues of **Medical Staff Progress Notes**, the retrospective query process is undergoing significant improvements. The new completion process will go live in November 2008.

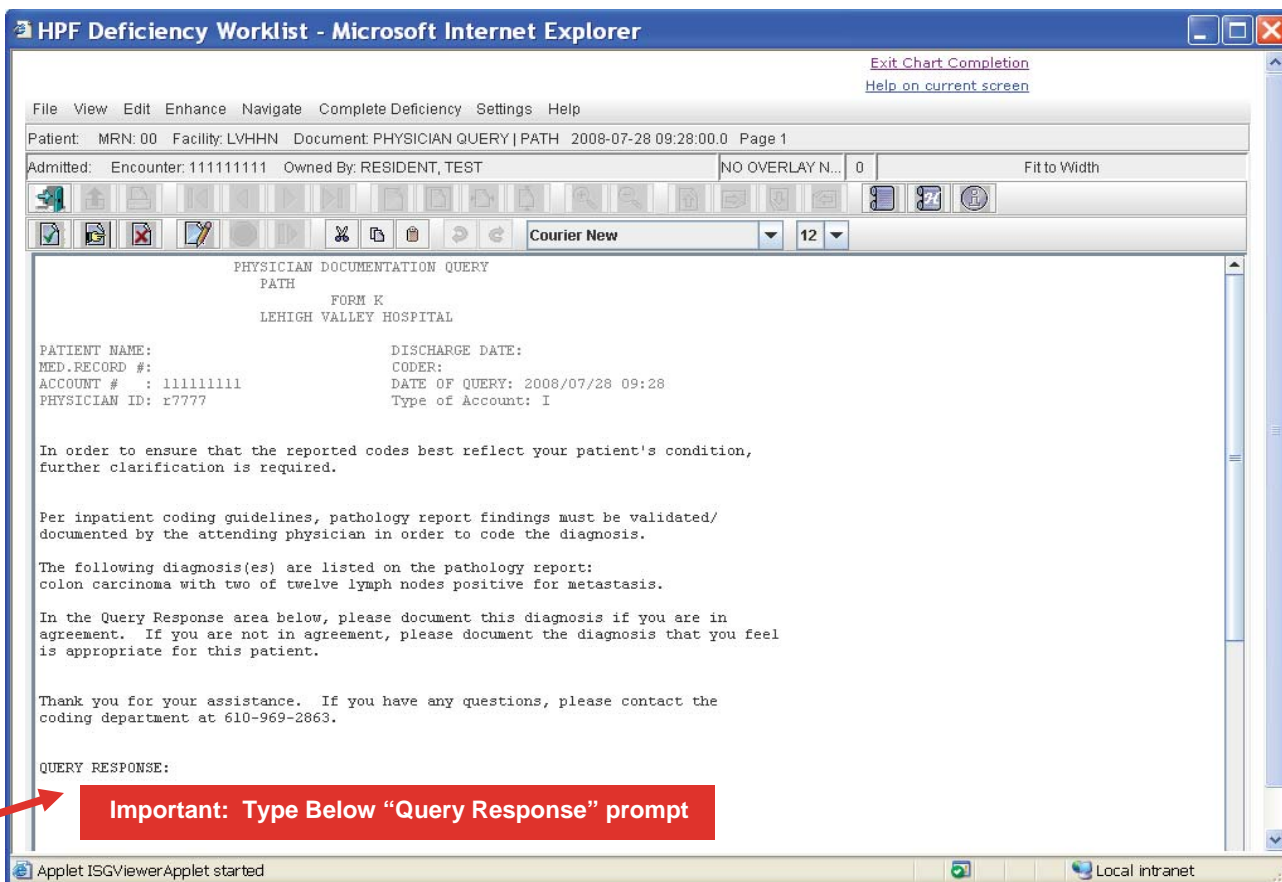
Physicians may respond to queries directly on the query document in the same manner as editing transcriptions. Advance Practice Clinicians may also respond to retrospective queries. An instructional session will be held in October with Advance Practice Clinicians for this purpose.

There are four easy steps to completion:

1. Login to EHMR
2. View List of Incomplete Medical Record Items – Choose Signature Deficiency
3. Enter PIN Number
4. View Query and Respond – See instructions below:

Click cursor below the line titled, "QUERY RESPONSE" and type answer.

Then, click the "✓" button in the upper left.



If you have any questions regarding this issue, please contact Carolyn Murphy, Director, HIM Coding & Clinical Outcomes, at 610-969-2871.

Physician Documentation

Coding Changes – October 1, 2008

Each year, the Centers for Medicare/Medicaid Services (CMS) publishes new coding regulations/changes affecting clinicians.

This year, the new guidelines will feature Present on Admission (POA) as having the most notable changes.

Presently on the list of hospital acquired conditions that will not be reimbursed if developed during the hospital stay are:

- ... Foreign object retained after surgery
- ... Air embolism
- ... Blood incompatibility
- ... Falls and trauma
- ... Catheter associated UTI
- ... Vascular catheter-associated infection
- ... Mediastinitis following CABG

Added to this list as of October 1, 2008 will be:

- ... Pressure ulcers stage III and IV
- ... Manifestations of poor glycemic control
 - Diabetic ketoacidosis
 - Nonketotic hyperosmolar coma
 - Hypoglycemic coma

- ... Surgical site infection following certain orthopedic procedures (spinal fusion, shoulder and elbow arthrodesis or repair)
- ... Surgical site infection following bariatric surgery for obesity
- ... DVT and pulmonary embolism following certain orthopedic procedures (resurfacing hip, partial or total hip replacement and total knee replacement)

These conditions, when reported as occurring after the patient's admission to the hospital, will affect reimbursement beginning October 1, 2008. Therefore, it is important for clinicians to document if these conditions were present on admission to the hospital or if they occurred after admission. If documentation is not present within the medical record, a retrospective coding query will be generated for clarification.

Other changes include: stage I and stage II pressure ulcers will no longer be classified as major comorbid conditions (MCCs).

Some good news – CMS will recognize the term AKI (acute kidney injury) which will now code to ARF (acute renal failure) thus capturing changes in nephrology.

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

Medical Staff Suspension Calls

As stated in the Medical Staff Bylaws, timely completion of medical records is necessary for good patient care and compliance with licensing standards and other regulations. Failure to comply with the requirements will result in the suspension of the admitting, consultation and operating privileges of the Medical Staff member. However, the Medical Staff member shall be advised in advance of a deficiency in a chart. Warning of a delinquency shall occur 48 hours prior to suspension. These warnings are currently handled by the staff of Health Information Management on Mondays in the form of a phone call. **Please note that this will be the only warning you will receive prior to suspension which will occur at 3 p.m. on Wednesdays.**

What's Your Ethnicity?

We'll be asking our patients so we can deliver the most appropriate care to all

You can't know what ails a patient without asking, "How are you feeling today?" The same is true about knowing a patient's culture.

That's why, starting October 1, registrars in Lehigh Valley Hospital and Health Network's emergency departments, diagnostic care areas, doctor's offices and clinics will begin asking patients a new question: "**How do you describe yourself?**" Registrars will use a laminated sheet to help patients best identify their race and ethnicity. It's one of six ongoing projects from the Cultural Awareness Implementation Team.

In the past, employees never asked a person's race or ethnicity. It was instead determined by visual observation, but that wasn't reliable. "By asking this question, we'll get a more accurate view of the ethnic and racial makeup of the people we care for," says community health director Judy Sabino. "Then we can use this information to individualize the care we deliver and see trends in care for entire communities."

That's important, because national trends show that the quality of care among people of different ethnic groups varies. A 2002 national report indicated that African-Americans were nearly twice as likely as Caucasians to report being treated with disrespect during health care visits, and Hispanics (regardless of language skills) were more likely than other patients to have difficulty communicating with their doctors.

The race and ethnicity information we collect will be part of a patient's permanent, confidential electronic medical record. Patients will be asked the question just once, and do have the right to refuse to answer if they are uncomfortable with the question.

The Cultural Awareness Implementation Team also has completed:

- ... A new online learning module in cultural awareness. It's part of the annual core training requirements for all health network employees and can be found through eLearning on their SSO toolbar.
- ... A survey that will assess our employees' level of cultural awareness. It will be available soon. All are encouraged to complete the survey.

For more information regarding this issue, please contact Charlotte Buckenmyer, RN, at 484-884-2213.

Professional Liability Insurance for Physician Assistants

On September 2, 2008, the State Board of Medicine Act 25 of 2008 became effective and requires Physician Assistants to maintain professional liability insurance in order to maintain the PA-C designation. The law requires that all licensed Physician Assistants maintain professional liability insurance in a minimum coverage amount of \$1 million per occurrence and \$3 million in annual aggregate.

If your coverage is not at least \$1 million per occurrence and \$3 million in annual aggregate, **you must upgrade the coverage limit to your malpractice insurance immediately.** You or your employer will need to contact the professional liability provider to obtain appropriate coverage.

Please fax your revised malpractice face sheet with the required limits to Medical Staff Services at 610-402-8926 **no later than October 31, 2008.** If you have any questions regarding this issue, please call Medical Staff Services at 610-402-8900.

Please Note: If you are employed by Lehigh Valley Hospital and Health Network, your coverage will be updated and your revised malpractice face sheet will be forwarded to Medical Staff Services.

News from CAPOE Central

Non-form Meds – If you have to order one, we’ve made it easier

A change to the process for ordering non-formulary medications will occur this month. This change was approved by the Antibiotic Stewardship Committee and the Medical Executive Committee.

There will be one entry in the “Meds M-Z” list for “Non-Formulary Request.” You will no longer choose the non-form med by class. Instead, there will be one order on which you will enter the drug name, route, dose and frequency. On the right side of the order will be several new required fields for entry of the indication for the medication and the reason that a non-form med is being requested. There is also a field for any previously tried formulary meds (if applicable). Once entered, Pharmacy will approve or deny the request and, if approved, will verify the order and enter the actual medication into the system.

There are several advantages to this new order and having the medication actually entered into the system. Entering an indication and reason will decrease the number of call backs by Pharmacy asking for justification or more information about the non-form request. Pharmacy will be able to perform accurate drug-drug interaction and allergy checking on the order. Most importantly, the name of the actual medication will appear in the Order Profile and Medication Profile. The entry, “Non-Form Medication,” will no longer appear in the Order Profile and Med Profile lists.

Please look for this new order when you require a non-form medication, and be thorough when completing all the fields.

Frequency, drug name, indication, and reason must be filled in to process order

When Transferring Patient – Remember to Transfer Care

When a patient changes units or acuity, it is important to let your colleagues know who will be caring for the patient subsequent to the change. This will facilitate effective communication and appropriate processing of orders. It will also decrease phone calls by the receiving unit attempting to determine who should be entering new orders on the patient. There are several ways to enter this information. The Admitting Button contains the “Transfer Patient Order Set.” This order set contains orders to transfer the patient to another unit or room and an order to “Change Attending Physician,” which allows you to specify the physician who will be assuming care. The “Transfer Patient Order Set” is also located in several other order sets, including the “Trauma Admission/Transfer Order Set” and the “Admission Critical Care Order Set.” The “Change Attending Physician” order is also located in the main list on the Admitting Button.

Please remember to use this order when a patient changes unit or acuity.

If you have any questions or concerns regarding these or any other CAPOE issues, please contact Don Levick, MD, MBA, Physician Liaison, Information Services, at 610-402-1426 or pager 610-402-5100 7481.



Recognizing the Impaired Health Care Professional

The impaired health care professional – physician, nurse, ancillary provider – is one who is unable to practice his or her profession with reasonable

skill, care and diligence as well as safety to patients because of an emotional disorder, substance abuse or some other personal problem.

A study by the National Institute for Occupational Health and Safety indicates that health care professionals may have a higher than average risk of developing debilitating personal problems. Research suggests that 12-14 percent of all practicing physicians are, or will become, impaired during their careers.

This may be due, in part, to the fact that many health care professionals are so idealistic and perfectionistic and work-addicted in the name of healing everyone else that they don't know how to handle their personal and emotional lives.

The impaired professional will exhibit subtle personal-ity changes as the problem or disorder worsens. Mood swings may be common, ranging from irritability, outbursts of anger, and paranoia to sudden euphoria and hyperactivity.

In the office or hospital, the impaired professional may have frequent schedule disruptions, behave inappropriately toward patients, staff and colleagues, have complaints made by patients or staff regarding his/her unusual behavior, and be absent frequently due to "illness."

The impaired physician may display abnormal behavior during rounds, give inappropriate orders and be unavailable for the emergency room or call. His/her charting may deteriorate and handwriting change. Allegations by staff may occur regarding inappropriate behavior.

Regardless of profession, additional symptoms of impairment include:

- ... Deterioration in physical appearance and grooming
- ... Multiple physical signs and complaints
- ... Withdrawal from friends and colleagues and from involvement in community activities
- ... Embarrassing behavior at social functions
- ... Poor judgment; poor memory; confusion
- ... Inappropriate conversations with patients
- ... Neglect of commitments and responsibilities
- ... Decreasing quality of patient care

If you are concerned about a possibly impaired physician or allied health professional, you are encouraged to contact the appropriate Chair of the individual's department, a member of Troika, or John W. Hart, Vice President, at 610-402-8980. In the case of physicians, appropriate referrals may be made to the Physician Assistance Program or the Physician Health Program of the Pennsylvania Medical Society, of which the hospital and medical staff are major contributors.

Remember -- **ALL contacts are confidential.**

Congratulations!



Kevin K. Anbari, MD, MBA, Division of Orthopedic Surgery, Section of Ortho Trauma, successfully completed and passed the Part II oral

certifying examination with the American Board of Orthopaedic Surgery, making him Board Certified in Orthopedic Surgery. Dr. Anbari is a hip and knee replacement specialist with OAA Orthopaedic Specialists. He joined the Medical Staff in May, 2007.



Jillian R. Grau, MD, Division of Anatomic Pathology, Section of Gastrointestinal Pathology, recently became a diplomate of the American Board of Pathology having been certified in Combined Anatomic Pathology and Clinical Pathology. Dr. Grau, who was appointed to the Medical Staff in July, 2008, is in practice with Health Network Laboratories.



At the General Medical Staff meeting on September 8, **Michael J. Pistoria, DO**, Division of Hospital Medicine/ General Internal Medicine, was elected to fill a vacant at-large slot on the Medical Executive Committee. Dr. Pistoria is in practice with LVPG-Hospitalist Services and has been a member of the Medical Staff since September, 1999.

Glucose Control Initiatives Gain Momentum Network Wide

The impetus to standardize the treatment of hyperglycemia across the Network continues. This fall the new IV insulin protocol will roll out house wide along with the new SQ insulin orders. The new insulin order sets will be accessible in CAPOE Order Sets or via Meds A-L.

A key to glucose control is meeting insulin needs in a way that most closely mimics the action of the pancreas (basal/bolus insulin provision). To assist with glucose control using SQ insulin, there will be two options available that contain the three essential components to SQ insulin therapy: background insulin, correction insulin scales based on insulin sensitivity factor (ISF), and meal based insulin.

... **OPTION A** of the new SQ insulin order sets uses Lantus as the basal/background insulin. Novolog insulin is ordered to correct out of target glucoses based on ISF AND to cover the carbohydrates consumed. This Option is required for glucose control in Type 1 diabetes, and may be an alternative option for intensive glucose control in Type 2 diabetes as well.

... **OPTION B** utilizes Humalog Mix 75/25 which provides both background and meal based insulin. With this option, Novolog is used only to correct out of target glucoses based on ISF. This regimen is intended for use in Type 2 diabetes **ONLY**.

With the simultaneous introduction of these SQ order sets this fall, **Novolog correction scales based on ISF will replace traditional "sliding scales."**

This type of correction individualizes doses based on a calculated response to insulin. (For example, one (1) unit of Novolog may drop one patient's BG 20mg/dl, while dropping another patient's BG 60 mg/dl.)

So, how is an ISF calculated? A patient's individual ISF is calculated by dividing the total daily insulin requirement (all insulin types totaled) into 1800. For example, if a patient requires 50 total units/daily, divide 1800 by 50 and round to the closest increment of 10. (ISF =36 mg/dl; therefore order ISF of 40).

Why is correction insulin based on ISF superior to the insulin scales prescribed for years?

Traditional sliding scales are a retroactive approach to glucose control, and, in fact, precipitate hyperglycemia when used without basal insulin. Additionally, previous practice patterns of set sliding scale insulin are ineffective as they do not address individual needs. Use of regular insulin sliding scales are also known to cause delayed hypoglycemia while allowing for several hours of continued hyperglycemia until peak effect is appreciated.

Comparative hypoglycemia data from our own inpatient units showed similar results. Hypoglycemia rates on units piloting the new sub q insulin orders, which include correction by insulin sensitivity factor vs. those utilizing traditional insulin practice patterns were 0.7% vs. 2-3% (BG < 40 mg/dl) and 4.8% vs. ranges of 8-12% (BG < 70) respectively.

How is the insulin to carbohydrate ratio determined for OPTION A? An acceptable starting point is to use one (1) unit for every 15 grams of carbohydrate consumed (1:15). More precisely, a patient's individual insulin to carb ratio may be calculated by dividing the total daily insulin requirement (all insulin types totaled) into 500. Adjustments to the insulin to carb ratio can then be based on the once daily post prandial BG result that will be obtained.

Nursing and physician education sessions related to the new IV* and SQ order sets will be ongoing until implementation. These sessions are intended to support and facilitate a smooth transition to the new order sets network wide. Above all, a standardized approach to hyperglycemia treatment will improve glucose control, overall clinical outcomes and reduce hospitalization costs while enhancing safety.

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

*For specific points on ordering the new IV insulin protocol, please refer to the August 2008 issue of **Medical Staff Progress Notes**.

Papers, Publications and Presentations



William F. Bond, MD, Division of Emergency Medicine, and Sharon R. Kimmel, PhD, Division of Health Studies, were co-authors of an article – “Testing the Use of Symptom-Based Terrorism Triage Algorithms with Hospital-Based Providers” – which was published in Volume 23, Number 3, May-June 2008 issue of ***Prehospital and Disaster Medicine***.



Ronald S. Freudenberger, MD, Division of Cardiology, co-authored the article – “Right Heart Pressure Increases After Acute Increases in Ambient Particulate Concentration” – which was published in the September 2008 issue of ***Environmental Health Perspectives***.



Nelson P. Kopyt, DO, Chief, Division of Nephrology, was a co-author of an article – “Progression of Kidney Disease in Moderately Hypercholesterolemic, Hypertensive Patients Randomized to Pravastatin Versus Usual Care: A Report From the Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial (ALLHAT)” – which was published in Volume 52, Number 3, September 2008 issue of the ***American Journal of Kidney Diseases***.



Paul S. Lemberg, MD, Division of Otolaryngology–Head & Neck Surgery, co-authored the article - “Chiari I Malformation Presenting with Hearing Loss: Surgical Treatment and Literature Review” – which was published in Volume 24, Number 9, September 2008 issue of ***Child’s Nervous System***.



Robert X. Murphy, Jr., MD, Division of Plastic Surgery/Hand Surgery/Burn and LVH-M Medical Director, presented at the American College of Rheumatology Third Annual Quality Stakeholders’ Summit: How Are Specialty Societies Responding to Members’ Needs to Demonstrate Quality Care, which was held on September 19, in Arlington, Va. Dr. Murphy provided the professional society perspective on behalf of the American Society of Plastic Surgeons relating to the topic “Bringing Quality Measures to the Clinic: Automated Data Collection and Reporting.”



LVHN Digital Library

... October is National Medical Library month. Tell us what you think – use the [feedback form](#) located at the bottom of the Digital Library Services webpage to tell us what we are doing well, what we could improve or just share your thoughts!

... October is also National Archives month. Take a few minutes to visit the LVHN Historical Archives found on the Digital Library’s homepage under “Library Services” to see an online exhibit about the founding of The Allentown Hospital.

... New ebooks on the Digital Library online shelf include:

- **Drug Facts and Comparisons Pocket Version**, 2009
- **Manual of Laboratory & Diagnostic Tests**, 2009
- **Designing Clinical Research**, 2007

- **Health Information for International Travel 2008 (Yellow Book)**
- **Conn’s Current Therapy 2008**
- **Ferri’s Clinical Advisor: Instant Diagnosis and Treatment, 2008**
- **Harrison’s Principles of Internal Medicine**, 2008
- **Primary Care Medicine**, 2008
- **Trauma**, 2008
- **Pediatric Cardiology for Practitioners**, 2008
- **Campbell’s Urology**, 2007
- **Williams Textbook of Endocrinology**, 2008
- **Grainger & Allison’s Diagnostic Radiology**, 2008
- **Danforth’s Obstetrics & Gynecology**, 2008

To get to the ebooks, go to the Digital Library homepage. From the intranet, click on Departments/NonClinical/Library Services.

For more information regarding any of these issues, please contact Linda M. Schwartz, Library Information Specialist, at 484-884-2237.

Research Corner

Cystatin C Study

This study is designed to determine if Cystatin C is an earlier marker of contrast-induced nephropathy than creatinine in the diabetic population with decompensated renal function. The study is also designed to determine if Cystatin C can occur independent of elevations in serum creatinine following radiocontrast administration along with do Cystatin C levels predict the development of contrast-induced nephropathy. The patient will undergo a series of blood tests; including Cystatin C and serum creatinine within 8 hours pre-contrast study, 6 hours post, 24 hours post and 48 hours post-contrast. Patients who do not require extended hospitalization following the procedure will be asked to return for an outpatient blood draw.

Principal Investigator: Nicholas Varvarelis, MD, Internal Medicine Resident

Study Coordinator: Maggie Sharkey, RN, Department of Medicine Research

If you have any questions regarding this study, please call 610-402-1735. For study referrals, please page the coordinator on call at 610-402-5100 0999.

Arixtra vs. Lovenox

This is a double-blinded randomized controlled trial with a targeted total study size of 50 patients examining the complication of bleeding rate of the anticoagulant Arixtra vs. Lovenox. Non-Surgical patients > 40 years of age at LVH- Muhlenberg with an expected length of stay of six days or longer will be enrolled. Subjects will be examined for any bleeding complications. Subjects will receive drug for a total of 6–14 days while in the hospital.

Principal Investigator: Anthony V. Matejicka, II, DO, MPH, Division of General Internal Medicine

Study Coordinator: Maggie Sharkey, RN, Department of Medicine Research

If you have any questions regarding this study, please call 610-402-1735. For study referrals, please page the coordinator on call at 610-402-5100 0999.



Rheumatoid Arthritis Study

This Phase 4, open-label, assessor-blinded for 30 Weeks, switch study is designed to provide treatment to patients with active Rheumatoid Arthritis who are experiencing inadequate response to Etanercept or Adalimumab, in combination with Methotrexate. The study drug, Infliximab, is a Monoclonal Antibody TNF α inhibitor. All eligible patients will receive open-label 3 mg/kg infliximab infusion at Weeks 0, 2 and 6. Patients who achieve EULAR response will remain on their current dose of Infliximab. An increase will occur at week 14 and week 22 for those patients who have not demonstrated a EULAR response at the visit evaluations.

Principal Investigator: James Ross, MD, Division of Rheumatology

Study Coordinator: Marika Vermeersch, RN, Department of Medicine Research

If you have any questions regarding this study, please call 610-402-7195. For study referrals, please page the coordinator on call at 610-402-5100 0999.

Upcoming Seminars, Conferences and Meetings

Family Medicine Grand Rounds

Family Medicine Grand Rounds are held on the first Tuesday of every month from 7 to 8 a.m., in ECC Room 9 in the Kasych Pavilion at Lehigh Valley Hospital-Cedar Crest. Grand Rounds are also teleconferenced to ECC Room A at Lehigh Valley Hospital-Muhlenberg and the First Floor Video Teleconference Room 2 at Lehigh Valley Hospital-17th Street. The topic for October is as follows:

- ... October 7 – “The Patient-Centered Medical Home” – William Miller, MD, MA, Chair, Department of Family Medicine

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

Medical Grand Rounds

Medical Grand Rounds are held on Tuesdays, beginning at noon, in the Auditorium of Lehigh Valley Hospital-Cedar Crest, and videoconferenced to the ECC Room B at Lehigh Valley Hospital-Muhlenberg. Topics to be discussed in October will include:

- ... October 7 – “Novel Therapies for Multiple Myeloma” – Kenneth C. Anderson, MD, Director, Jerome Lipper Multiple Myeloma Center, Dana-Farber Cancer Institute
- ... October 14 – “Multi-Disciplinary Case Presentations/Panel Discussions – Department of Medicine, Division of Infectious Diseases
- ... October 21 – “Contrast Nephropathy – An Update” – Michael Rudnick, MD, Chief, Section of Nephrology & Hypertension, Penn Presbyterian Medical Center
- ... October 28 – “Update in Heart Failure” – Ronald Freudenberger, MD, Division of Cardiology

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

Neurology Conferences

The Division of Neurology conferences are held on Thursdays beginning at noon in the Kasych classrooms and videoconferenced to the First Floor Conference Room at Lehigh Valley Hospital-Muhlenberg. Topics to be discussed in October will include:

- ... October 2 – “Upper Motor Neuron – Neuron Disease: Cases Variations and Differential” – Glenn Mackin, MD
- ... October 9 – “Management of Neuropathic Pain” – Yuebing Li, MD, PhD
- ... October 16 – Division meeting
- ... October 23 – “Update in Myasthenia Gravis” – Dr. Enrica Arnaudo, Christiana Hospital
- ... October 30 – Division meeting

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

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, unless otherwise noted. Topics to be discussed in October will include:

- ... October 3 – Gynecologic Tumor Board – Richard Boulay, MD
- ... October 10 – “Severe Preeclampsia” – John Repke, MD, Visiting Professor, Penn State University
- ... October 17 – Topic TBA – Michael Mennuti, MD, Past President, ACOG
- ... October 24 – “Contemporary ART” – Paul Bergh, MD
- ... October 31 – OB/GYN M&M Cast List – Martin Martino, MD

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

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Pediatric Grand Rounds

The Department of Pediatrics holds Grand Rounds every Tuesday, beginning at 8 a.m., in the ECC Room 1 on the first floor of the Anderson Wing at Cedar Crest.

Topics to be discussed in October will include:

- ... October 7 – “ADD Medication Management for the General Pediatrician” – John Campion, MD
- ... October 14 – “Lyme Disease” – Luther Rhodes III, MD
- ... October 21 – “Prebiotics” – John Benson, MD
- ... October 28 – “Chiari Malformations” – Mark Iantosca, MD, Pediatric Neurosurgeon, Hershey Medical Center

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, October 16, beginning at noon (registration at 11:45 a.m.), in the Educational Conference Center Rooms C & D at Lehigh Valley Hospital-Muhlenberg.

The topic of discussion will be:

- ... “Waking Up to Insomnia” – Karl Doghramji, MD, Professor, Department of Psychiatry and Human Behavior, Jefferson Medical College of Thomas Jefferson University

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

Schwartz Center Rounds

The Schwartz Center Rounds at LVHN celebrated its third anniversary last February and continues to be recognized by The Kenneth B. Schwartz Center for its highly successful program. Schwartz Center Rounds, conducted in 140 facilities in 27 states, bring together caregivers from diverse disciplines to discuss and reflect upon the emotional challenges of patient care.

Now guided by a new physician leader, Cheryl A. Bloomfield, MD, and co-facilitator Krista Hirschmann, PhD, the growing popularity of Rounds here at LVH has the schedule booked months in advance.

Upcoming topics to be discussed at Schwartz Rounds include:

- ... October 1 – “Should Every Patient be “Allowed” to have Elective Barriatric Surgery?” – Theresa A. Piotrowski, MD and Team
- ... November 5 – “Provider Burnout in Caring for Morbidly Obese Patients” – Melissa Comstock, Occupational Therapist and Team

Schwartz Rounds will begin at noon, with lunch served at 11:45 a.m. Both of the above rounds will be held in ECC Room 6 in the Kasych Pavilion at Lehigh Valley Hospital-Cedar Crest.

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

Spine Conference

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

- ... The next Spine Conference will be held on **Wednesday, October 1**, in ECC Room 10 in the Kasych Pavilion at Lehigh Valley Hospital-Cedar Crest.

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

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Surgical Grand Rounds

Surgical Grand Rounds are held on Tuesdays, beginning at 7 a.m., in the Auditorium of Lehigh Valley Hospital–Cedar Crest, and via videoconference to the First Floor Conference Room at Lehigh Valley Hospital-Muhlenberg.

Topics to be discussed in October will include:

- ... October 7 – “Creating a Culture of Mutual Respect: Successes and Challenges” – David L. Feldman, MD, MBA, Maimonides Medical Center
- ... October 14 – No Grand Rounds
- ... October 21 – “Understanding Abdominal Compartment Syndrome” – Daniel Roesler, MD
- ... October 28 – “Professionalism” – Robert Barraco, MD

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

Advanced Practice Clinicians Quarterly Membership Meeting

The next quarterly membership meeting of the Advanced Practice Clinicians will be held on Thursday, October 16, at 5:30 p.m., in ECC Rooms A, B, C and D at Lehigh Valley Hospital-Muhlenberg.

Topics to be presented at the meeting will include:

- ... “Recap of Financial and Operating Performance for FY '08 and Preview of What's Ahead in FY '09” – Stuart S. Paxton, Chief Operating Officer
- ... “System for Partners in Performance Improvement” – Anthony J. Ardire, MD, Senior Vice President of Quality and Patient Safety
- ... “Physician Coder Query Process” – Anthony V. Matejicka II, DO, MPH, Medical Record Physician Representative

As light refreshments will be served, reservations are requested. For more information or to make your reservation, please contact Janet M. Seifert in Medical Staff Services at 610-402-8590 or via email at janet.seifert@lvh.com.

Richard M. Boulay, MD, a member of the Division of Gynecologic Oncology, treats patients with various gynecologic cancers. However, in addition to treating the physical needs of his patients, Dr. Boulay wanted to do more. With help from faculty and students of Kutztown University, Dr. Boulay recently released a CD titled “HOPE – A Musical Journey.” The CD addresses the emotions, fears, and hopes common with cancer diagnosis and treatment. Instead of printing lyrics to the 12 songs on the CD insert, Dr. Boulay has written reflections or meditations for listeners to ponder as they hear the songs.

All proceeds from the sale of the CD will benefit the Catherine Boulay Foundation, a non-profit foundation founded in 2007 in honor of Dr. Boulay's grandmother, created to support cancer patients, their caregivers, and loved ones as they make the journey through cancer and beyond.



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



Amy M. Aldrich, DO
 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
 Provisional Active



Paul A. Bergh, MD
 Reproductive Medicine Associates of
 Pennsylvania, PC
 Allentown Medical Center
 401 N. 17th Street, Suite 303
 Allentown, PA 18104-5104
 610-820-6888 Fax: 610-820-6818
 Department of Obstetrics and Gynecology
 Division of Reproductive Endocrinology
 & Infertility
 Provisional Active



Gerrienne Burke, MD
 Afterhours Physician Coverage Group
 1240 S. Cedar Crest Blvd., Suite 410
 Allentown, PA 18103-6218
 610-402-5200 Fax: 610-402-1675
 Department of Medicine
 Division of General Internal Medicine
 Provisional Limited Duty



Brett W. Gibson, MD
 Coordinated Health
 2300 Highland Avenue
 Bethlehem, PA 18020-8920
 610-865-4880 Fax: 610-997-7171
 Department of Surgery
 Division of Orthopedic Surgery
 Provisional Active



Leah B. Jacobson, MD
 Community Physician Practice Growth
 Initiative
 1650 Valley Center Parkway
 Suite 100
 Bethlehem, PA 18017-2344
 484-884-4440 Fax: 484-884-4465
 Department of Family Medicine
 Provisional Active



Michael A. Jacobson, MD
 Advanced Dermatology Associates, Ltd.
 1259 S. Cedar Crest Blvd.
 Suite 100
 Allentown, PA 18103-6206
 610-437-4134 Fax: 610-437-2118
 Department of Medicine
 Division of Dermatology
 Provisional Active



Bahar Jahanbin, DO
 LVPG-Medicine
 1210 S. Cedar Crest Blvd.
 Suite 3600
 Allentown, PA 18103-6208
 610-402-1150 Fax: 610-402-1153
 Department of Medicine
 Division of General Internal Medicine
 Provisional Active



Kamini B. Kalola, DO
 LVPG-Pediatrics
 Lehigh Valley Hospital
 17th & Chew
 P.O. Box 7017
 Allentown, PA 18105-7017
 610-969-4300 Fax: 610-969-4332
 Department of Pediatrics
 Division of General Pediatrics
 Provisional Active

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Drew M. Keister, MD
Lehigh Valley Family Health Center
17th & Chew
P.O. Box 7017
Department of Family Medicine – SON
Allentown, PA 18105-7017
610-969-4950 Fax: 610-969-4952
Department of Family Medicine
Provisional Active



Anil Kumar, MD
LVPG-Hospitalist Services
Lehigh Valley Hospital-Muhlenberg
2545 Schoenersville Road
Second Floor, Kolb Center
Bethlehem, PA 18017-7384
484-884-9677 Fax: 484-884-9297
Department of Medicine
Division of Hospital Medicine/General
Internal Medicine
Provisional Active



Patricia L. Maran, MD
Center for Women's Medicine
Lehigh Valley Hospital
17th & Chew
P.O. Box 7017
Allentown, PA 18105-7017
610-402-1600 Fax: 610-969-2197
Department of Obstetrics and
Gynecology
Division of Obstetrics/Gynecology
Provisional Active



Falguni C. Patel, DO
Lehigh Valley Family Health Center
17th & Chew
P.O. Box 7017
Department of Family Medicine – SON
Allentown, PA 18105-7017
610-969-4950 Fax: 610-969-4952
Department of Family Medicine
Provisional Active



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



Karen S. Pheasant, DO
LVH-M Emergency Medicine
Lehigh Valley Hospital-Muhlenberg
2545 Schoenersville Road, Fifth Floor
Bethlehem, PA 18017-7384
484-884-2888 Fax: 484-884-2885
Department of Emergency Medicine
Division of Emergency Medicine
Provisional Limited Duty



Virginia C. Phipps, DO
LVPG-Float Pool
1605 N. Cedar Crest Blvd., Suite 602
Allentown, PA 18104-2351
610-439-7506 Fax: 484-664-2290
Department of Medicine
Division of General Internal Medicine
Provisional Active



Mihaela L. Rosca, MD
Lehigh Area Medical Associates, PC
1255 S. Cedar Crest Blvd., Suite 2200
Allentown, PA 18103-6257
610-437-9006 Fax: 610-437-1942
Department of Medicine
Division of Hospital Medicine/General
Internal Medicine
Provisional Active



Mark S. Springer, MD
Cedar Crest Family Health Center
825 N. Cedar Crest Blvd.
Allentown, PA 18104-3437
610-434-8250 Fax: 610-434-6001
Department of Family Medicine
Provisional Affiliate

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



Melissa A. Taylor, DO
 Trexlertown Medical Center
 6900 Hamilton Blvd., P.O. Box 127
 Trexlertown, PA 18087-0127
 610-402-0101 Fax: 610-402-0102
 Department of Family Medicine
 Provisional Active
 (Appointment Date – 11/1/2008)

Medical Staff Leadership Appointment

Department of Dental Medicine

Ann K. Astolfi, DMD
 Acting Chair

Address Changes

Amedeo DiEdwardo, DDS
 2045 Westgate Drive, Suite 400
 Bethlehem, PA 18017-7476
 610-691-5422 Fax: 610-691-8574

Becky A. Thomas-Creskoff, MD
 ABC Family Pediatricians
 Allentown Medical Center
 401 N. 17th Street, Suite 203
 Allentown, PA 18104-6805
 610-821-8033 Fax: 610-821-8931

Practice Name Change

Gerald K. Millheim, DMD
 From: Bath Area Dental Associates, PC
To: Gerald K. Millheim, DMD, PC
 303 Allen Street
 Bath, PA 18014-1521
 610-837-7656 Fax: 610-837-6989

Thomas E. Young, MD
 From: Saucon Aesthetics Laser Center and
 Medical Spa

To: Young Medical Spa
 4025 W. Hopewell Road
 Center Valley, PA 18034-8224
 610-798-7546 Fax: 610-798-7543

Practice Change

John W. Margraf, MD
 From: John W. Margraf, MD – LVPG Neurology
To: Lehigh Neurology
 Center for Advanced Health Care
 1250 S. Cedar Crest Blvd., Suite 405
 Allentown, PA 18103-6224
 610-402-8420 Fax: 610-402-1689

Wendy J. Schillings, MD
 From: LVPG-RE&I
**To: Reproductive Medicine Associates of
 Pennsylvania, PC**
 Allentown Medical Center
 401 N. 17th Street, Suite 303
 Allentown, PA 18104-5104
 610-820-6888 Fax: 610-820-6818

Sandra C. Thomas, DO
 From: John R. Hratko, MD, PC
To: College Heights OBGYN Associates, PC
 2597 Schoenersville Road, Suite 302
 Bethlehem, PA 18017-7331
 610-317-0208 Fax: 610-317-0210
 Department of Obstetrics and Gynecology
 From: Division of Gynecology
 To: Division of Obstetrics/Gynecology

Practice Correction

Fermin E. Morales, MD
 LVPG General Surgery
 401 N. 17th Street
 Suite 106
 Allentown, PA 18104-5049
 610-969-3700 Fax: 610-969-3711

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Practice Merger

The practices of Stelzer, Cornell, Taus, Auteri, Helwig & Bross GI Associates and Valley Gastroenterologists recently merged to form

Eastern Pennsylvania Gastroenterology & Liver Specialists, PC.

Both practice locations will remain at their current addresses as follows:

Eastern Pennsylvania Gastroenterology & Liver Specialists, PC.

Carl F. D'Angelo, MD
Tanveer M. Imam, MD
Richard L. London, MD
Glenn M. Short, MD

Allentown Medical Center
 401 N. 17th Street
 Suite 207
 Allentown, PA 18104-5058
 610-434-5300 Fax: 610-434-9901

Eastern Pennsylvania Gastroenterology & Liver Specialists, PC.

Anthony G. Auteri, MD
Ronald J. Bross, MD
James F. Cornell, MD
Kyle A. Helwig, MD
Shashin Shah, MD
Frederic A. Stelzer, MD
John K. Taus, MD

451 Chew Street
 Suite 401
 Allentown, PA 18102-3492
 610-821-2828 Fax: 610-821-7915

Pager Number Correction

Melvin L. Steinbook, MD
 Department of Surgery
 Division of Urology
 Correct Pager Number: **610-508-2911**

Status Change

Sean M. Keeler, MD
 Department of Obstetrics and Gynecology
 Division of Obstetrics/Gynecology
 From: Provisional Limited Duty
 To: Provisional Active

Resignations

Adrienne E. Apatoczky, DO
 Department of Medicine
 Division of General Internal Medicine

Dorothea T. Direso, DO
 Department of Medicine
 Division of General Internal Medicine

Brendan J. O'Brien, DO
 Department of Surgery
 Division of Orthopedic Surgery

Nina J. Paonessa, DO
 Department of Surgery
 Division of Colon and Rectal Surgery

Eugene F. Roginsky, Jr., DMD, MD
 Department of Surgery
 Division of Oral & Maxillofacial Surgery

Karthik P. Sheka, MD
 Department of Medicine
 Division of Cardiology

Joseph M. Zasik, DO
 Department of Medicine
 Division of Pulmonary/Critical Care Medicine

Resignation Clarification

Gazi Abdulhay, MD
 Department of Obstetrics and Gynecology
 Division of Gynecologic Oncology/Gynecology
 (Resignation due to awarding of exclusive contract in the Division of Gynecologic Oncology)

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Allied Health Staff

New Appointments

Sarah M. Baxter, PA-C

Physician Assistant-Certified
(Lehigh Area Medical Associates,
PC – Imran Ahmed, MD)

Christine A. Blasko, RNFA

Registered Nurse First Assistant
(Allentown Center for Plastic
Surgery – John A. Altobelli, MD)

Stacey A. Miller, GRNA

Graduate Registered Nurse
Anesthetist
(Lehigh Valley Anesthesia
Services, PC – Thomas M.
McLoughlin, Jr., MD)

Practice Change

Kathleen Post, CRNP

From: LVPG-RE&I
To: Reproductive Medicine
Associates of Pennsylvania, PC
Allentown Medical Center
401 N. 17th Street
Suite 303
Allentown, PA 18104-5104
610-820-6888
Fax: 610-820-6818

Additional Supervising Physician

Brett J. Feldman, PA-C

Physician Assistant-Certified
(Northern Valley Primary Care –
Iqbal Sorathia, MD)
Addition of: Lehigh Area Medical
Associates, PC – Daniel T.
Valancius, MD

Afifi A. Khoury, CRNP

Certified Registered Nurse Practitioner
(Cosmetic & Reconstructive
Specialists of the Lehigh Valley –
Robert X. Murphy, Jr., MD)
(Colon-Rectal Surgery Associates,
PC – Linda L. Lapos, MD)
Addition of: Muhlenberg Primary
Care, PC – Clinton C. Holumzer, MD

Change of Supervising Physician

Deborah E. Feden, CRNP

Certified Registered Nurse Practitioner
(Lehigh Valley Physician Practice)
From: Eric J. Gertner, MD
To: Maria L. Jones, MD

Michael J. Joyce, CST/CFA

Certified Surgical Technologist/
Certified First Assistant
(OAA Orthopaedic Specialists)
From: Patrick B. Respet, MD
To: Scott E. Sexton, MD

Melissa C. Lehmann, PA-C

Physician Assistant-Certified
(OAA Orthopaedic Specialists)
From: Patrick B. Respet, MD
To: Scott E. Sexton, MD

LaVonne N. Michalak

Pacemaker/ICD Technician
(Boston Scientific)
From: William M. Markson, MD
To: James P. Hummel, MD

Change of Supervising Physician and Group

Lori G. Cooper, CRNP

Certified Registered Nurse Practitioner
From: College Heights OBGYN
Associates, PC – Joseph D.
DeFulvio, DO
To: Lehigh Valley Family Practice
Associates, LLP – Eric D. Kane, DO

Resignations

Jaime B. Bower

Embryologist
(LVPG-RE&I)

Sherri S. Delgado, CRNP

Certified Registered Nurse Practitioner
(Department of Surgery)

Nicole L. Febbo, RN

Support Staff
(LVPG-RE&I)

Susan E. Hoffman, CRNP

Certified Registered Nurse Practitioner
(Department of Anesthesiology)

Mildred M. Krause, LPN

Support Staff
(LVPG-RE&I)

Mayson Shattah

Support Staff
(LVPG-RE&I)

Irene C. Shepherd, CRNP

Certified Registered Nurse Practitioner
(LVPG-Pediatrics)

Dorene A. Tetkowski, RN

Support Staff
(LVPG-RE&I)

Kathryn C. WorriLOW, PhD

Embryologist
(Reproductive Endocrinology &
Infertility)

Theodore L. Zombolas, CCP

Perfusionist
(Perfusion Care Associates, Inc.)





Cedar Crest & I-78
P.O. Box 689
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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
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
Michael J. Pistoria, DO
Victor R. Risch, MD, PhD
Debbie Salas-Lopez, MD, MPH
Elliot J. Sussman, MD
Ronald W. Swinford, MD
John D. Van Brakle, MD
L. Kyle Walker, MD
John F. Welkie, MD
James T. Wertz, DO
Thomas V. Whalen, MD

We're on the Web!

***Visit the Medical Staff Services website through
the hospital's Internet Homepage at:***

www.lvh.org and select "Professionals"

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.