

# Medical Staff PROGRESS NOTES



## Growing Today to Meet the Community's Needs Tomorrow

Most of us experience daily the growth in demand for LVH's resources to meet the needs and expectations of our community. This demand is especially evident at the Cedar Crest & I-78 campus in the Emergency Department, in our operating rooms, our testing facilities, physician offices and certainly when employees, physicians, patients and visitors try to find a place to park.

Our community also is growing in population and getting older. As a result, our projections show the demand for our services will continue well into the future. That is why it is necessary to continue to reinvest in this community resource, furthering our commitment to founder Leonard Pool's vision that the people of the Lehigh Valley should have access to a "superior regional hospital" close to home.

To keep that commitment and ensure our ability to meet our community's needs and expectations, we are excited to announce the LVH Board of Trustees approval of plans for a \$181.5 million, 500,000 square foot expansion project at LVH-Cedar Crest. Pending the necessary approvals, groundbreaking is planned for the fall of 2005, with construction to take two years and be completed in phases.

The project will include:

- |  |   |
|--|---|
| ... New seven-story patient care building with all private rooms | ... Two new patient and visitor parking decks             |
| ... Larger Emergency Department                                  | ... New medical office building with its own parking deck |
| ... More operating rooms   | ... Additional surface parking for employees              |
| ... New and expanded Burn Center                                 | ... More classrooms and education space                   |
| ... Expanded radiology space                                     | ... A bigger cafeteria                                    |

The project was announced at the Department Head meeting and at a press conference on Thursday, June 17. For a more detailed explanation about our growth, what it means to our community and what it means to each of us, please refer to the center spread of this newsletter. We have tried to anticipate your questions about the planned expansion and to provide answers to those questions. You are also welcome to contact any of us at any time with your questions.

In addition, we have scheduled "Lunch and Learn" presentations on July 1 and 2 to discuss the project. These presentations will be held from noon to 1 p.m. in the café on the second level of the Jaundl Pavillion.

In the vision of Leonard Pool, we remain committed to meeting the health care needs and expectations of our community. Our community is telling us, through demand for our services, what they want and what matters to them. That's why it is important for us to reinvest responsibly in this critical community resource and allow it to grow, to ensure that the highest quality health care is available to everyone for generations to come.

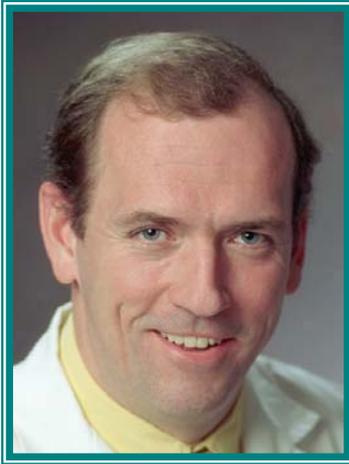
Elliot J. Sussman, MD  
President and CEO

Ronald W. Swinford, MD  
Chief Medical Officer

Louis L. Liebhaber  
Chief Operating Officer

### Inside This Issue:

From the President	2 & 3
Medical Staff Survey Action Plan Update	3
Palliative Care Initiative	4 & 5
News from CAPOE Central	6
News from the Libraries	6
OIG/GSA News	7
Papers, Publications and Presentations	7
LVH-Cedar Crest & I-78 Expansion	8 & 9
Congratulations	10 & 11
Upcoming Seminars, Conferences and Meetings	12
Who's New	13-15



## From the President

It's summer time! Not only does this mean beaches, bikinis and boardwalks, but it's also that time to welcome new members to the Medical Executive Committee. Joining us for the first time are **Michael J. Consuelos, MD**, Division of General Pediatrics, **Richard A. Kolesky, MD**, Department of Anesthesiology, **Matthew M. McCambridge, MD**, Division of Critical Care Medicine/Pulmonary, and **Matthew J. Winas, DO**, Division of General Internal Medicine. In addition, **Gregory Brusko, DO**, Division of General Surgery, who recently completed a three-year term, has agreed to serve another term. A special "Thank You" to **Linda K. Blose, MD**, **Joseph A. Habig II, MD**, **Thomas A. Hutchinson, MD**, **John W. Margraf, MD**, and **Dr. Brusko** for their dedication and service to the Medical Staff as members of the Medical Executive Committee for the past three years. We are indebted to these physicians for their service to this key committee of the Medical Staff.

In February of 2003 (and it seems a long, long time ago!), I reviewed with you the purpose and function of the Medical Staff and the Medical Executive Committee. It seemed like a good idea to remind us all (myself included) of what the Bylaws say about both of these bodies. People who have those sections of the Bylaws memorized (like Alan Berger, chair of the Bylaws

Committee, who knows all the Bylaws by heart) can skip this month's **Medical Staff Progress Notes** and finally finish reading the "DaVinci Code." For the rest of us, let's look over the Bylaws and remember what we should know about our duties.

The Bylaws set out first the purposes and responsibilities of the Medical Staff in general. Among the purposes, *"The Medical Staff shall monitor the quality of medical care in the Hospitals and take action and make recommendations to the Boards of Trustees in order to effectuate that goal."*

Given that we have at our disposal all of the technical resources deemed scorable by **U.S. News and World Report**, a world class support staff of nursing and allied health professionals, and really nice facilities, as well as top notch information services, I guess that means we need to provide the best medical care possible.

*"The Medical Staff shall strive for an acceptable level of professional performance of all practitioners through the appropriate delineation of clinical privileges and/or clinical functions and the ongoing review and evaluation of the performance of practitioners."*

Most of you have just gone through the Medical Staff reappointment cycle, successfully in most cases. Your Chairs continue to monitor your activities for the good of the patients you and the hospital serve. It's quality, quality, quality on an ongoing basis.

*"The Medical Staff exists to provide a means through which individual members may participate in the policy-making, planning, staffing and development processes of the Hospitals."*

Troika has taken seriously the challenge of reinvigorating the Medical Staff committees. Many of you have received calls to join committees needing new members, and everyone we have asked has answered the call. Around the country, physicians seem to be taking their relationship with hospitals lightly, or worse, treating the relationship as an adversarial one. In

a battle between hospitals and doctors, the community is the ultimate loser. Thanks to all of the Medical Staff for recognizing the importance of committee membership to the ultimate success of the combined clinical endeavor. For those of you on the waiting list for the Institutional Review Board, just be patient. Your turn will come someday!

*"The Medical Staff shall provide an appropriate educational setting for members of the Medical Staff and personnel of the Hospitals in order to maintain and enhance professional knowledge and skill in the healing arts."* Education is more and more important and, as I have emphasized in prior issues of **Medical Staff Progress Notes**, is a job that continues on a life long basis. Please consider educating those around you to allow them to better understand the care needed for your patients and the reasons behind the decisions you make every day. Continue to ask yourself the important question of whether your decisions are based on evidence rather than anecdote, research rather than randomness, and knowledge rather than ignorance.

*"The Medical Staff shall establish these Bylaws and the Rules and Regulations of the Medical Staff consistent with the effective functioning and self-government of the Medical Staff."* As you know, just recently the entire Medical Staff Bylaws were overhauled in an exhaustive endeavor that kept the Medical Staff Services office and the Bylaws Committee up late burning midnight oil. Your Medical Staff Bylaws are leaner, more consistent, and in more understandable language than ever before. As times change, we will continue to review and amend these bylaws to encompass new realities. Over the next few months, the Bylaws Committee will begin an overhaul of the Rules and Regulations.

*Continued on next page*

Continued from Page 2

*"The Medical Staff shall provide a means whereby issues concerning the Medical Staff and the Hospitals may be discussed by the Medical Staff with the Boards of Trustees of the Hospitals and the Chief Executive Officer of the Hospitals."* Troika members have the honor to sit as voting members on the Board of Trustees of Lehigh Valley Hospital and Health Network. In that capacity, we report on a monthly basis to the members of the Board so that they can hear about the activities of the Medical Staff as well as its concerns, challenges, and future. The Board has been interested, receptive and engaged in this conversation. Troika meets with the Chief Executive Officer, Chief Medical Officer, and Chief Operating Officer of the hospitals on a weekly basis to discuss a wide range of issues and events.

*"The Medical Staff shall participate in a spirit of mutual cooperation with the Boards of Trustees of the Hospitals and the Chief Executive Officer of the Hospitals in all appropriate projects where the unique qualifications of the Medical Staff are an essential ingredient."* In a time of major building campaigns at both of the major campuses, there is no more

important moment for the input of the Medical Staff in the reengineering of the campuses. Your thoughts and input have, in many cases, been solicited for the design of the major renovations at Cedar Crest & I-78, as well as for the rejuvenation at the LVH-Muhlenberg campus.

The Medical Executive Committee has many important duties. These include the duty to *"act as the organizational body which oversees the functions and duties of the Medical Staff. It is empowered to act for the Staff and to coordinate all activities and policies of the Staff, its Departments and Committees."*

Other duties include:

- × To represent the Medical Staff and to act on its behalf, as needed, under the limitations imposed by these Bylaws.
- × To be regularly involved in Medical Staff management, including enforcement of Rules and Regulations, and oversight of Committee and Departmental affairs.
- × To coordinate the activities and general policies of the various Departments and services as required.
- × To receive and act upon Committee reports and make required recommendations to the

Governing Bodies pursuant to these Bylaws.

- × To implement policies of the Medical Staff.
- × To take all reasonable steps to insure professionally ethical conduct on the part of all members of the Medical Staff and to initiate and/or participate in Medical Staff corrective actions as required by these Bylaws.
- × To provide liaison between the Medical Staff and the Chief Executive Officer and the Governing Bodies.

And so on. It's a pretty extensive list, but the committee seems to get through it.

So thanks again to those individuals already serving on the Medical Executive Committee and other Medical Staff committees. We appreciate your work and realize the importance of what you do for the Medical Staff and institution.



Alexander D. Rae-Grant, MD  
Medical Staff President

## Medical Staff Survey Action Plan Update

One of the focus areas for action from the Jackson Organization Medical Staff Survey was anesthesia coverage in the ORs. In response to the concerns about anesthesiology, there has been an aggressive hiring campaign. Two new physicians will be joining Allentown Anesthesia Associates this summer (Jeffrey C. Astbury, MD, from the University of Pittsburgh, and Jodie L. Buxbaum, MD, from Drexel). In addition, seven CRNA's are scheduled to begin work by the end of 2004, and hiring of other CRNA's continues. There is late shift staffing, with preferential hiring of CRNA's

into 10-hour shifts to extend block coverage and evening coverage of urgent add-on cases. An optional third OR for elective cases will be added during the day on Saturday and Sunday depending on advanced notice and sufficient caseload.

Thanks go to Dr. Tom McLoughlin and many others in Anesthesiology, the OR, and Human Resources for attending to this issue which is crucial to our ability to care for our patients.

# Palliative Care Initiative

## Initial Data Analyzed for Integrated Oncology Care

At LVHNN, an initial Palliative Care grant, with Joseph E. Vincent, MD, as principal investigator, provided an inpatient consultation service and planted seeds for other palliative care projects within the network. One such project is Integrated Oncology Care, a two-year Pool Trust grant that supports an oncology nurse practitioner to partner with the medical oncologists to improve patient care outcomes for oncology inpatients on 7C. Gregory Harper, MD, PhD, serves as the principal investigator for this grant. The project seeks to improve the following clinical outcomes: 1) decrease practice variation among oncologists, 2) decrease readmission rates for patients better palliated at home and/or hospice, 3) reduce variable costs of inpatient care, and 4) improve patient, family, and provider satisfaction.

Baseline satisfaction data has been collected in the form of two surveys, one for patients and their families and one for providers. Preliminary analysis has been performed on the baseline provider (physicians/staff) survey with 17 responses to date. Questions were answered on a likert scale 1-5 with 1 being "Strongly Disagree" and 5 being "Strongly Agree." The following table reveals the % of respondents who agreed (either strongly or somewhat) with the questions posed.

Question	% in Agreement
Inpatient care is efficient and easy.	41.2%
I am satisfied with available order sets and care paths.	30.8%
I am satisfied with services to ensure effective control of symptoms such as dyspnea, nausea and constipation.	60.0%
I am satisfied with the consultation to ensure use of state-of-the-art analgesic therapies for pain management.	60.0%
I am satisfied with services to support patients and their families, such as counseling, spiritual care and bereavement services.	52.9%
I am satisfied with the continuity and coordination of assistance with referrals to hospice, home care, or nursing homes.	70.6%
Patients and families are satisfied with their care.	70.6%
I am confident in my ability to provide palliative care to my patients.	86.7%
I am available to speak with patients and their families on a regular basis and in a timely fashion.	58.8%
I am available to clearly explain the tests, procedures and their results to patients.	57.1%
I adequately explain discharge instructions.	84.6%
I involve patients in the decision making of their treatment plans.	80.0%
It would be valuable to implement this program.	88.2%
This program could increase the quality of patient care.	100%
This program could reduce the cost of patient care.	94.1%

*Continued on next page*

Given these results, it would appear that opportunities for improving care include the development of standardized protocols and order sets to palliate symptoms, working with the staff nurses and care management to facilitate the transition of care out of the hospital, facilitating the transfer of information from the medical team to the patient and family, and identifying the need for counseling and support services for the patient and caregivers. Based on the survey results, physicians and staff have high hopes for the success of this intervention. Judy Much, nurse practitioner, has completed her baseline assessment of practices and support systems on 7C, and will begin piloting a new collaborative practice model of inpatient cancer care on the oncology unit in early July.

## Fast Fact of the Month

### Title: Fast Fact and Concept #065: The Living Well Interview

Author(s): Bruce Ambuel, PhD

"When a person faces a fatal disease that is likely incurable, he or she faces specific decisions not only about medical treatment but also about broader, existential issues concerning the best way in which to spend his or her remaining time." (Hammes, Bottner et al. 1998)

Doctor-patient discussions about end-of-life treatment are often framed as a choice between "medical treatment vs. treatment withdrawal." When framed in this manner, treatment withdrawal is a negative choice that often implies giving up, abandonment, not giving the doctor a chance to do his or her job, and not caring; this option would seem to be no option at all.

Bernard Hammes, PhD, suggests that the physician can reframe the doctor-patient dialogue about end-of-life treatment by starting a conversation with the patient focused on the question "How can we help you live well?" The goal of the living well interview is to elicit the patient's perspective regarding how they want to spend their remaining time. Treatment decisions are then discussed within this broader context of patient goals and hopes. Treatments become tools for achieving patient goals.

### The Living Well Discussion

When: Begin soon after the diagnosis of a life-limiting condition.

Who: Physician and patient with support from others: hospice nurse, chaplain, family, etc.

How: Begin by expressing a need and interest to understand the patient's views. The physician's initial goal is to develop a broad understanding of the patient's hopes and goals, not to develop a specific medical plan. Specific treatment decisions are made after the patient and health care team have developed an understanding of the patient's broader goals.

What to say: "Given what we now know about your medical condition. How can we help you live well?; What makes you happy? Maintaining or fulfilling what activities or experiences are most important for you to feel your life has quality, or for you to live well? What fears or worries do you have about your illness or medical care? If you have to choose between living longer and quality of life, how would you approach this balance? What needs or services would you like to discuss? What do you hope for

your family? Are there any special events or activities that you are looking forward to? What sustains you when you face serious challenges in your life? Do you have religious or spiritual beliefs that are important to you? In what way do you feel you could make this time especially meaningful to you?

### References:

Hammes, B. J., W. Bottner, et al. "Expanding frames...opening choices: reconsidering conversations about medical care when cure is not possible." *Illness, Crisis & Loss* 1998; 6(4): 352-356. Hammes, B. J. and B. L. Rooney. "Death and end-of-life planning in one midwestern community." *Archives of Internal Medicine* 1998; 158: 383-390.

**Disclaimer:** *Fast Facts* provide educational information, this information is not medical advice. Health care providers should exercise their own independent clinical judgment. Some *Fast Fact* information cites the use of a product in dosage, for an indication, or in a manner other than that recommended in the product labeling. Accordingly, the official prescribing information should be consulted before any such product is used.

If you have any questions regarding palliative care, please contact Daniel E. Ray, MD, Division of Pulmonary/Critical Care Medicine, at 610-439-8856 or pager 610-776-5554.

## News from CAPOE Central

### CAPOE Trip Winner - Not Present but Accounted For

Dr. Tim Steckel, Division of General Internal Medicine, was the winner of the CAPOE Trip Drawing for April compliance. The drawing was held May 28 in the Medical Staff Lounge. In the past, Dr. Steckel had usually been present for the drawings, only to be disappointed when someone else's name was drawn. However, Dr. Steckel's compliance remains very high, and his name was in the hat once more. This time, without being present, his name was drawn from the hat. When asked for comment about where he may be going with the trip drawing, Dr. Steckel responded that the one place he won't be going is to the Medical Staff Lounge.

### SCU Now CAPOE-ized

The Special Care Unit is now a live CAPOE unit. The SCU went live with charting in May, and live with CAPOE on June 3, 2004. The success of CAPOE in the MICU/SICU/TNICU helped stimulate the effort to bring the SCU live. As with other units, the CAPOE

team continues to learn from each go-live and we apply that learning to subsequent units. Feedback from the physicians and other users also contributes to improving the system and our overall success.

### Patients' Own Meds — The Why and How

Although it does not happen frequently, patients may bring in their own supply of medications. Usually this occurs when the patient is on a unique or non-formulary medication. The only way for the system to handle such an order is to use the "Patient's Personal Medical Supply" order, found in the M-Z medication list. When placing this order, please remember to enter the name and dose of the medication into the comments screen. The route and frequency fields should be used normally. As with ordering other medications, it is the responsibility of the ordering physician to accurately enter the medication and details (dose, route, frequency). Each personal medication that the patient is on should be listed in its own order. Once the order is placed, the

name of the medication will be visible on the right side of the Medication Profile screen in the comments field.

### Reducing stress when ordering Stress Tests

The Heart Station has told us that stress tests are occasionally cancelled because the patient is not made NPO for the procedure. To facilitate ordering the patient to be NPO for the procedure, we have added a "Stress Test Order Set" to the "Heart Station" button. This order set contains the various stress test orders and also contains several applicable NPO orders, such as "NPO after midnight" and "NPO after midnight except meds." Please check out this order set and get in the habit of using it. Eventually, we may remove the individual stress test orders from the Heart Station button.

If you have any questions regarding any of these issues, please contact me.

Don Levick, MD, MBA  
Physician Liaison, Information Services  
Phone: 610-402-1426  
Pager: 610-402-5100 7481

## News from the Libraries

### Recently Acquired Publications

#### Library at 17<sup>th</sup> & Chew

- × Kidd. Pickard's Manual of Operative Dentistry. 2003
- × Harris. Primary Preventive Dentistry. 2004

#### Library at Cedar Crest & I-78

- × Hockenberry. Wong's Clinical Manual of Pediatric Nursing. 2004
- × Samuels. Office Practice of Neurology. 2003

#### Library at LVH-Muhlenberg

- × Clark. Handbook of Nitrous Oxide and Oxygen Sedation. 2003
- × Coulthard. Master Dentistry-Oral and Maxillofacial Surgery, Radiology, Pathology.

### OVID Training

To arrange for instruction in the use of OVID's MEDLINE and its other databases, please contact Barbara Iobst, Director of Library Services, at 610-402-8408.



### MICROMEDEX – New Web-based Interface on the Way

MICROMEDEX is a knowledge-based drug information system for healthcare providers. LVHNN's subscription includes Poisindex, Indentindex, DrugDex, DiseaseDex, and Reprorisk. Within the near future, MICROMEDEX will be converting to a totally web-based interface. To help prepare yourself for this change, you can visit their demo site at <http://www.thomsonhc.com>. Once at their website, select MICRO-MEDEX healthcare series. The expected completion date for this transition is August 20, 2004. There will be "clickable" tabs across the top of the screen for use when selecting a specific database. In addition, identifying a drug from its actual characteristics, i.e., color, numbering will be easier and the actual picture will be available. Training materials will be forthcoming.

MICROMEDEX now has a module for PDA users. To take advantage of this feature, click on the PDA icon and follow their instructions.

## OIG/GSA News

The federal government expects health care organizations to screen employees, providers, and contractors to ensure that they haven't been thrown out of Medicare or debarred from government programs by the General Services Administration (GSA). **Stiff penalties** are imposed for violations. The Office of Inspector General (OIG) can impose civil penalties **of up to \$10,000** for each item or service furnished and submitted on a claim for reimbursement to a Federal health care program during the period that the person or entity was excluded (section 1128A(a)(1)(D) of the Act). In addition, an assessment of up to three times the amount of the claim and, in egregious cases, program exclusion may be imposed.

Screening for excluded providers should be done, and is done at LVHNN, prior to hiring or contracting with individuals and entities. In addition, the government advises health care providers to periodically re-check employees, physicians and contractors to ensure that they have not been added to the "bad apple" lists.

Checking is free, but not necessarily easy, on the OIG and GSA web-sites. A database is available on each web-site to check for excluded individuals and entities on a case-by-case basis or by downloading the entire database. Either way it is time-consuming to confirm or eliminate potential matches based on name (techniques include comparing date of birth, middle name or initial, and social security number). It is also easy to miss a positive match. To match against one of the federal databases, your list needs to be spelled correctly, use full first names versus nicknames, and free from omissions.

Hyphenated and compound names such as Jane Doe-Jones should be checked under both names – Jane Doe and Jane Jones. If known, other names, such as a maiden name, should be checked as well.

The Internal Audit department of LVHNN has purchased software to assist in the periodic checking of employees, providers and vendors against the federal databases. The software checks the network's lists against the federal databases using first name, last name, middle name or initial, and address and identifies full and partial matches which are then investigated to confirm or eliminate a potential match.

**Is the government serious about this? Yes.** Lexington Medical Center, in West Columbus, South Carolina, has agreed to pay fines of \$99,400 to the OIG to resolve allegations that it submitted claims for providers that were barred from Medicare and other federal health programs. The hospital checks new hires for Medicare sanctions and GSA debarments and then screens all employees routinely. Two employees were missed during the initial screening process – one due to a clerical error and the second due to a difference in the reporting of "junior" in the hospital versus the OIG database. Both of these cases were caught by the hospital later on during additional screenings, terminated, and self-reported to the OIG.

For additional information regarding this issue, please refer to one of the following web sites:

OIG Web site:	<a href="http://www.oig.hhs.gov/index.html">http://www.oig.hhs.gov/index.html</a>
OIG Advisory Bulletin:	<a href="http://www.oig.hhs.gov/fraud/docs/alertsandbulletins/affected.htm">http://www.oig.hhs.gov/fraud/docs/alertsandbulletins/affected.htm</a>
GSA Web site:	<a href="http://epls.arnet.gov/">http://epls.arnet.gov/</a>

## Papers, Publications and Presentations

Three members of the Division of Emergency Medicine – **William F. Bond, MD, Gavin C. Barr, Jr., MD, and Charles C. Worriow, MD** – were co-authors of an article, "Using Simulation to Instruct Emergency Medicine Residents in Cognitive Forcing Strategies," which was published in Volume 79, No. 5, May 2004 issue of *Academic Medicine*.

**Dennis B. Cornfield, MD, and Shanth A. Goonewardene, MD**, members of the Division of Anatomic Pathology, were co-authors of a paper – "The Prognostic Significance of Multiple Morphologic Features and Biologic Markers in Ductal Carcinoma In Situ of the Breast" – which was published in the June 1, 2004 issue of *Cancer*.

**Indru T. Khubchandani, MD**, Division of Colon and Rectal Surgery, conducted the XXth Biennial Congress of the International Society of University Colon and Rectal Surgeons in Budapest, Hungary, from June 6 to 10. As the Director General of the Society, he was the program chairman. The meeting was attended by university colon and rectal surgeons from 50 countries.

Also, in collaboration with former resident, **Khawaja Azimuddin, MD**, Dr. Khubchandani wrote a chapter – "Rectal Prolapse" – which appeared in a recently published book titled *Pelvic Floor Disorders*.

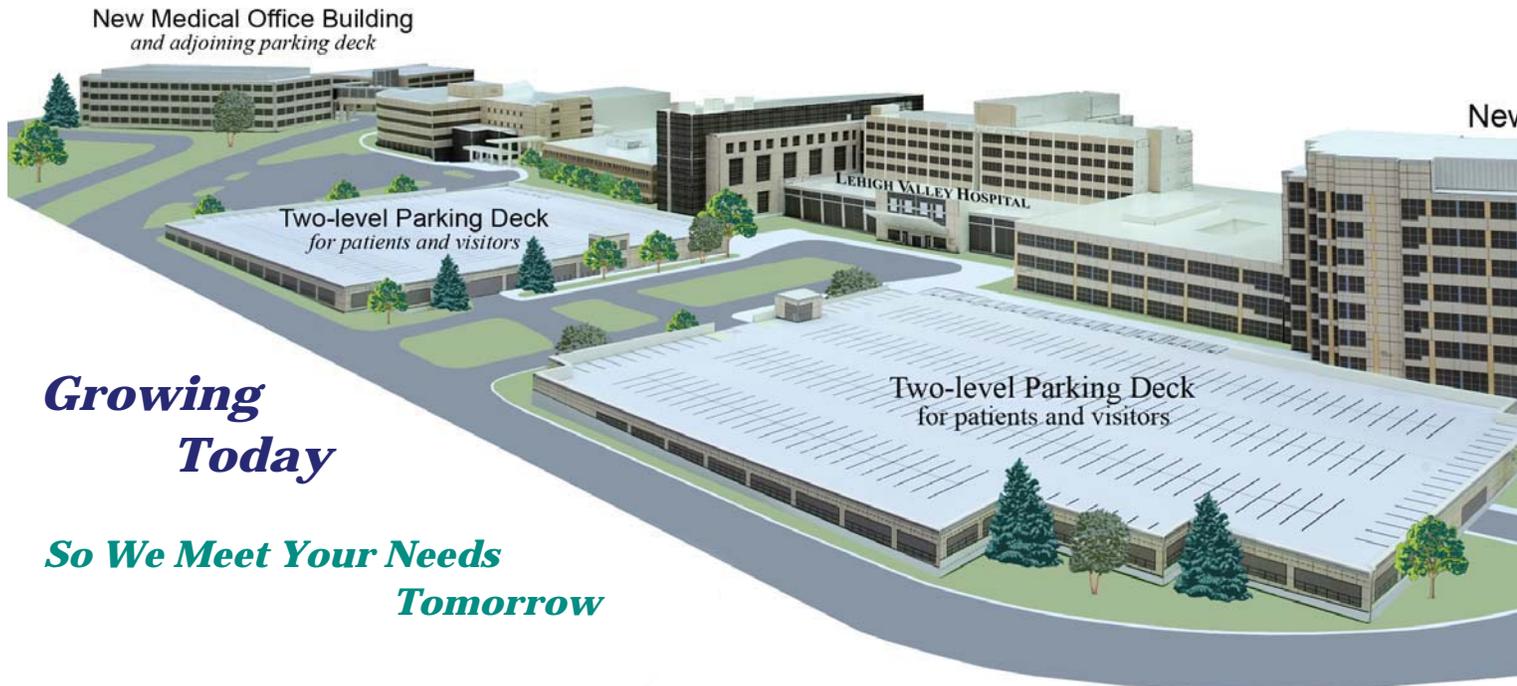
**Nelson P. Kopyt, DO**, Division of Nephrology, was one of the co-authors of a paper – "The Prevalence of Reduced Glomerular Filtration Rate in Older Hypertensive Patients and Its Association with Cardiovascular Disease: A Report from the Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial" – which was published in the May 2004 issue of *The Archives of Internal Medicine*.

**Alexander D. Rae-Grant, MD**, Medical Staff President and member of the Division of Neurology, was invited by the Consortium of Multiple Sclerosis Centers to present "Development and Implementation of an MS School" at the 2004 Annual Meeting held June 2 to 6 in Toronto, Canada.

**Lester Rosen, MD, and John J. Stasik, Jr., MD**, members of the Division of Colon and Rectal Surgery, and **Nina Paonessa, DO**, Colon and Rectal Surgery resident, were co-authors of a paper – "The Use of a Gastroscope for Incomplete Colonoscopy" – which was presented by Dr. Paonessa at the Annual Meeting of the American Society of Colon and Rectal Surgeons, held May 8 to 13, in Dallas, Texas.

At the meeting, Dr. Rosen was elected for a third term as Secretary of the American Society of Colon and Rectal Surgeons.

# Lehigh Valley Hospital—Cedar Crest & I-78 Expansion



**Growing  
Today**

**So We Meet Your Needs  
Tomorrow**

You see it every day. The parking lots are full. The waiting rooms are full. More people are seeking our care, and we're growing to meet their needs. What makes that growth possible, and how do we know we're doing the right thing?

Following are answers to those questions and more.

## Why expand LVH-Cedar Crest when we're already expanding LVH-Muhlenberg?

Expansion for LVH-Cedar Crest takes into account the total projected needs for our community, and takes into account what we're doing at LVH-Muhlenberg. Studies show that people want health care closer to home, so our new building at LVH-Muhlenberg gives us the opportunity to bring quality services needed by many people – heart and cancer care, in particular – to the greater Bethlehem area. We provide services where there's a need. For example, our trauma and burn patients need highly specialized care that re-

quires many resources; we choose to offer that at LVH-Cedar Crest, where those services are well established.

## Where will we find the staff to fill this building?

This is the most difficult part – finding the right people to join our team. We're confident our successful strategies over the last three years will help us find those future colleagues. We have more than 300 nursing scholarship students who either have graduated or will be graduating in the next one to three years and are committed to coming here. We're developing new nurses through SMILE, where non-clinical colleagues work toward getting nursing degrees. And we partner with local schools to interest students in health careers.

## Where will we park?

We know how frustrating it is when you can't find a place to park. Our current lot is often full. We're adding 75% more parking (nearly 2,000 more spaces). The expansion includes three

parking decks and additional outdoor lots.

As we expand, we'll stage construction to fit the needs of patients and colleagues, and we will never reduce the number of current available parking spaces. We've also invested in two new mini-buses – one for LVH-Cedar Crest and one for LVH-Muhlenberg – to transport people from the lots.

## Will we have a say in what is built?

Absolutely. Colleagues and community members will have the opportunity to meet the architects, mark up blueprints and offer ideas. At LVH-Muhlenberg, we built two life-size sample patient rooms, and colleagues told us where furniture and electrical receptacles should go and gave us thoughts on color schemes and designs. You know what's best for you and your patients, and we want to hear from you so we know our new space works.

## 7 Story Patient Tower



### Why did we work on GOC if we were expanding anyway?

All of your hard work on GOC (Growing Organizational Capacity) significantly reduced patient wait times, bed cleaning and turnaround times and added 70 inpatient beds to LVH-Cedar Crest. But even with those improvements, LVH-Cedar Crest is out of physical space, and expanding is the only option.

### How can we afford to expand?

LVHHN is a non-profit corporation. Having a margin – meaning that we collect more money than we pay out in expenses – allows us to reinvest constantly in our hospitals. While a for-profit corporation pays dividends to shareholders, we reinvest **all** of our revenue in our community.

And we work hard at growing that revenue. Because we're getting busier and admitting more people to the hospital, our revenue has increased. That, combined with our cost discipline, has enabled us to have positive margins for

the last three successive years. ***That furthers our commitment to providing quality health care in the Lehigh Valley that will last generations, continuing the vision of our founder, Leonard Parker Pool.***

### Why will the expansion cost so much?

The cost - \$181.5 million – is a lot of money. We compare our construction costs against those of similar projects in the region and nation. For example, the national average cost for a new hospital bed (and the advanced air handling, lighting and special equipment that goes with it) is between \$900,000 to \$1.3 million. Our per-bed cost is significantly lower than the national average. We evaluate each component to be sure it's truly necessary, and we work with engineers to develop quality space less expensively. For example, in high-traffic areas we use terrazzo flooring, which is cheaper in the long run because it lasts generations. We also anticipate future needs by building shell space, as we did in the Jaindl Pavilion and at LVH-Muhlenberg, so we can build tomorrow's space at today's lower construction costs.

To break it down, the total project cost of \$181.5 million includes:

- × \$96 million in building costs for new beds and future capacity.
- × \$29.5 million in renovations to beds, operating rooms, radiology, etc.
- × \$38 million in parking, site costs, roadway and infrastructure improvements.
- × \$18 million for a new medical office building.

### What features and enhancements are included in the expansion project?

- × 40% expanded Emergency Department
- × 30% more operating rooms
- × 268 new and renovated beds, including a significant increase of private rooms
- × 75% more parking for patients and visitors

- × New and expanded Burn Center
- × New and renovated heart units
- × New medical/surgical units
- × New medical office building and patient parking deck
- × Expanded x-ray and imaging services
- × Expanded cafeteria and kitchen
- × More classroom and education space
- × New and renovated roads and access routes so that it is easier to find your way.

### Are we expanding just because other hospitals are expanding?

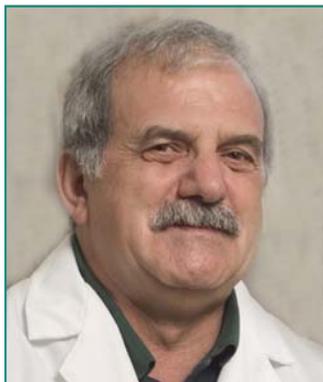
Our expansion is driven first and foremost by our community's needs. Like most hospitals nationwide, we reduced our network's total number of beds a decade ago. The thinking then was that growth in managed care would mean fewer people seeking hospital services. In Pennsylvania, the number of staffed inpatient beds dropped by 28 percent from 1992 to 2002. But now, the trend is reversing due to the decline in managed care and the aging of the baby boom generation (our population's largest segment). People are seeking increased hospital services, and we're growing to meet their needs.

### After the LVH-Cedar Crest expansion, what's next?

The next major project is the retrofitting of the existing inpatient facility at LVH-Muhlenberg. We're determining the right services for that building so we can best care for our patients and their families. And we'll continue to keep a close eye on our demand – patient wait times, access and needs – and will seek more opportunities to grow if necessary.

Have more questions? Your department chair is your best source for additional information or questions regarding the LVH-Cedar Crest expansion. Also, stay tuned to future issues of ***Medical Staff Progress Notes*** and to the GUI e-mail bulletin boards for the latest updates.

# Congratulations!



**Charles J. Scagliotti, MD**, Division of General Surgery, was recently named Service Star of the Month at Lehigh Valley Hospital for his caring, compassion and for going above and beyond the call of duty.

A 17 year old girl who is unable to talk without the

use of her laptop, unable to walk, and uses a feeding tube, was injured in a motor vehicle accident that caused her severe head injury. Although the accident happened three years ago, she and her family remember one physician in particular – Charles Scagliotti, MD.

In fact, when the girl recently arrived in the Emergency Department because her feeding tube became dislodged, they asked specifically for him. “Dr. Scagliotti empathizes with the struggles they endure on a daily basis,” says Sue Steidel, RN, “and he is there for them.”

So, when the girl and her family returned home and there was still some trouble with the feeding tube, Dr. Scagliotti went above and beyond. Although he was no longer working in the hospital, Dr. Scagliotti made a house visit to fix the feeding tube and stayed with the family until they felt comfortable. “He is their shining star,” Sue Steidel says.

Congratulations are extended to **Gregory Brusko, DO**, **Michael J. Consuelos, MD**, **Richard A. Kolesky, MD**, **Matthew M. McCambridge, MD**, and **Matthew J. Winas, DO**, who were recently elected to serve three-year terms as members-at-large of the Medical Executive Committee, beginning July 1, 2004.



Gregory Brusko, DO



Michael Consuelos, MD



Richard Kolesky, MD



Matthew McCambridge, MD



Matthew Winas, DO

A special “Thank You” to **Linda K. Blose, MD**, **Gregory Brusko, MD**, **Joseph A. Habig II, MD**, **Thomas A. Hutchinson, MD**, and **John W. Margraf, MD**, for their dedication and service to the Medical Staff as members of the Medical Executive Committee for the past three years.

The Greater Delaware Valley Chapter of the National Multiple Sclerosis Society has chosen **Alexander D. Rae-Grant, MD**, as its 2004 Health Professional of the Year. Dr. Rae-Grant, Medical Staff President and member of the Division of Neurology, will receive his award at the society’s annual Volunteer Recognition Luncheon in November.

At this year’s Graduate Medical Education Celebration, which was held on Friday, June 11, the following members of the Medical Staff received Teacher of the Year Awards:

### *Clinical Teacher of the Year in Colon and Rectal Surgery – Indru T. Khubchandani, MD*

*Continued on next page*



Walter J. Okunski, MD (right), receives congratulations from Johnny Chung, MD, Plastic Surgery resident, as he is presented with the Award for Clinical Teacher of the Year in Plastic Surgery.

Continued from Page 10

***Clinical Teacher of the Year  
in Dental Medicine (LVH-M) –***  
Stuart A. Schwartz, DDS

***Clinical Teacher of the Year  
in Dental Medicine (LVH) –***  
Mark R. Eisner, DMD

***Clinical Teacher of the Year  
in Dermatology –***  
J. Greg Brady, DO

***Clinical Teacher of the Year  
in Emergency Medicine –***  
Charles C. WorriLOW, MD

***Clinical Teacher of the Year  
in General Surgery –***  
Peter F. Rovito, MD

***Clinical Teacher of the Year  
in Obstetrics and Gynecology –***  
Marisa A. Mastropietro, MD

***Clinical Teacher of the Year  
in Plastic Surgery –***  
Walter J. Okunski, MD

***Headley White, MD Award  
for Outstanding Teaching in Family Practice –***  
Brian Stello, MD



Brian Stello, MD, this year's recipient of the Headley White, MD Award for Outstanding Teaching in Family Practice



Michael J. Consuelos, MD (right), receives congratulations from Rich Simons, MD, Acting Vice Dean for Educational Affairs, Penn State, College of Medicine, after receiving the Penn State Medical Student Teacher of the Year Award for Pediatrics.

***Dean Dimick Teacher of the Year Award  
in Internal Medicine –***  
Mohammad N. Saqib, MD

***LVH-M Clinical Teacher of the Year –***  
James T. Wertz, DO

In addition, the following members of the Medical Staff received a Penn State College of Medicine Medical Student Teacher of the Year Award:

***Family Medicine –***  
Eamon C. Armstrong, MD

***Internal Medicine –***  
Marc Shalaby, MD

***Obstetrics and Gynecology –***  
Patrice M. Weiss, MD

***Pediatrics –***  
Michael J. Consuelos, MD

***Psychiatry –***  
Kenneth J. Zemanek, MD

***Surgery –***  
Scott W. Beman, MD

## Upcoming Seminars, Conferences and Meetings

### Emergency Medicine Grand Rounds

Emergency Medicine Grand Rounds are held on Thursdays, beginning at 8 a.m., at various locations. Topics to be discussed in July will include:

#### July 1 – Cedar Crest & I-78 Auditorium

- × Visiting speaker
- × “Acute Coronary Syndrome “
- × St. Luke’s case review

#### July 8 – LVH-Muhlenberg 4<sup>th</sup> Floor Classroom

- × “Complication of Dialysis: Perineal & Hem”
- × “Management of Sepsis”
- × “Trauma Patient Evaluation”
- × Rosen’s

#### July 15 – EMI, 2166 S. 12<sup>th</sup> Street

- × ATLS (short morning for PGY 3 & 4)
- × M&M (90 minutes)
- × “Board Review-Emphasis on Oral and Practical”

#### July 22 – LVH-Muhlenberg 4<sup>th</sup> Floor Classroom

- × “Snake Bite”
- × “Procedural Sedation in Children”
- × “ENT Emergencies”
- × Rosen’s

#### July 29 – EMI, 2166 S. 12<sup>th</sup> Street

- × “Airway Management and Cart Lab”

For more information, please contact Dawn Yenser in the Department of Emergency Medicine at 484-884-2888.

### 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, Lehigh Valley Hospital, Cedar Crest & I-78, unless otherwise noted. The topic for July will include:

- × July 6 – “Overuse Injuries”

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

### 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 July will include:

- × July 2 – No Grand Rounds – Holiday weekend
- × July 9 – “Management of Nausea and Vomiting in Pregnancy”
- × July 16 – “Medical Approach to Managing Abnormal Uterine Bleeding”
- × July 23 – “Sexual Differentiation”
- × July 30 – “Pumps and Pregnancies”

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

### Department of Pediatrics

The Department of Pediatrics holds conferences 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 July will include:

- × July 6 – Case Conference
- × July 13 – “Obesity Part 1: The Supersizing of America’s Youth”
- × July 20 – “The Allergy March and ImmunoCAP Testing”
- × July 27 – “Approach to Pediatric Urinary Tract Infections in 2004”

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

| {

*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.*

## Who's New

### Medical Staff

#### New Appointments



**Jeffrey C. Astbury, MD**  
Allentown Anesthesia Associates Inc.  
1245 S. Cedar Crest Blvd., Suite 301  
Allentown, PA 18103-6243  
(610) 402-9080 Fax: (610) 402-9029  
Department of Anesthesiology  
Division of Cardiac Anesthesiology  
Provisional Active



**Michael F. Benavage, MD**  
North Catasauqua Area Medical Center  
1400 Main Street  
North Catasauqua, PA 18032-2644  
(610) 264-0411 Fax: (610) 264-8498  
Department of Family Medicine  
Provisional Affiliate



**Steven H. Berman, MD**  
Keystone Surgical Associates  
800 Ostrum Street, Suite 307  
Bethlehem, PA 18015-1010  
(610) 776-5025 Fax: (610) 882-2018  
Department of Surgery  
Division of General Surgery  
Provisional Active



**Barbara K. Bollinger, MD**  
Forensic Pathology Associates Inc.  
1210 S. Cedar Crest Blvd., Suite 3900  
Allentown, PA 18103-6242  
(610) 402-8144 Fax: (610) 402-5637  
Department of Pathology  
Division of Anatomic Pathology  
Section of Forensic Pathology  
Provisional Active



**Angela M. Camasto, MD**  
ABW Pediatric Associates  
2223 Linden Street  
Bethlehem, PA 18017-4806  
(610) 866-2277 Fax: (610) 866-8352  
Department of Pediatrics  
Division of General Pediatrics  
Provisional Associate



**Michael J. Chmielewski, MD**  
LVPG-Gynecology  
Lehigh Valley Hospital  
17<sup>th</sup> & Chew, P.O. Box 7017  
Allentown, PA 18105-7017  
(610) 402-9505 Fax: (610) 402-9688  
Department of Obstetrics and Gynecology  
Division of Gynecology  
Provisional Active



**Ross E. Ellis, MD**  
HealthWorks  
1243 S. Cedar Crest Blvd.  
Allentown, PA 18103-7982  
(610) 402-9230 Fax: (610) 402-9293  
Department of Medicine  
Division of General Internal Medicine  
Provisional Active



**Arvind K. Gupta, MD**  
LVPG-Hospitalist  
1240 S. Cedar Crest Blvd., Suite 410  
Allentown, PA 18103-6218  
(610) 402-8045 Fax: (610) 402-1675  
Department of Medicine  
Division of General Internal Medicine  
Provisional Active



**Kenneth S. Kurtz, 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



**Chris A. Lycette, MD**  
Neurosurgical Associates of LVPG  
1210 S. Cedar Crest Blvd., Suite 1100  
Allentown, PA 18103-6229  
(610) 402-6555 Fax: (610) 402-6550  
Department of Surgery  
Division of Neurological Surgery  
Section of Neuro Trauma  
Provisional Active  
Appointment Date – 9/13/2004

*Continued on next page*



**Paul J. Mosca, MD, PhD**  
Oncology Specialists of Lehigh Valley  
1240 S. Cedar Crest Blvd., Suite 410  
Allentown, PA 18103-6218  
(610) 402-8338 Fax: (610) 402-1655  
Department of Surgery  
Division of General Surgery  
Provisional Active



**Eun J. Oh, MD**  
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



**Charles G. Petersen, MD**  
Bethlehem Pulmonary Associates, Inc.  
5325 Northgate Drive, Suite 209  
Bethlehem, PA 18017-9416  
(610) 866-2048 Fax: (610) 866-5058  
Department of Medicine  
Division of Pulmonary/Critical Care Medicine  
Provisional Active



**Michael B. Weigner, MD**  
LVPG-Emergency Medicine  
Lehigh Valley Hospital  
Cedar Crest & I-78, P.O. Box 689  
Allentown, PA 18105-1556  
(610) 402-8111 Fax: (610) 402-4546  
Department of Emergency Medicine  
Division of Emergency Medicine  
Provisional Active  
Appointment Date – 8/1/2004

### Address Changes

**MaryAnne Freeman Brndjar, DO**  
1251 S. Cedar Crest Blvd., Suite 104B  
Allentown, PA 18103-6205  
(610) 820-5800 Fax: (610) 820-5754

**Gwen S. Greenberg, DPM**  
1255 S. Cedar Crest Blvd., Suite 2900  
Allentown, PA 18103-6340  
(610) 437-3939 Fax: (610) 437-7820

### Practice Change

**Peter J. Isaac, DO**  
(No longer with Tahir-Hashemi-Isaac, LLC)  
Peter J. Isaac, DO, LLC  
1605 N. Cedar Crest Blvd., Suite 609  
Allentown, PA 18104-2351  
(610) 820-5703 No Fax

### Practice and Status Change

**Edgardo G. Maldonado, MD**  
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  
From: Limited Duty To: Provisional Active

**Gregory M. Stout, DO**  
Peters, Caccese, Scott & Slompak  
Allentown Medical Center  
401 N. 17<sup>th</sup> Street, Suite 201  
Allentown, PA 18104-5085  
(610) 432-6862 Fax: (610) 432-9705  
Department of Medicine  
Division of General Internal Medicine  
From: Limited Duty To: Provisional Active

### Status Change

**Mark C. Montag, MD**  
Department of Surgery  
Division of Ophthalmology  
From: Provisional Active To: Affiliate

### Six-Month Leave of Absence

**Michael P. Horowski, DMD**  
Department of Dental Medicine  
Division of General Dentistry/Special Care

### 14-Month Leave of Absence

**Michael C. Sinclair, MD**  
Department of Surgery  
Division of Cardio-Thoracic Surgery  
Section of Cardiac Surgery/Thoracic Surgery

### Resignations

**Ronald E. Baird, DO**  
Department of Family Medicine

**Matthew S. Bartelt, DO**  
Department of Medicine  
Division of General Internal Medicine

**Robert C. Bornstein, DO**  
Department of Medicine  
Division of General Internal Medicine

**Wayne J. Brotzman, Jr., DO**  
Department of Family Medicine

**Lisa J. Caffrey, DO**  
Department of Family Medicine

**Sonali Chokshi, MD**  
Department of Medicine  
Division of General Internal Medicine

**Francis J. Cinelli, DO**  
Department of Family Medicine

**Philip J. Cinelli, DO**  
Department of Family Medicine

**William R. Dougherty, MD**  
Department of Surgery  
Division of Trauma-Surgical Critical Care/  
Plastic Surgery, Section of Burn

**Ronelle Falls, DDS**  
Department of Dental Medicine  
Division of General Dentistry

**Brian L. Fellechner, DO**  
Department of Medicine  
Division of Physical Medicine-Rehabilitation

**Miguel A. Gonzalez, MD**  
Department of Family Medicine

**Douglas P. Harr, MD**  
Department of Medicine  
Division of General Internal Medicine/  
Geriatrics

**Harold K. Heckman, MD**  
Department of Psychiatry

**Kevin M. Hoddinott, MD**  
Department of Surgery  
Division of Vascular Surgery

**William L. LeBoeuf, MD**  
Department of Psychiatry  
Section of Child-Adolescent Psychiatry

**William Lozinger, Jr., DO**  
Department of Family Medicine

**A. Rashid Makhdomi, MD**  
Department of Medicine  
Division of General Internal Medicine

**Mari A. McGoff, MD**  
Department of Medicine  
Division of General Internal Medicine

**Sethuraman Muthiah, MD**  
Department of Medicine  
Division of General Internal Medicine

**Gerald Saavedra, MD**  
Department of Medicine  
Division of Endocrinology

**John J. Scaffidi, Jr., MD**  
Department of Obstetrics and Gynecology  
Division of Primary Obstetrics and Gynecology

**Mark P. Shampain, MD**  
Department of Pediatrics  
Division of Pediatric Subspecialties  
Section of Allergy

**Arnold Traupman, MD**  
Department of Surgery  
Division of Ophthalmology

**Anne E. VonNeida, MD**  
Department of Medicine  
Division of General Internal Medicine

**Kathya M. Zinszer, DPM**  
Department of Surgery  
Division of Podiatric Surgery

## Allied Health Staff

### New Appointments

**Guennadi Aldochine**  
Intraoperative Neurophysiologic Monitoring Specialist  
(Surgical Monitoring Associates, Inc. –  
Mark C. Lester, MD)

**Donna M. Francis-Samuels, PA-C**  
Physician Assistant-Certified  
(Surgical Specialists of the Lehigh Valley  
– Sigrid A. Blome-Eberwein, MD)

**William S. Harriman, PA-C**  
Physician Assistant-Certified  
(Northeast Medical Care, PC – Jinesh M.  
Gandhi, MD)

**John M. Holley, RNFA**  
Registered Nurse First Assistant  
(Valley Sports & Arthritis Surgeons –  
Thomas D. DiBenedetto, MD)

**Loretta Konrad, CRNP**  
Certified Registered Nurse Practitioner  
(Allentown Anesthesia Associates Inc. –  
Lisa A. Keglovitz, MD)

**Jeremy S. McCallister**  
Intraoperative Neurophysiological Monitoring Specialist  
(Surgical Monitoring Associates, Inc. –  
Mark C. Lester, MD)

**Heather A. Rissmiller, PA-C**  
Physician Assistant-Certified  
(Advanced Dermatology Associates, LTD  
– Marc W. Levin, MD)

**Kellie Jo Rodelli, PA-C**  
Physician Assistant-Certified  
(Neurosurgical Associates of LVPG –  
Stefano Camici, MD)

**Dino D. Sacchetti, PA-C**  
Physician Assistant-Certified  
(Lehigh Valley Hospital-Muhlenberg –  
John A. Mannisi, MD)  
(Substitute Supervising Physician –  
Fernando M. Garzia, MD)

**Mary L. Williams, CRNP**  
Certified Registered Nurse Practitioner  
(Anticoagulation Services – Mark D.  
Cipolle, MD, PhD)

### Change of Supervising Physician

**Louise M. Andrescavage, CRNP**  
Certified Registered Nurse Practitioner  
(Center for Women's Medicine)  
From: Ernest Y. Normington, MD  
To: L. Wayne Hess, MD

**Laura L. Fistner, PA-C**  
Physician Assistant-Certified  
From: Syed A. Subzposh, MD  
To: Lehigh Area Medical Associates, PC  
– Edward J. Rosenfeld, MD

**Lee E. Speed, PA-C**  
Physician Assistant-Certified  
(The Heart Care Group)  
From: Michael C. Sinclair, MD  
To: Theodore G. Phillips, MD

### Additional Supervising Physician

**Afifi A. Khoury, CRNP**  
Certified Registered Nurse Practitioner  
(Wound Healing Center – Robert X.  
Murphy, Jr., MD)  
(Additional Supervising Physician –  
Michael W. Kaufmann, MD)

### Resignations

**Richard J. Albright, Jr., CRNA**  
Certified Registered Nurse Anesthetist  
(Lehigh Valley Anesthesia Services, PC)

**Beth L. Lloyd, CRNA**  
Certified Registered Nurse Anesthetist  
(Lehigh Valley Anesthesia Services, PC)

**Heather L. Lloyd, CRNA**  
Certified Registered Nurse Anesthetist  
(Lehigh Valley Anesthesia Services, PC)

**Luis A. Martinez, PA-C**  
Physician Assistant-Certified  
(The Heart Care Group, PC)

**Marci J. Pierog, RN**  
Registered Nurse  
(Hematology-Oncology Associates, Inc.)

**Scott J. Wilson, CRNA**  
Certified Registered Nurse Anesthetist  
(Lehigh Valley Anesthesia Services, PC)

**LEHIGH VALLEY**  
**HOSPITAL**  
AND HEALTH NETWORK

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](mailto:janet.seifert@lvh.com)

***Medical Staff Progress Notes***

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

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

Edward M. Mullin, Jr., MD  
Past President, Medical Staff

John W. Hart  
Vice President, Medical Staff Services

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

***Medical Executive Committee***

Gregory Brusko, DO  
Michael J. Consuelos, MD  
Elizabeth A. Dellers, MD  
William B. Dupree, MD  
Michael Ehrig, MD  
John P. Fitzgibbons, MD  
Larry R. Glazerman, MD  
L. Wayne Hess, MD  
Herbert C. Hoover, Jr., MD  
Ravindra R. Kandula, MD  
Laurence P. Karper, MD  
Michael W. Kaufmann, MD  
Sophia C. Kladias, DMD  
Richard A. Kolesky, MD  
Glenn S. Kratzer, MD  
Robert Kricun, MD  
Donald L. Levick, MD, MBA  
Matthew M. McCambridge, MD  
Thomas M. McLoughlin, Jr., MD  
William L. Miller, MD  
Edward M. Mullin, Jr., MD  
Michael J. Pasquale, MD  
Alexander D. Rae-Grant, MD  
Victor R. Risch, MD, PhD  
Michael A. Rossi, MD  
Raymond L. Singer, MD  
Elliot J. Sussman, MD  
Ronald W. Swinfard, MD  
John D. Van Brakle, MD  
Michael S. Weinstock, MD  
James C. Weis, MD  
Patrice M. Weiss, 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 Departments — Non-Clinical “Medical 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](mailto: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.