

Medical Staff PROGRESS NOTES



Lehigh Valley Hospital Leads Nation in Research on Artificial Clotting Factor

Inside This Issue:

From the President	2&3
Life Support Certification Requirements	4
News from CAPOE Central	5
Hospital Documentation and Compliance Program	6
Construction Update	6
Changes to Restraint Policies Approved	7
MetaVision Upgrade	7
Culture of Patient Safety	8
Research Corner	8&9
Radiology News	9
News from Health Information Management	10&11
Consent for Autopsy Form Revised	11
Congratulations	12
Vascular Improvement Plan for Life	12
Papers, Publications and Presentations	13
Upcoming Seminars, Conferences and Meetings	14-16
News from the Libraries	16
Who's New	17-19

Lehigh Valley Hospital (LVH) has enrolled the first patient in the U.S. in an international research study to gauge the safety and effectiveness of a synthetic blood clotting factor.

The study is sponsored by Novo Nordisk, of Princeton, N.J. and Denmark, and is being conducted to learn if Factor XIII helps blood clots to stay strong during and after heart bypass surgery. A total of 50 patients worldwide will be recruited for this Phase One study.

Factor XIII, also known as fibrin stabilizing factor, is critical to maintain blood clot strength. It plays a key role in stabilizing the strands of fibrin that weave a mesh around platelets after blood vessel injury. Without Factor XIII, fibrin strands are fragile, which allows them to break away and bleeding resumes.



According to Nanette M. Schwann, MD, lead investigator of the study at LVH and Vice Chair for Research, Department of Anesthesiology, the ultimate goal of the research is to decrease the number of patients that require blood transfusions during open heart surgery.

"This has the long-range potential to improve outcomes in 500,000 patients who undergo coronary artery bypass surgery each year in the U.S.," Dr. Schwann said. As many as 40 percent of bypass surgery patients require blood or blood products during the operation.



"The transfusion of blood and blood products is well known to be associated with changes in the immune system and increase in rates of infection and disease transmission," Dr. Schwann said. "Avoiding bleeding and the need for a transfusion can significantly improve outcomes after heart surgery."



From the President

The Five Whys

Doctor: *"Well, Mrs. Jones, your blood sugars seem to be a bit out of control."*

Patient: *"I really haven't been taking my meds every day."*

Doctor: *"If you don't take your medications, you will only get sicker."*

Patient: *"I'll try, Doctor."*

This is probably a fairly common exchange in medical offices. Compliance with medications remains one of the greatest barriers to improving the health of our community. There are many reasons why patients do not take their medications. Forgetfulness and flat-out refusal are not uncommon. But often, there are other reasons why patients do not, or cannot take their medicines. If we, or the staff we work with, take the time to really ask why, we may uncover an issue or problem that we can help resolve. Ultimately, this may lead to better compliance and will be a win-win situation for everyone involved.

A tool to help uncover these hidden issues is called "The Five Whys." Essentially, what is involved is to continue to ask why until the real underlying issue is exposed. It is important when going through this exercise to avoid blaming individuals and instead to focus on systems and process. Let's revisit the initial exchange in an attempt to dig deeper.

Doctor: *"Well, Mrs. Jones, your blood sugars seem to be a bit out of control. Why do you think that is?"*

Patient: *"I really haven't been taking my meds every day."*

Doctor: *"Why haven't you been taking your meds?"*

Patient: *"Well, I have trouble reading all the names on the bottles."*

Doctor: *"Why can't you read the bottles?"*

Patient: *"My glasses broke and I can't see the print on the labels."*

Doctor: *"Why don't you get your glasses fixed?"*

Patient: *"Because I can't afford all the medications and to pay to have my glasses fixed."*

Doctor: *"Why aren't you using your Medi-Gap card to pay for the glasses – it is covered by your plan."*

Patient: *"It is, Doctor? No one ever told me that, and I couldn't read the fine print on the information packet. Thank you so much for telling me, Doctor. Now, I promise to take my medications, once I get my new glasses."*

Certainly this is a simplified example; but one that illustrates the value of asking why and digging deeper. Asking why needs to be done in a manner that reflects true inquiry, and not accusation. It may only take a minute to do, and the results can be dramatic.

When process breakdowns occur in the hospital, Root Cause Analysis is often employed as a tool to "ask why." Root cause analysis is a process for identifying the basic or causal factors that underlie variation in performance, including the possible occurrence of a sentinel event. A root cause analysis focuses primarily on systems and processes, not individual performance. The analysis is then used to identify areas for change, recommendations and sustainable solutions, to help minimize the re-occurrence of the incident type in the future.

The following example from industry also helps illustrate the value of asking why:

A Plant Manager walked into the plant and found oil on the floor. He called the Foreman over and told him to have maintenance clean up the oil. The next day while the Plant Manager was in the same area of the plant, he found oil on the floor again and he subsequently raked the Foreman over the coals for not following his directions from the day before.

If the Plant Manager understood systems and took the time to ask why, the interaction would probably be different:

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Continued from Page 2

A Plant Manager walked into the plant and found oil on the floor. He called the Foreman over and asked him why there was oil on the floor. The Foreman indicated that it was due to a leaky gasket in the pipe joint above. The Plant Manager then asked when the gasket had been replaced. The Foreman responded that Maintenance had installed four gaskets over the past few weeks and that each one seemed to leak. The Foreman also indicated that Maintenance had been talking to Purchasing about the gaskets because it seemed they were all bad. The Plant Manager then went to talk with Purchasing about the situation with the gaskets. The Purchasing Manager indicated that they had, in fact, received a bad batch of gaskets from the supplier. The Plant Manager then asked why they had purchased from this supplier if they were so disreputable. The Purchasing Manager said they were the lowest bidder when quotes were received from various suppliers. The Plant Manager then asked why they purchased from the lowest bidder. The Purchasing Manager indicated that was

the direction he had received from the Vice President of Finance. When the Plant Manager asked the Vice President of Finance why Purchasing had been directed to always take the lowest bidder, the Vice President of Finance said, *"Because you indicated that we had to be as cost conscious as possible, and purchasing from the lowest bidder saves us lots of money."* The Plant Manager was horrified when he realized that he was the reason there was oil on the plant floor.

These scenarios are probably very similar to those you experience in your practice and personal life. Think about occasions when you could take the time to ask why (rather than looking for blame), and keep asking why until the root cause is identified. You may discover issues and solutions that surprise you.

Don

Donald L. Levick, MD, MBA
Medical Staff President

TUESDAY, MARCH 28

DOCTORS' DAY CELEBRATION

In celebration of Doctors' Day, a buffet luncheon will be available for members of the Medical Staff at the following locations:

**Medical Staff Lounges
at LVH-Cedar Crest & I-78 and LVH-Muntenberg
and
ASU O.R. Lounge at LVH-17th & Chew**

TIME: 11 A.M. TO 1:30 P.M.

Life Support Certification Requirements

At its meeting on February 7, 2006, the Medical Executive Committee approved life support requirements for departments and privileging. Listed below are the departments and privileges with the required life support certifications which are necessary to maintain membership and clinical privileges.

Department/Privilege	Life Support Certifications
Anesthesiology – physicians	ACLS and PALS
Anesthesiology – CRNAs	ACLS
Anesthesiology – Division of Obstetric Anesthesia (physicians)	ACLS and Neonatal Resuscitation or NALS
Anesthesiology – CRNAs in Obstetric Anesthesia	ACLS and Neonatal Resuscitation or NALS
Dental Medicine	BLS
Emergency Medicine	ATLS
Emergency Medicine – PAs	ACLS
Family Medicine – attend deliveries	Neonatal Resuscitation or NALS
Medicine – Division of Critical Care	ACLS
OB/GYN – attend deliveries	Neonatal Resuscitation or NALS
OB/GYN – Nurse Midwives	BLS and Neonatal Resuscitation or NALS
OB/GYN – CRNPs	BLS
Pediatrics – attend deliveries	Neonatal Resuscitation or NALS
Pediatrics – Division of Neonatology	Neonatal Resuscitation or NALS
Pediatrics – PICU/Hospitalist group	PALS
Pediatrics – CRNPs with Moderate Sedation privileges	PALS
Surgery – Division of Trauma-Surgical Critical Care	ATLS
Moderate Sedation Privileges for members of all departments	Neonatal Resuscitation or NALS or ACLS or PALS or APLS or ATLS or ARLS/BLS (as appropriate for patient practice population)

If you have any questions regarding this issue, please contact Ruth Davis, Director of Medical Staff Services, at 610-402-8900.



LVHNN Presents the *Healthy You on Diabetes* E-Newsletter

Help further educate your patients about diabetes by telling them about LVHNN's free **Healthy You on Diabetes** e-newsletter. It is full of easy-to-understand stories on the latest drugs available, exercise tips, diet recommendations, recipes, suggested reference materials, facts on diabetes and more. Patients can sign up by logging on to <<http://www.lvh.org/diabetes>>. Current and past issues are also available on this web site.

News from CAPOE Central

Vancomycin Extended Dosing Order Set

Patients who are on extended Vancomycin dosing (such as renal patients), will often receive one dose of Vancomycin with no other doses ordered, pending levels. The question has been raised as to how the physician knows the patient still has Vancomycin 'on board.' One way is to check for the last dose in the Viewer. Another option is to use the 'Vancomycin Extended Dosing' order set, located in the 'Meds M-Z' list. This set includes two 'one-time' doses of Vancomycin, an order for 'Vancomycin Dosing by Level,' and an order for a Vancomycin level in 48 hours. The 'Vanco Dosing by Level' order will appear on the Active Med List, thus alerting the Physician and Pharmacy that the patient is on extended Vanco dosing. It will still be the responsibility of the physician to follow the Vanco levels and determine when another dose of Vanco is appropriate.

Expect a call from Pharmacy if you enter med orders with conditions

Please remember that med orders with conditions in the comment fields may not be accepted by Pharmacy. Examples include, a Coumadin order with the comment, "May give if OK with attending," or an order for Gentamycin with the comment, "Give if gent trough < 2.0." Pharmacy cannot verify orders with such conditions. Orders such as these will prompt a call from Pharmacy, directing the ordering physician to clarify the order before it can be processed.

STAT Orders – verbal communication is still required

CAPOE allows physicians to enter orders (including STAT orders) from anywhere – any part of the hospital, the office or home. To ensure timely patient care and quality, verbal communication is still required when a STAT order is placed. Please make sure the nurse on the unit is aware when you place a STAT order – everyone will benefit.

Using "Notify Physician" for when NOT to be notified

Hospital policy (and JCAHO regulations) requires that critical results are called to the physician. However, there are circumstances when a call may not be clinically indicated. An example would be an elevated (critical) creatinine level in a patient with renal disease who has known elevated creatinine levels. To avoid a call from the nurse, use the "Notify Physician" order to specify parameters under which critical labs should or should not be called.

TPN – Now Online!

You may have noticed the button, "TPN" on the Order Profile screen. TPN can now be ordered online through a web-based application that guides the user through TPN selection and provides support for calculations. Both standard and non-standard TPN's can be ordered through this system. Once verified by Pharmacy, a paper copy of the TPN order will be placed on the chart, and a generic "TPN" order will appear in the Order Profile (thus alerting users that the patient is receiving TPN). If you order TPN, and have not been contacted for training, please call 610-402-1703 to schedule training. It will take approximately 15 minutes to learn.

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



Physician Parking

In an attempt to alleviate overcrowding in Lot 5 (Resident and Physician overflow lot near MRI), any Medical Staff attendings who park in Lot 5 are asked to consider parking in the newly expanded Physician Parking Lot (Lot 6).

A few months ago, Lot 6 was expanded by 82 spaces, bringing the total to 179 spaces, to accommodate additional Medical Staff attending parking. By parking in Lot 6, you will free up spaces in Lot 5 which will then accommodate additional resident housestaff.

Thank you for your consideration.

Hospital Documentation and Compliance Program

On March 2, 2006, Herbert Weinman, MD, documentation consultant with BCE Technologies, will begin a two-year engagement with Lehigh Valley Hospital and Health Network (LVHHN) to assist the Network and members of the Medical Staff with documentation and coding education. As part of this program, Dr. Weinman will provide tips and supporting literature to improve physician documentation of the severity of illness. These efforts will enhance the financial performance of both physician practices and the Network. As a value added service to the Medical Staff, Dr. Weinman will introduce concepts that will help physicians improve the documentation of their cognitive, analytical, and decision-making efforts in the management of patients. These educational seminars will be held on a quarterly basis and are designed so that physicians achieve appropriate reimbursement and improve compliance in light of the increased scrutiny of their billing and documentation practices by various third parties.

Dr. Weinman is a board certified family physician with over 30 years of practice and practice management experience. He will be working with the Medical Staff in many areas relating to documentation and compliance. Dr. Weinman and his physician associates from BCE Technologies will be working with LVHHN physician coaches: Drs. David Caccese, John Jaffe, Larry Levin, Steve Matchett and Mike Rossi.

Beginning with the April issue of **Medical Staff Progress Notes**, a new section will feature Doc-u-Tips™ as part of this documentation and coding education program. Stay tuned!

Construction Update

With the ongoing construction at Lehigh Valley Hospital, the following information may be helpful for you and your patients when visiting the Cedar Crest & I-78 campus:

New Parking Deck

All employees who work in departments located in the Jaendl Pavilion to the John and Dorothy Morgan Cancer Center will be assigned to park in the new deck. Security will issue hang tags to be displayed in vehicles.

Center for Ambulatory Medicine

The delivery and installation of materials for the exterior of the new medical office building continues. Traffic control is in place.

Kasych Family Pavilion

Soil stabilization is complete, the foundation is 80 percent complete and the delivery and installation of steel is scheduled to begin on March 6.

South Tower

Foundation work has begun on the two-story South Tower that will expand the kitchen and add more operating rooms.

Parking and Traffic Changes

Over the next three months, traffic patterns along the ring road will shift and flag men will direct traffic, if necessary. Pay attention to signage, drive slowly and use extreme caution when traveling around campus. Specific changes will be made to the following areas:

Parking Lot D (In front of the Anderson Wing)

- “ There is currently one entrance, one exit and one-way signs identifying a new traffic pattern.
- “ Beginning in late February, a customer service representative stationed near the entrance will assist with patient and visitor parking.

Parking Lot C (In front of the main entrance)

- “ In early March, the lot will closed to begin construction.

To lessen the confusion during construction, instruct patients and visitors to use the free Valet Parking service. Prior to leaving their appointment or visit within the hospital, they should call the Valet service (Ext. 8220) to retrieve their vehicle to lessen the wait time. Valet vehicles will be parked in the new parking deck, which will open to the public at the same time as the Center for Ambulatory Medicine.

To get the latest construction updates or to ask questions, visit the intranet at www.lvh.com or call 610-402-CARE.

Changes to Restraint Policies Approved

Two policies related to patient restraint – **Restraint for Acute Medical/Surgical Care** and **Restraint and Seclusion for Behavioral Health** – were reviewed and approved by the Medical Executive Committee at its meeting on February 7, 2006. Based on changes incorporated in the revised policies, several practices have changed. Highlights of these changes are as follows:

Medical-Surgical Restraint Orders

- “ CAPOE orders now must have a PURPOSE for restraints ordered
- “ The MD daily note must address the rationale for continued restraints
- “ An order must be MODIFIED/WRITTEN every 24 hours
- “ A verbal order to the nurse to renew restraints is not sufficient
- “ Use of the option “Orders Reviewed” does not qualify for reordering restraints
- “ There can never be PRN restraint orders

Behavioral Health Restraints

- “ An In-Person evaluation must be done within one hour of application
- “ An In-Person evaluation must be done every eight hours for continued use of BH restraints
- “ MD MUST not bypass CAPOE safeguards by entering a letter or symbol in required fields in order to process order. Please complete required fields appropriately.
- “ A new order (listed as Reassessment) must be entered in CAPOE with each In-Person evaluation. Family should be notified. If they are not notified, a note must be written with the rationale for lack of notification.

Please Note: In Pennsylvania, a Physician Assistant, Nurse Practitioner or Clinical Nurse Specialist is not licensed to take responsibility for writing a restraint order.

If you have any questions regarding this issue, please contact Maureen T. Smith, RN, Patient Care Specialist, Neuroscience Intensive Care Unit, at 610-402-8927 or pager 610-402-5100 1787.

A Physician-Friendly MetaVision on the Horizon

The MetaVision ICU documentation system will undergo an upgrade in early April, 2006. This new version brings a lot of functionality to the application that improves navigation and ease of finding clinical information. The MetaVision Implementation Team, which is comprised of representatives from Patient Care Services, inpatient Pharmacy, Information Services, and Stephen C. Matchett, MD, Medical Director, Telehealth Services, collaborated to customize the system to include new features for physicians. Some of the highlights of the new features include:

- “ Immediately after logging into MetaVision, the patient list will appear. This will ensure that the correct patient is selected prior to viewing clinical information.
- “ A medication button, when clicked, will show a list of current and finished medications within the last 24 hours. This will NOT show pending medications.

- “ A new tab structure by organ system with improved data presentation such as graphing blood glucoses with SQ and IV insulin dosing.
- “ Three new buttons to view the following: 24-hour and 8-hour fluid totals and a Drains/Chest Tube button.

Dr. Matchett will be showcasing these new features in a number of venues including:

- “ Individual and group 30-minute training sessions
- “ Presentations at Division meetings
- “ Training at the bedside

If you have any questions regarding the new version of the MetaVision ICU documentation system or the new enhancements, please contact Dr. Matchett at 610-402-1271.

Culture of Patient Safety

The Physician's Role in Allergy/Medication Reconciliation

The Joint Commission on Accreditation of Health Care Organizations (JCAHO) 2006 National Patient Safety Goals (NPSG's) for hospitals include one that focuses on patient Allergy and Medication Reconciliation upon Admission/Transfer or Discharge from an institution.

What is the Medication Reconciliation guideline?

A list of current patient medications must be collected upon admission to the hospital. This list needs to be reconciled against the patient's admission orders within 24 hours. This same medication list should be compared against orders upon patient transfer within the institution. Finally, the list needs to be compared when patient discharge orders and prescriptions are completed.

How does it affect the physician?

Upon admission, Nursing will complete an Allergy/Medication Reconciliation Form and will make this available on the chart for the physician's reference, with all of the patient's medications listed. Nursing will reconcile this patient list to the admission orders and will call with any discrepancies.

Upon Discharge, this medication list can be reviewed when preparing prescriptions and discharge instructions. The physician should review the discharge medications with the patient. The nurse will assure that the medication list is completed on the discharge instructions and the patient is instructed to take this list to their primary care physician. The Allergy/Medication Reconciliation Form can easily be forwarded to referring providers. The physician should provide the referring physician's name on the patient's discharge instructions.

How can this help the physician?

Use of the Medication Reconciliation Form will improve the quality of care and make the admitting process more efficient for the physician. The availability of the allergy and current medication list on one form will eliminate the need to page through the paper chart for this information. For patient discharges, the physician can utilize the Medication Reconciliation Form as a resource for determining post-discharge medications to avoid duplication or omissions.

Where can a physician find Allergy/Medication Reconciliation Forms?

While the patient is in-house, the Medication Reconciliation Form can be found in the H&P Section of the chart. Post discharge, the Medication Reconciliation Form can be found in the EHMR system, under the chart tab "Medication Reconciliation."

Throughout the year, LVHHN will continue to monitor medication reconciliation compliance on both inpatient units and outpatient areas. Having this information at the physician's fingertips will help to keep the medication reconciliation continuum of care in place.

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

Research Corner

Randomized Trial to Test the Effectiveness of "Heart Blend" Coffee to Reduce LDL Cholesterol

This is a double blind randomized placebo controlled clinical trial of the "Heart Blend" Coffee which uses naturally occurring plant sterols and stanols to reduce LDL cholesterol levels in humans. This research study is intended to test phytosterol containing coffee (no difference in taste) compared to placebo coffee for the effectiveness in lowering LDL cholesterol levels. Interested volunteer candidates must be between the ages of

18 and 80, with a baseline LDL of 120-190 and have a daily consumption of two cups of coffee per day. Candidates cannot currently be on any cholesterol lowering medication and cannot be diabetic. Enrollees will be followed for four weeks, and a repeat lipid profile done at that time. Michael A. Rossi, MD, Chief, Division of Cardiology, and Medical Director of The Regional Heart Center is the Principal Investigator. For more information or to volunteer, please contact Lee Phillips, RN, CardioVascular Research Institute, at 610-402-8249.



Continued on next page

Continued from Page 8

Darbepoetin alpha ICU Study

This is a prospective, single arm study to evaluate the erythropoietic responsiveness, as measured by change in reticulocytosis, associated with once weekly administration of 100 mcg darbepoetin alfa (Aranesp®) in patients admitted to the intensive care unit. The study will also be looking at red blood cell transfusion requirements and change in hemoglobin levels from baseline. Study participation will begin on the third day of admission to the ICU and will last up to 43 days while in the ICU. Any patients with active bleeding, hemolysis, red blood disorders, or prior treatment with ESPs are not eligible to participate. Daniel E. Ray, MD, Medical Director, Medical Intensive Care Unit, is the Principal Investigator. For more information, please call the Department of Medicine – Research Office at 610-402-1635. To refer a patient, please page the coordinator on call at 610-402-5100 0999.

Caspofungin High-Dose Trial

This is a multicenter, randomized, double-blind, comparative study to evaluate the safety, tolerability, and efficacy of the standard dosing regimen of caspofungin (70 mg loading dose, then 50 mg/day) versus a 150 mg/day dose in the treatment of invasive candidiasis in adults. The study will be enrolling a total of 200 subjects that have at least one positive culture of a *Candida* species obtained from blood or another normally-sterile, invasive site within four days prior to study entry. Marcelo G. Gareca, MD, Division of Infectious Diseases, is the Principal Investigator. For more information, please call the Department of Medicine – Research Office at 610-402-1635. To refer a patient, please page the coordinator on call at 610-402-5100 0999.

Radiology News

Breast MRI

Lehigh Magnetic Imaging Center (LMIC), in conjunction with Breast Health Services, is pleased to announce the start of a Breast MRI program at the Cedar Crest & I-78 campus. LMIC has provided state-of-the-art software upgrades as well as dedicated breast coil and Computer Assisted Detection to provide the total range of Breast MRI capability. In addition, major physical renovations have been made to the waiting area adjacent to one of the 1.5 Tesla magnets to assure patient comfort and privacy. All scans will be interpreted by dedicated breast imagers in conjunction with review of the patients' mammograms and breast ultrasound studies.

Breast MRI is approved by most insurance companies for many applications including:

- " Newly diagnosed breast cancers to determine extent of disease including any disease in the opposite breast
- " Effectiveness of Neoadjuvant therapy
- " Axillary adenopathy with unknown primary
- " Silicone breast implant ruptures
- " Surveillance of certain high risk patients
- " Breast cancer recurrence when mammogram is inconclusive
- " Depending on the clinical findings, to evaluate the breasts when other imaging examinations are inconclusive

Breast MRI has sensitivity of 94-99% for diagnosing invasive breast cancers but with specificity ranging from 37-97%. Therefore, it is not useful for screening the general population, but is an extremely useful adjunct in specific indications.

If you have any questions, please contact Kenneth H. Harris, MD, Interim Chief, Section of Mammography, or Barbara C. Cavanaugh, MD, Section of Mammography, at 610-402-8088.

To schedule a study, please call 610-402-0587.

PACS - Preliminary Readings in Radiology

Paper forms for preliminary readings are NO LONGER being used and faxed to the patient's floor.

Most cases are dictated by the radiologist at the time of initial review. If there are old pertinent studies not available at the time of initial review, a preliminary reading will be placed in the memo section in the PACS system. This preliminary reading can be seen after bringing up the patient's name in the patient directory and double clicking on the study name you wish to view. To the left of the images in the margin, a yellow "sticky note" will appear on the clinical exam box if a preliminary reading is available to be viewed. Click on the clinical exam box and click on the memo tab to view the preliminary reading.

If you have specific questions regarding the use of PACS, please contact your I/S analyst or call the I/S Help Desk at 610-402-8303.

News from Health Information Management

Electronic Historical Medical Record (EHMR) Upgrade

The EHMR was successfully upgraded on January 30, 2006, with minor implementation problems. Following are several questions that were asked during the upgrade along with answers to assist you with access and maneuverability:

How can I access DEMOGRAPHIC INFORMATION for dictations?

While in the dictation deficiency module, click on the "i" icon on the toolbar which will list all the patient information for dictation (patient name, encounter number, medical record number, admission/discharge dates).

The system is not responding to my PIN Number. What should I do?

PIN numbers for signing in to EHMR are now **case sensitive**. If you are unable to sign in using alpha characters, try using both upper and lower case. If that doesn't work, call the I/S Support Desk at 610-402-8303.

How do I use the AUTO SIGN Option?

When choosing the **Auto Sign** feature, select **Security** on the menu, then select **Preferences**. There is an option to set the timing for Auto Sign by moving the scroll bar. The timing can be set from 2 seconds to 10 seconds by adjusting the scroll bar. When auto signing, to stop the scrolling to the new document, click on the little **Stop Sign** icon on the toolbar.

Can I designate a PERSONAL VIEW so that I can select only the documents that I want to see?

EHMR allows each user to utilize a personal view option to review patient records for specific documents. To set your personal view:

- " Select **Security** on the toolbar
- " Select **Preferences**
- " Select **Personal Record View**
- " The left column lists all documents. By highlighting a document on the left and selecting the **Include** button in the middle, you can move the documents of your choice to the right column.
- " When all documents have been added to the list, select **Apply**.

- " When selecting a patient chart to review, the **All Document** view will continue to be available, but, in addition, you will also have your personal view. This is accessible by selecting your **user number tab** on the toolbar when the documents are listed.

In the old version, there were major document headings and when I clicked on the heading, all the documents under the heading appeared. How has this changed?

Ancillary reports and other documentation may be listed as line items rather than under a specific document type as in the previous version (i.e., Radiology, Invasive Cardiology Report, etc.). To view multiple documents at one time, click on the first document, then while holding down the **CTRL** key (bottom left) on the computer keyboard, click on any additional documents. When completed highlighting these forms, click on **View Selected**, to scroll through all the documents.

Can I look at multiple patient encounters (visits) at the same time?

By selecting the **Document** button when using the **Search** option for a patient in EHMR will provide a longitudinal view by document for every episode of care in EHMR. For example, if there are multiple admissions, all of the same documents will be grouped together (i.e., HP, DS, etc.).

If I find a blank or incorrect word in a transcription document, can I make the change while I am reviewing to sign?

When you have been assigned a signature deficiency, you have the ability to edit and make corrections in the document prior to signing. Once the document is signed, it cannot be edited. If corrections are needed after signing, contact HIM at 610-402-8345 and the document will be placed back in the signature mode for editing and signing again.

If you have additional questions or to request a training session, please contact Susan Cassium, Director Operations/Imaging at 610-402-8330.

Continued on next page

Continued from Page 10

Ongoing Medical Record Review

The Health Information Management Department regularly monitors medical records to determine compliance or lack of compliance in a variety of areas. Upon recent review, there are five key areas that need additional attention:

- “ Operative report dictated immediately following the procedure.
- “ Unsigned verbal/telephone orders. Verbal/telephone orders must be signed within 24 hours of the order being given.

- “ Unapproved abbreviations utilized anywhere in the medical record in conjunction with medications.
- “ Ambulatory Summary Lists. Patients seen on a regular basis must have a list of problems, medications, allergies and procedures started by the third visit and maintained at each visit.
- “ Clinical Resume/Discharge Summaries contain final diagnosis, condition on discharge, discharge instructions to patient/family (meds, diet, activity, follow-up care).

Listed below are the five key areas with current compliance rates. Please note that the compliance goal for all areas is 90% or above.

Standard	LVH-CC & 17	LVH-M
Operative Reports dictated immediately following procedure	73%	98%
Unsigned Verbal/Telephone Orders	57%	57%
Unapproved Abbreviations	86%	79%
Ambulatory Summary Lists	79%	87%
Clinical Resumes/Discharge Summaries contain all components	95%	76%

If you have any questions regarding these issues, please contact Zelda Greene, Administrator, HIM, at 610-402-8330.

Documentation Improvement Tip of the Month

Conditions that occur following surgery and impact the treatment, care, and patient's stay, can be classified as post-operative complications. The cause and effect between the surgery and the conditions occurring post-operatively must be documented within the medical record by the physician for the complication to be coded. When the admission of the patient is for treatment of a complication resulting from surgery, the post-operative complication code is sequenced as the principal diagnosis.

Consent for Autopsy Form Revised

On February 6, a revised Consent for Autopsy form was introduced. The revised form includes the addition of a line which reads:

____ Resident Physician Observation _____ and _____
Resident Physician's Name Pager Number

If this line has been completed, the Pathologist will notify the Resident regarding the date and time of the autopsy.

If you have any questions regarding this revision, please contact Cindy Umbrell, Director, TNICU, TTU and CCCFP, at 610-402-8445.

Congratulations!



Robert D. Barraco, MD, MPH, Chief, Sections of Geriatric Trauma and Pediatric Trauma, was recently certified by the American Board of Hospice and Palliative Medicine. He joins more than 2,200 fellow physicians who have achieved this certification. Hospice and palliative medicine is the medical discipline of the broad therapeutic model known as hospice and palliative care.

The discipline and model of care are devoted to achieving the best possible quality of life for the patient and family throughout the course of a life-threatening illness through the relief of suffering and the control of symptoms. Hospice and palliative medicine helps the patient and family face the prospect of death assured that comfort will be a priority, values and decisions will be respected, spiritual and psychosocial needs will be addressed, practical support will be available and opportunities will exist for growth and development. The American Board of Hospice and Palliative Medicine was formed in 1995 to establish and measure the level of knowledge, attitudes, and skills required for certification of physicians practicing hospice and palliative medicine. Dr. Barraco has been a member of the Medical Staff since December, 2003. He is in practice with Surgical Specialists of the Lehigh Valley.



Pamela A. Howard, MD, Division of Trauma-Surgical Critical Care/General Surgery, Section of Burn, was recently appointed to the Contracts Advisory Committee for Medicare as the surgical represen-

tative for Pennsylvania. She will be attending quarterly meetings to discuss upcoming Medicare contract changes. These changes will involve all specialties. If you would like to talk to her about upcoming Medicare draft contracts, please email Dr. Howard at Pamela_A.Howard@lvh.com. Dr. Howard has been a member of the Medical Staff since November, 2004. She is in practice with Surgical Specialists of the Lehigh Valley.

VIP = Vascular Improvement Plan for Life!

A new resource is available to you and your patients! **VIP** (Vascular Improvement Plan) **for Life** provides customized vascular risk factor reduction education based on individual patient needs. Let **VIP for Life** help your patients follow your prescribed treatment plan better!

VIP for Life supplements the care provided in your office. This program meets the education and behavior modification needs of your patients with actual or at potential risk of vascular diseases. The **VIP for Life** multidisciplinary team helps patients learn how to improve their health and reduce vascular risk factors through individual and small group education on optimal nutrition, regular exercise prescription and stress management practice. Key objectives of **VIP for Life** include personal patient contact and communication of education and health outcomes to physicians. Patients remain under the care of their personal physician(s) during program participation.

Payment options will include fee-for-service as well as reimbursement via select insurances. Patients will be informed of payment options prior to scheduling service.

A Physician's Quick Reference Guide and referral form was distributed to physicians with the February issue of **Medical Staff Progress Notes**. To obtain more information or request a supply of patient brochures for your office, please contact Noreen Schlegel, RN, at 610-402-2563.

Papers, Publications and Presentations



William F. Bond, MD, Director, Research, Department of Emergency Medicine, co-authored an article – “The Status of Human Simulation Training in Emergency Medicine Residency Programs” – which was published in Volume 1, Inaugural, January, 2006 issue of *Simulation in Healthcare*.



From December 22 to 27, 2005, **Indru T. Khubchandani, MD**, Division of Colon and Rectal Surgery, was a consultant at Health City in Dubai, United Arab Emirates, where he helped to establish Colon and Rectal specialty programs at the newly developed hospital structure.

From December 28 to 30, Dr. Khubchandani moderated a panel on “What’s New in Colon and Rectal Surgery” at the Annual Meeting of the Association of Colon and Rectal Surgeons of India held in Jaipur. The First Annual Endowed Khubchandani Oration was delivered at the conference.



Fred Laufer, MD, Department of Family Medicine, authored an article – “The Treatment of Progressive Pigmented Purpura with Ascorbic Acid and a Bioflavonoid Rutoside” – which was published in the March 2006, Volume 5, Issue 3 of the *Journal of Drugs in Dermatology*.



Jeffrey R. McConnell, MD, Division of Orthopedic Surgery, Section of Ortho Trauma, participated as an invited faculty member at the Golden Jubilee 50th Anniversary meeting of the Indian Orthopaedic Association in Bombay (Mumbai), India, on December 29, 2005. His presentation was “The History and Development of Lumbar Disc Replacement.” The meeting was attended by over 7,000 orthopedic surgeons from all over the world.



William L. Miller, MD, MA, Chair, Department of Family Medicine, co-authored an article titled, “Organizational Dimensions of Relationship-Centered Care: Theory, Evidence, and Practice”, which was published in *The Journal of General Internal Medicine*, 2006; Vol. 21: Supplement, pp. S9-15.



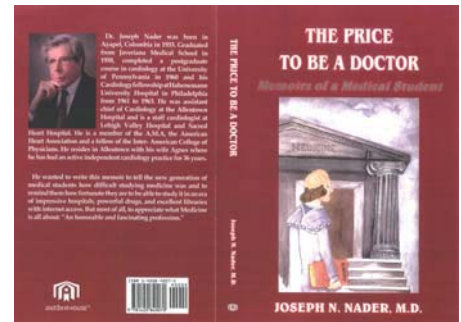
Michael J. Moritz, MD, Chief, Section of Transplantation Surgery, co-authored the book, *Avoiding Common Surgical Errors*, which was published in 2006 by Lipincott, Williams & Wilkins.



Paul J. Mosca, MD, PhD, Division of General Surgery, Section of Surgical Oncology, co-authored an article – “Predictors of Outcome After Hyperthermic Isolated Limb Perfusion” – which was published in the November, 2005 issue (Volume 140) of *Archives of Surgery*.



The Price to be a Doctor – a book written by **Joseph N. Nader, MD**, Division of Cardiology, was recently released in the English translation. The book, which was originally published in Spanish, follows a journey through the life of a medical student in the 1950’s.



Read about the thrill of his experiences as an intern and resident physician pursuing an uncertain future in America. Learn to appreciate how medicine was half a century ago, and how complex and sophisticated it has become.



Michael A. Rossi, MD, Chief, Division of Cardiology, co-authored an article – “Gender Disparities in Percutaneous Coronary Interventions for Acute Myocardial Infarction in Pennsylvania” – which was published in the January, 2006 issue of *Medical Care*.

Upcoming Seminars, Conferences and Meetings

Current Practices and Developments in Kidney and Pancreas Transplantation

Health care professionals can learn more about new developments in kidney and pancreas transplantation at this year's symposium, "Current Practices and Developments in Kidney and Pancreas Transplantation", to be held March 17, in the hospital's Auditorium, Cedar Crest & I-78, from 7:30 a.m. to 4:30 p.m. Credits will be available for nurses, nephrologists, endocrinologists, social workers, and other health care professionals caring for transplant patients and their families.

The symposium will feature topics such as:

- ” Highly sensitized patients
- ” Living donor outcomes
- ” Long term medical management post-transplant
- ” Current immunosuppression strategies
- ” Pancreas/islet cell transplantation
- ” Collaborating for Life initiatives to increase organ donation and challenges presented in obtaining consent for organ donation

For more information regarding the conference or to register, please contact Donna Stout in the Division of Education at 610-402-2482.

General Medical Staff Meeting

The regularly scheduled General Medical Staff meeting will be held on **Monday, March 13**, beginning at **6 p.m.**, in the **Auditorium** of Lehigh Valley Hospital, Cedar Crest & I-78. The meeting will also be videoconferenced to the **Educational Conference Center, Rooms C & D**, on the first floor of the LVH-Muhlenberg Tower.

A presentation on the Rapid Response Team will be made by Stephen C. Matchett, MD, Medical Director, Telehealth Services, and Mark D. Cipolle, MD, PhD, Chief, Section of Trauma Research.

In addition, be sure to attend so you may enter the drawing to be one of three lucky winners to receive a check for free dues. Light refreshments will be available at the meeting.

All members of the Medical Staff are encouraged to attend.

GLVIPA General Membership Meeting

The quarterly informational meeting of the Greater Lehigh Valley Independent Practice Association will be held on Tuesday, March 21, beginning at 6 p.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78.

“The Present and Future of Electronic Health Records in the Lehigh Valley” will be presented by Louis E. Spikol, MD, Department of Family Medicine, and Richard D. Battista, MD, Division of Orthopedic Surgery/Hand Surgery, Section of Ortho Trauma.

Refreshments will be available. Please remember to sign in for credit.

If you have any questions, please contact Eileen Hil-denbrandt, Coordinator, GLVIPA, at 610-402-7423.

Risk Management Symposium

All practicing physicians, registered nurses, and allied health professionals interested in the topic are invited to attend an upcoming risk management symposium.

When the Pad Goes Bad—Guidelines to Prescribing Controlled Substances will be held on Friday, April 21, from 7 a.m. to 1 p.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78. This symposium will take an indepth look at chronic pain and the comorbidities of anxiety, depression, and insomnia as it relates to the use of controlled substances. Also of interest will be a presentation from a DEA representative and a pharmacist.

For more information about the symposium, please contact Patrice Weiss, MD, LVPG Risk Management, at 610-402-9514. To register for the symposium, please contact Donna Stout in the Division of Education at 610-402-2482.

Emergency Medicine Grand Rounds

Emergency Medicine Grand Rounds are held on Thursdays, beginning at 8 a.m. (unless otherwise noted), at various locations. Topics to be discussed in March will include:

Continued on next page

Continued from Page 14

March 2 – LVH-Cedar Crest & I-78 Auditorium

- ” “Pacemakers and ICD”
- ” “Pediatric Cardiology”
- ” Resident lecture series
- ” “EPOC”

March 9 – LVH-M 4th Floor Classroom

- ” “Acute Coronary Syndromes”
- ” “Hypertensive and Circulatory Disorders”
- ” “Valvular Disorders”
- ” Rosen’s Club

March 16 – EMI – 2166 S. 12th street

- ” “Third Trimester Emergencies”
- ” “ACS Update”
- ” Resident lecture series
- ” Resident lecture series

March 23 – EMI- 2166 S. 12th Street

- ” “Procedural Ultrasound”
- ” Rosen’s Club

March 30

- ” No Grand Rounds – Resident Spring Outing

Family Medicine Grand Rounds

Family Medicine Grand Rounds are held the first Tuesday of every month from 7 to 8 a.m., in the Educational Conference Room #1 at Lehigh Valley Hospital – Cedar Crest & I-78, located in the Anderson Wing across from the Library, and teleconferenced to the Educational Conference Center, Room B at LVH-Muhlenberg, unless otherwise noted.

Upcoming program will include:

March 7

- ” “Patent Foramen Ovale” - Teleconferenced to Educational Conference Center **Room C** at LVH-Muhlenberg

April 4

- ” “Empirical and Clinical Findings on Caring for Family Caregivers”

For more information, please contact Staci Morrissey in the Department of Family Medicine at 610-402-4950.

Geriatric Trauma Conference

The next Geriatric Trauma Conference will be held on **Wednesday, March 1**, beginning at **noon**, in the **Presidents’ Room** at Lehigh Valley Hospital – Cedar Crest & I-78. The topic will be “Orthopedic Issues in the Elderly.”

For more information, please contact Robert D. Barraco, MD, MPH, Chief, Sections of Geriatric Trauma and Pediatric Trauma, at pager 610-402-5100 1651.

Medical Grand Rounds

Medical Grand Rounds are held every Tuesday, beginning at noon, in the Auditorium of Lehigh Valley Hospital – Cedar Crest & I-78, and videoconferenced to the First Floor Conference Room at LVH-Muhlenberg. Topics to be discussed in March will include:

- ” March 7 – “Forgiveness after Medical Harm”
- ” March 14 – “Tomorrow’s Neurology”
- ” March 21 – “Esophageal Lung Cancer”
- ” March 28 – “Surgery for Metastatic Colorectal Cancer”

For more information, please contact Theresa Marx in the Department of Medicine at 610-402-5200.

Neurology Conferences

The Division of Neurology conferences are held on Fridays, beginning at noon, in Classroom 1 at Lehigh Valley Hospital – Cedar Crest & I-78 and videoconferenced to the First Floor Conference Room at LVH-Muhlenberg. Topics for March will include:

- ” March 3 – MS Case Presentations
- “Amyotrophic Lateral Sclerosis Update”
- ” March 10 – “MS – Advanced Case Studies”
- ” March 17 – Division meeting – regular meeting canceled
- ” March 24 – “Psychiatric Issues in MS Patients”
- ” March 31 – “Next Step Treatments in MS”

For more information, please contact Sharon Bartz, Program Coordinator, Neurosciences and Pain Research, at 610-402-9008.

Continued on next page

Continued from Page 15

OB/GYN Grand Rounds

The Department of Obstetrics and Gynecology holds Grand Rounds every Friday morning, from 7 to 8 a.m., in the Auditorium of Lehigh Valley Hospital – Cedar Crest & I-78, unless otherwise noted. Topics to be discussed in March will include:

- “ March 3 – Gynecologic Tumor Board
- “ March 10 – “Hormone Therapy”
- “ March 17 – Journal Club
- “ March 24 – OB/GYN Resident Education
- “ March 31 – “Is Maternal Age 35 and Older Associated with Adverse Perinatal Outcomes?”

For more information, please contact Teresa Benner in the Department of Obstetrics and Gynecology at 610-402-9515.

Pediatric Grand Rounds

The Department of Pediatrics holds Grand Rounds every Tuesday, beginning at 8 a.m., in the Educational Conference Room #1 at Lehigh Valley Hospital – Cedar Crest & I-78, unless otherwise noted. Topics to be discussed in March will include:

- “ March 7 – “Danger in the Driveway”
- “ March 14 – “Update in Pediatric Radiology”
- “ March 21 – “Cystic Fibrosis Update”
- “ March 28 – “Tonsillectomy and Myringotomy Tube Indications”

For more information, please contact Kelli Ripperger in the Department of Pediatrics at 610-402-2540.

Surgical Grand Rounds

Surgical Grand Rounds are held on Tuesdays, beginning at 7 a.m., in the Auditorium of Lehigh Valley Hospital – Cedar Crest & I-78, and via videoconference in the First Floor Conference Room at LVH-Muhlenberg. Topics for March will include:

- “ March 7 – “Living Donor Liver Transplantation”
- “ March 14 – “Awake Cranis”
- “ March 21 – TBA
- “ March 28 – TBA

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

News from the Libraries

The Library will be increasing its availability of full text journals this year and in the coming years through OVID and/or Pub Med.



Because of the many different scenarios for obtaining full text articles, the library will be offering demonstrations and instruction. If you would like to arrange for a demonstration, either a one-on-one, or for a group of individuals, please call the Library at Cedar Crest & I-78 at 610-402-8410 or at 17th & Chew at 610-402-2263.

LEHIGH VALLEY HOSPITAL AND HEALTH NETWORK'S

14th Annual Golf and Tennis Classic

Join us

Classic

Monday, May 22, 2006
at Saucon Valley Country Club

PROCEEDS BENEFIT LVH-MUHLENBERG

SPONSORSHIPS/RESERVATIONS

Premier Sponsorship	\$15,000	Registration Table Sponsor	\$2,500
Platinum Sponsorship	\$7,500	Tennis Court Sponsorship	\$1,500
Gold Sponsorship	\$5,000	Tee/Green Sponsorship	\$1,000
Closest-to-the-Pin Sponsorship	\$2,500	Tee/Green Sponsorship	\$500
Longest Drive Sponsorship	\$2,500	Individual Player Golf	\$500
On-course Refreshment Sponsor	\$2,500	Individual Player Tennis	\$200

2006 PREMIER SPONSORS

B. Braun Medical Inc./Aesculap, Inc.
Dr. Edward and Mrs. Jean Weiner/Cedar Crest Professional Park, Inc.

Tennis

Tennis package includes tennis fees, tournament gift, light refreshments & cocktail reception. In the case of inclement weather, tennis will be relocated to Lehigh Valley Racquet & 24-7 Fitness Club (Westend).

Golf

Golf package includes all greens fees, cart, tournament gift, luncheon, on-course refreshments and cocktail reception. In the case of inclement weather, Saucon Valley Country Club has the discretion to cancel play.

LEHIGH VALLEY HOSPITAL AND HEALTH NETWORK

For sponsorship benefits and reservations, call Nancy Lloyd, 610-402-9126
For event information, call Sheryl Hawk, 610-402-0816

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



Amanda B. Flicker, MD
College Heights OBGYN
Associates
1245 S. Cedar Crest Blvd.
Suite 201
Allentown, PA 18103-6267
(610) 437-1930
Fax: (610) 433-8791
Department of Obstetrics and
Gynecology
Division of Primary Obstetrics
and Gynecology
Provisional Active



Qiang Li, 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
Section of Neuroradiology
Provisional Active



Christine Potterjones, MD
HealthSpring
2101 Emrick Blvd.
Bethlehem, PA 18020-8000
(484) 895-3300
Fax: (484) 895-3333
Department of Family
Medicine
Provisional Active



Patricia Riley, MD
Breast Care Specialists, PC
401 N. 17th Street
Suite 202
Allentown, PA 18104-5052
(610) 433-7700
Fax: (610) 433-8014
Department of Surgery
Division of General Surgery
Provisional Active



Hesham S. Tawakol, MD
LVPG-Neonatology
Lehigh Valley Hospital
Cedar Crest & I-78
P.O. Box 689
Allentown, PA 18105-1556
(610) 402-7632
Fax: (610) 402-7600
Department of Pediatrics
Division of Neonatology
Provisional Active

Continued on next page

Continued from Page 17

Address Changes

LVPG-Diabetes & Endocrinology

Sumon K. Agarwala, MD

Matthew H. Corcoran, MD

1259 S. Cedar Crest Blvd.

Suite 323

Allentown, PA 18103-6206

(610) 402-6790 " Fax: (610) 402-6979

Clifford H. Schilke, MD

1501 N. Cedar Crest Blvd.

Suite 101

Allentown, PA 18104-2309

(610) 435-1170 " Fax: (610) 435-3606

New Fax Number

John W. Margraf, MD

LVPG Neurology

New Fax Number: (610) 871-0913

Practice Name Change

Robert B. Doll, Jr., MD

St. Luke's Endocrinology Associates

(Address and phone numbers remain the same)

Practice Changes

Abby S. Letcher, MD

Lou A. Lukas, MD

(No longer with HealthSpring)

Lehigh Valley Family Health Center

Lehigh Valley Hospital

17th & Chew, P.O. Box 7017

Dept. of Family Medicine – SON

Allentown, PA 18105-7017

(610) 402-4950 " Fax: (610) 402-4952

Michael S. Patriarco, DO

(No longer with College Heights OBGYN Associates)

401 N. 17th Street

Suite 312

Allentown, PA 18104-5051

(484) 223-3279 " Fax: (610) 432-7769

MaryAnne K. Peifer, MD

(No longer with Lehigh Valley Family Health Center)

Lehigh Valley Physician Group

1651 N. Cedar Crest Blvd.

Suite 52

Allentown, PA 18104-2371

(610) 439-7504 " Fax: (610) 439-7527

Madalyn Schaeffgen, MD

Mark A. Wendling, MD

(No longer with Southside Family Medicine)

Valley Family Medical Center

1251 S. Cedar Crest Blvd.

Suite 104B

Allentown, PA 18103-6205

(484) 664-2910 " Fax: (484) 664-2917

Status Changes

David A. Doron, MD

Department of Medicine

Division of Cardiology

From: Provisional Active To: Affiliate

Gerald M. Miller, MD

Department of Medicine

Division of General Internal Medicine

From: Provisional Active To: Associate

Paul L. Orr, MD

Department of Psychiatry

From: Affiliate To: Honorary

Alan H. Schragger, MD

Department of Medicine

Division of Dermatology

From: Active To: Honorary

Farhad Sholevar, MD

Department of Psychiatry

Division of Psychiatric Ambulatory Care/Adult

Inpatient Psychiatry

From: Active To: Affiliate

Continued on next page

Continued from Page 18

Resignations

Mohammad I. Arastu, MD

Department of Medicine
Division of Endocrinology

William T. Monacci, MD

Department of Surgery
Division of Neurological Surgery
Section of Neuro Trauma

Valerie J. Riley, MD

Department of Obstetrics and Gynecology
Division of Gynecology
Section of Pelvic Reconstructive Surgery

Kathleen O. Ververeli, MD

Department of Pediatrics
Division of Pediatric Subspecialties
Section of Allergy

Tamara R. Vrabec, MD

Department of Surgery
Division of Ophthalmology

Allied Health Staff

New Appointments

Allison L. Brobst, PA-C

Physician Assistant-Certified
(Allentown Associates, LLC – Paul K. Gross, MD)

Danielle Goodwin, PsyD

Psychologist
(The Guidance Program/Muhlenberg Behavioral Health)

Denise J. McPherson

Pacemaker/ICD Technician
(Guidant Corporation – Koroush Khalighi, MD)

Suzanne Menniti, PA-C

Physician Assistant-Certified
(Department of Clinical Services/Residency Practices – Abby S. Letcher, MD)
(Additional Supervising Physician – Eric J. Gertner, MD)

Ann M. Merkel, PA-C

Physician Assistant-Certified
(Orthopedic Associates of the Greater LV – Vito A. Loguidice, MD)

Chandra A. Ruyak, PA-C

Physician Assistant-Certified
(Valley Sports & Arthritis Surgeons – Barry I. Berger, MD)

Karen A. Thivierge

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

Change of Supervising Physician

Sharon C. Ravenelle, CRNP

Certified Registered Nurse Practitioner
(Lehigh Valley Center for Urogynecology and Continence Management)
From: Valerie J. Riley, MD
To: Yong T. Zheng, MD

Removal of Additional Supervising Physician

Cynthia M. Sieto, PA-C

Physician Assistant-Certified
(LVPG-Psychiatry – Laurence P. Karper, MD)
Removal of Farhad Sholevar, MD

Resignations

Melissa M. Glaudel, PA-C

Physician Assistant-Certified
(Northern Valley Primary Care)

Tsilina Grinberg, PA-C

Physician Assistant-Certified
(The Heart Care Group, PC)

Tiffany J. Helfrich

Administrative Support
(Youngs Medical Equipment)

Heidi L. Pernia, RN

Registered Nurse
(Lehigh Valley Cardiology Assoc)





Cedar Crest & I-78
P.O. Box 689
Allentown, PA 18105-1556

Phone: 610-402-8590
Fax: 610-402-8938
Email: janet.seifert@lvh.com

Medical Staff Progress Notes

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

Linda L. Lapos, MD
President-elect, Medical Staff

Alexander D. Rae-Grant, MD
Past President, Medical Staff

John W. Hart
Vice President, Medical Staff Services

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

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Gregory Brusko, DO
Michael J. Consuelos, MD
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Elliot J. Sussman, MD
Ronald W. Swinfard, MD
Gary W. Szydowski, MD
John D. Van Brakle, MD
Michael S. Weinstock, MD
Patrice M. Weiss, MD
Robert E. Wertz II, MD
Matthew J. Winas, DO

We're on the Web!

If you have access to the Lehigh Valley Hospital intranet, you can find us on the LVH homepage under Clinical Resources on the left side of the page—"Med Staff Services"

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.