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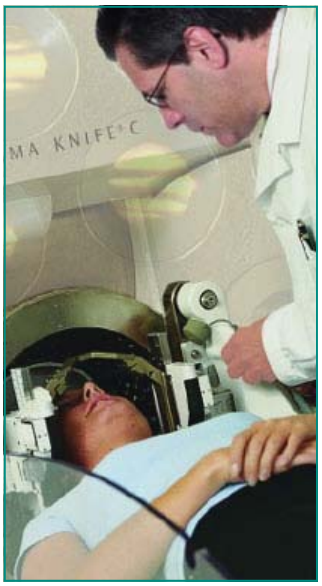
Medical Staff PROGRESS NOTES

Inside This Issue:

LEHIGH VALLEY HOSPITAL AND HEALTH NETWORK

Gamma Knife®

A new treatment choice for people facing brain surgery



The ongoing expansion of the LVH-Muhlenberg cancer center includes the region's only hospital-based Gamma Knife®. The device, which was installed in July, is one of just 80 in the United States.

Gamma Knife® radiosurgery is a new way to treat people who have brain tumors, malformed blood vessels and other disorders of the brain.

It is called radiosurgery, but there is no cutting. A single high dose of radiation passes through the skull to the part of the brain that needs to be treated. The radiation destroys the area that is a problem. It does not hurt the healthy part of the brain.

Because there is no incision, patients recover quickly. Most people go home the next day and resume normal activities within a week. Compared to earlier types of radiosurgery that required up to 20 treatments, this new "gold standard" of radiosurgery is so precise that it usually requires only one treatment.

Lehigh Valley Hospital is the only hospital-based program in the region to offer Gamma Knife® radiosurgery. It is a serious procedure and is safest when performed in a hospital where patients can benefit from vital resources. Gamma Knife® radiosurgery is performed at LVH-Muhlenberg.

Gamma Knife® radiosurgery can be used for the following diseases and disorders:

Pain disorders
- Trigeminal neuralgia

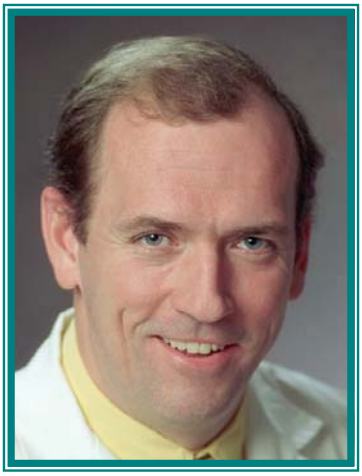
Vascular malformations
- Arteriovenous malformations (AVMs)
- Cavernous malformations

Malignant tumors
- Metastatic tumors
- Malignant gliomas
- Other primary malignant brain tumors

Benign tumors
- Acoustic neuromas
- Pituitary adenomas
- Meningiomas
- Chordomas
- Hemangioblastomas
- Craniopharyngiomas
- Other cranial nerve schwannomas

Members of the Gamma Knife Team include: **Clinton H. Leinweber, DO**, Department of Radiation Oncology and Gamma Knife Medical Director; **Stefano Camici, MD**, Division of Neurological Surgery and Gamma Knife Surgical Director; and **John Niemkiewicz, PhD**, Chief Radiation Physicist.

For more information regarding Gamma Knife® radiosurgery, please contact Dr. Leinweber at 610-402-0700.



From the President

The tragedy of the commons redux.

In medieval Britain, each community had land that wasn't privately owned – the village 'commons'. Farmers grazed their cattle on the commons, and the brush which would otherwise have sprung up was kept back. Each individual farmer benefited at market day, when they could sell their sheep or goat or cow for a profit, a profit dependent on the use of the commons. The commons remained open and useable as long as it was grazed enough to keep the brush from closing it off, but not so much that the land became barren. It was an effective policy at the borderland between private property and communal good.

So consider the situation where each individual farmer thinks only his or her benefit. From the viewpoint of the individual, the best benefit would be to maximize the use of the commons, grazing as many animals as possible to make a killing on market day. As long as the other farmers don't overdo it, the individual does well. Since there's such a large area of commons in relation to the individual farmer, there's no difficulty with the commons supporting a few extra animals.

But what happens when all the farmers try to maximize their personal benefit from the commons? Ah, that's the problem, and therein lies the tragedy. If all of the individuals put more animals on the commons, at some point the commons is overgrazed, and none of the animals can survive. It's a dilemma that has been played out in many areas where public and private interests collide.

I recently received a free issue of a throwaway journal titled ***Practical Neurology***. Among advertisements for CME courses in Maui and articles on great places for vacation homes, there was an intriguing article on how to maximize your income as a neurologist. Such articles are hard to ignore, so I read on. Among the obvious activities, such as seeing more patients or seeing more patients in less time, there were other less intuitive ones. One of the suggestions, in fact, was to try to not see patients as much, but fill up your time doing tests. Tests, it turns out, are much more remunerative than actually doing the work of caring for people. You could do really well as a neurologist by not seeing patients at all, and just do EMG and EEG tests and read MRIs all day. So far so good. Just let those other neurologists see the pesky patients, and I'll feather my nest with the proceeds from all the tests I interpret.

What really struck me was the final suggestion of the article, one that made abundant sense for me as an individual. Where is a neurologist most vulnerable to being sued? Where is the neurologist's time least well spent? Where is the headache of practice the most? The answer, of course, is in hospital call. So there's a simple solution – just stop doing hospital duty. Not only does this reduce the risk, improve the bottom line, and make my life easier; it reduces the headache of having to relate to an administration and medical staff that may have some ideas different from my own. It's a perfect solution.

So here's my suggestion. If this is good for neurologists, it should, in theory, be good for every physician that doesn't absolutely need to be in the hospital – plastic surgeons, some orthopods, internists, gastroenterologists, dermatologists; the list goes on. Let's all abandon hospital duty and do strictly outpatient work. Who needs that tiresome call in the middle of the night? Who wants to care for another uninsured person from the ED? Wouldn't it be better to let the other docs do that work? If we all abandon our hospital duty, we'll all be better off.

Right?

It's the paradox of the commons, replayed. We all want the institution of the hospital available for us to use. If I have a stroke, I want a competent neurologist available to care for me. In fact, I would expect this to be the case. We all assume this to be the case. Nationally, however, doctors are cottoning on to the fact that hospital duty is a dud, and are bailing out en masse. It leaves hospital emergency rooms uncovered, and people uncared for. The commons of the hospital is impoverished when we all think individually. Who is going to do the duty that we all think needs to be done? Someone else? That guy over there?

Think about it before you send in your medical staff resignation. Personally, I will continue to be available for emergency call and hospital duty.

Alexander D. Rae-Grant, MD
Medical Staff President

Medical Staff Survey Action Plan Update

As the summer rolls along, we bring you more items from the Jackson Organization Medical Staff Survey Action Plan. Thanks to the Chairs and Medical Executive Committee for the input they have given to this process, as well as the ongoing support from Lou Liebhaber and the entire Administration. Two key areas of focus are the Emergency Department and LVH-Muhlenberg. Following are the items that address the issues you brought up in the Jackson Organization Medical Staff Survey. Thanks again for your input.

Emergency Department

The Emergency Department will implement a new information system which should not only speed the care, but also improve the communication and monitoring of patient status. The Emergency Department has already made an all out effort to improve patient satisfaction, yielding tremendous improvement in Press-Ganey measures of patient satisfaction. The Emergency Department now uses a POD system, which tightens up the team approach to patient care. Working with the GOC team, the Emergency Department has put into place a "pull" system, in which patients are pulled through the system to awaiting beds in the hospital. Finally, the waiting room is no longer a waiting room, but a POD with continuous patient observation and periodic re-evaluation.

Medical Staff at LVH-Muhlenberg

The Medical Staff Services office and the Administrative team at LVH-Muhlenberg will be working harder to introduce new doctors to the LVH-Muhlenberg site, particularly as we move to a much larger building next spring. Administration is offering walk-throughs of the new building (contact Stu Paxton, Senior Vice President of Operations, LVH-Muhlenberg, at 484-884-2208 for information) to familiarize you with the new facility. Several members of the Medical Staff who are primarily based at LVH-Muhlenberg provided input on the design and locations of the two new medical staff lounges at the LVH-Muhlenberg site. Finally, Dr. Robert Murphy has reformatted the Medical Advisory Committee as a problem-solving group, and so far this has been a great success.

We've Done it Again!

It is always a pleasure to share exciting news, especially when it shows how the hard work and dedication of everyone at LVHHN leads to the best care for our patients and our community.

The latest ***U.S.News & World Report*** "America's Best Hospitals" list is out, and Lehigh Valley Hospital (LVH) is ranked for the ninth consecutive year, this time in ***six*** categories, the most ever in a single year since we first made the list in 1996. LVH is recognized in 2004 for cardiology/cardiac surgery; digestive disorders; ear, nose and throat care; hormonal disorders; orthopedics; and urology. This is the third straight time LVH has been ranked for cardiology/cardiac surgery and the sixth time overall for urology. LVH is among only 177 of more than 6,000, or fewer than one in 30, medical centers around the country to make the list.

U.S. News & World Report assessed care in 17 specialties for "America's Best Hospitals." To be considered, a hospital must meet at least one of three requirements: membership in the Council of Teaching Hospitals (COTH), medical school affiliation, or availability of key technology-related services. In each specialty, a hospital must perform a significant number of defined procedures or had to be cited by at least one physician in the past three years of ***U.S. News & World Report*** surveys. These hospitals then receive a score that equally weighs reputation, mortality and certain care-related factors such as nursing and patient services.

When we recently announced the expansion of the Cedar Crest campus, we stated that our community was telling us, through demand for our services, what they want and what matters to them. The project is our commitment to meeting their health care needs and expectations. National recognition like this ***U.S. News & World Report*** honor reinforces what our community is telling us everyday by relying on our physicians, our nurses and our hospital for the highest quality care. We should all be proud of that.

Radiology News—PACS is Coming!

On September 14, LVHHN will launch a new, all digital radiology storage and retrieval system giving network physicians computer access to their patients' x-ray, CT, MRI, ultrasound, and nuclear medicine images at the click of a mouse.

The system, called **PACS** (Picture Archiving Communication System), will provide the following benefits for LVHHN physicians and patients:

- Images will be available almost immediately after they are taken so they can be interpreted faster and treatment begun sooner.
- Films will not have to be picked up and returned to the file room, as all radiology images will be filmless.
- Images can be viewed by a physician on any network PC and in any LVHHN doctor's office or home that is equipped with DSL or cable modem.
- Two or more physicians can access the same images simultaneously in different locations to consult on a patient case.
- Physicians can view a series of images taken over time and compare changes.

Frequently Asked Questions

Who can have access to PACS?

Physicians (staff and residents), physician assistants, nurse practitioners, and all other practitioners who currently look at radiographs as part of their clinical responsibilities.

How do I get training?

Call Information Services at 610-402-1703 to schedule a training session.

Who do I call with a clinical question?

Call the Radiology PACS Administrator at pager 610-402-5100 7227.

How do I access this in my office?

If your office PCs are on the hospital's network, you can use your PACS SSO (single sign on) button to launch the application. If you are not on the hospital's network, you must have a high-speed connection to view the images.

What if my patient is going outside of the network?

Images will be burned onto a CD for your patient.

If images are burned onto a CD, is there any different security policy?

No, you would treat the CD just as you would standard films.

Can I use my wireless laptop or Lifebook to view images?

No, the current wireless network will not handle images.

What about viewing images in the OR?

The OR will be set up with monitors for viewing images. However, until the selection of the monitors for the OR has been finalized, selected films will be printed.

What are the minimum computer requirements to run PACS?

- CPU - Pentium 300 MHz or higher
- Memory - 512 Mb or higher
- Disk Drives - 1.5 Gb free hard disk space, CD ROM drive
- Monitor - 17" SVGA color monitor with 1024 x 768 resolution, small fonts
- NIC - 10/100 Mbps full duplex Network Interface Card
- Web Browser - IE 5.5
- OS - Windows 98, XP, 2000
- Peripheral SW - virus detection, (for Report Server Transcription workstations),
- Seagate Crystal Reports Professional 8.5 (for report design)
- Communications Protocol - TCP/IP
- Other - Mouse or other pointing device

On the implementation date, images from all clinical areas (except Cardiac, Maternal-Fetal Medicine, and Mammography) will be accessible on-line.

In addition, images have been archived over the past four months, enabling physicians to view archived studies from this time period.

PACS will have a dramatic and positive influence on your ability to view images throughout the LVHHN network. Please make sure to schedule yourself for training on this exciting system before the "Go Live" date of September 14. Again, call Information Services at 610-402-1703 to schedule a training session.

If you have any questions or concerns regarding PACS, please contact Cathy Story, Chief PACS Administrator, at 610-402-8297.

LEHIGH VALLEY HOSPITAL AND HEALTH NETWORK

Growing Organizational Capacity

Shorter stays ensure your patients will always have a hospital bed when they need it.

Your patient needs a hospital bed and can't wait.

Where can you turn?

At Lehigh Valley Hospital and Health Network, we're working on solving a national concern — meeting the growing demand for services. Part of that includes reducing the average patient length of stay. It's been as low as 4.5 days, but it's crept upward lately to 4.75 days. **When pro-rated for a full calendar year, that extra quarter-day can fill a 22-bed inpatient hospital unit annually.**

A new team — called Shorten Our (patients') Stays (SOS) — is working to get the average back down, and we only can succeed with your help.

Why does length of stay matter?

- **Because community matters.** A full hospital means patients who need access to our care **cannot** receive it. The emergency department (ED) backs up and sometimes goes on diversion. It also means post-surgery patients can't get to a bed quickly, leading to surgical case delays.
- **Because it's important every day.** If a test is delayed, a patient discharge is often delayed, too. The more that occurs, the quicker the ED and ORs reach capacity.
- **Because it's a constant challenge.** And improvement opportunities always exist. It might mean seeing ready-for-discharge patients first before new patients, making sure tests **are scheduled on time,** and ensuring that test results are read, evaluated and acted on promptly.

RESOURCES TO HELP US REDUCE LENGTH OF STAY

- **Echocardiograms** are now available seven days a week.
- **"Impacts discharge" is a new order "priority"** that alerts diagnostic departments a patient's test must be done rapidly to ensure an on-time discharge.
- **Ten new beds are coming** to the transitional skilled unit (TSU) in July. This will bring the total number of new beds across the network to 80 since August 2002.
- **A long-stay SWAT team,** including a case manager, physician advisor, patient representative, patient safety officer and patient educator, can help with complex patient and family situations.
- **Daily collaborative rounds** with a nurse, pharmacist, chaplain, case manager and dietitian at LVH–Muhlenberg have decreased length of stay on 3S and 4S to 4.16 days. Such rounds are now being piloted on 6B at LVH–Cedar Crest.
- **D'BST** (discharge bed SWAT team) is available to clean empty inpatient rooms thoroughly and efficiently.
- **Centralized ambulance transport,** if medically necessary, is available through an LVHHN-based dispatcher.
- **Updated length-of-stay information** will be communicated periodically.
- **Tell us if you have any questions or concerns.** Express them by e-mail to the SOS bulletin board on the LVH system. This information will help us eliminate discharge barriers.

News from CAPOE Central

First Surgeon Wins CAPOE Trip Award

Dr. Joseph Trapasso, Division of Urology, won the CAPOE compliance award for May. He is the first surgical attending to have his name drawn from the hat. Dr. Trapasso has been very compliant with CAPOE, even during the startup period in PACU. Although the Division of Urology has a visiting resident, the attending physicians still enter a large number of orders. When contacted, Dr. Trapasso was very excited, as he wasn't sure that he had qualified.

Entering Orders - Do You Know Who Your Patient Is?

Now that physicians can enter orders on any patient from anywhere in the hospital, a concern has been raised about the possibility of entering orders on the wrong patient. It is very easy to switch between patients to look up results or enter orders. To reduce this risk, the Order Profile Screen will show the patient's name directly above the 'ADD ORDERS' button. This should alert the ordering physician of precisely which patient the orders are being entered on. Please let the CAPOE team know if you find this change helpful.

CAPOE - Just One Part of the Communication Pathway

When entering CAPOE admission orders for a patient in the ED, please remember to either make a note in the ED chart or tell the nursing staff that there are electronic orders. The nursing staff has been instructed to initiate care on patients that remain in the ED for extended periods of time. To facilitate timely care, it is important that the physicians notify nursing that there are orders online.

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 HIM Department

Dictation System Upgrade

All phases of conversion to the new dictation system have been completed. To assist in the implementation:

- Dictation instructions are posted at all the dictation stations
- Telephones designated a dictation phones have been equipped with “speed dial’ to automatically connect to the dictation system
- A single telephone dictation number has been designated for all hospital sites

Dictation Cards

Updated Dictation cards (green printing) will be mailed out to the attending and resident staff shortly. Cards will also be available in the Medical Staff Lounge and the Health Information Management Department at the Cedar Crest & I-78 and LVH-M campuses. If you do not receive a card or need additional cards, please call Carolyn Buck at 610-402-8330.

STAT Dictation Line (Work Type 16)

Transcription has noticed a considerable increase in the volume of work on the STAT line, causing a delay in processing the “true” STAT dictations. The STAT line was implemented as a means of processing “emergency” dictations, specifically patient transfers, patients going to surgery, etc. Please use the appropriate dictation work types when dictating, in order to expedite processing STAT dictations.

Coding Manager

On July 6, Carolyn Murphy, RHIA, assumed the position of Operations Coordinator, Coding/Atlas section of the HIM Department. Carolyn most recently held the position of Clinical Data Manager at Maine Medical Center, a 600-bed acute care facility, with direct management responsibility for both inpatient and outpatient coding. Prior to that time, she was Chief of a HIM department, as well as managed various HIM units (coding, tumor registry, transcription, release of information and file unit). For Coding/Atlas questions, she can be reached at 610-402-2871.

Coding Tip of the Month

Heart failure is the inability of the heart to meet the physical needs of the body. Symptoms of heart failure may include shortness of breath, edema, fatigue, or exercise intolerance. Heart failure can be the result of hypertension, CAD, enlarged heart, infection, or congenital anomalies. There are two types of heart failure. *Systolic* heart failure presents as a weakening of the heart muscle that prevents the heart from pumping enough blood. *Diastolic* heart failure presents as a stiffening of the heart muscle that prevents the main pumping chamber from filling sufficiently. Documentation of systolic or diastolic heart failure is needed for correct coding of these conditions.

Simplified Billing in Emergency Departments

Effective July 1, the Emergency Departments at all three sites began simplified billing by collecting co-pays from patients at the time of their visit, just like doctors' offices do.

New equipment makes it possible to offer this streamlined process to patients. Currently, personal checks, credit cards, and debit cards are accepted, and in the near future, cash will also be accepted. This new process should be more convenient and less confusing for patients.

Please be assured that patient care always comes first. Every patient will be evaluated by a physician or physician's assistant. Only **after** the patient has been evaluated will the registration process be completed. For patients with insurance, collecting the co-pay is simply a part of that process. For uninsured patients, a partial payment will be requested during the registration process.

If you have any questions regarding this new process, please contact Chris Lewis, Administrative Director, at 610-402-7146 or pager 610-402-5100 2017.

Informed Consent: Your Obligations Under the Law!

Recently, the Department of Health notified the hospital of documentation deficiencies by physicians on the Procedure Request /Consent Form.

Under the MCARE Act 40 P.S. § 1303.504, physicians are obligated to:

(a) Duty of physicians.--Except in emergencies, a physician owes a duty to a patient to obtain the informed consent of the patient or the patient's authorized representative prior to conducting the following procedures:

(1) Performing surgery, including the related administration of anesthesia.

(2) Administering radiation or chemotherapy.

(3) Administering a blood transfusion.

(4) Inserting a surgical device or appliance.

(5) Administering an experimental medication, using an experimental device or using an approved medication or device in an experimental manner.

(b) Description of procedure.--Consent is informed if the patient has been given a description of a procedure set forth in subsection (a) and the risks and alternatives that a reasonably prudent patient would require to make an informed decision as to that procedure. The physician shall be entitled to present evidence of the description of that procedure and those risks and alternatives that a physician acting in accordance with accepted medical standards of medical practice would provide.

When completing a Procedure Request/Consent Form, please ensure that you or your designee completely fill out the form. Please be sure to include the following: Patient identification, procedure name, physician performing procedure, risks, benefits, alternatives, signature of individual undergoing procedure or their guardian in the event of an incompetent patient, witness if the patient is incompetent, the date in which the consent is signed and, most importantly, the physician's signature.

If you have any questions or concerns regarding this issue, please contact Fran Miranda, Patient Safety Officer, at 610-402-3008.

Physician Parking at 17th & Chew during the Allentown Fair

Beginning Wednesday, August 18, through Monday, September 13, parking for physicians will be reassigned to Lot #4 (North West Street). Physicians' photo ID badges will be programmed to access Lot #4 during this period. Residents will utilize the same lots as employees during this time, Lots #6 and #7.

If you have any questions regarding this issue, please contact Louis Geczi in Security at (610) 402-2986.

Palliative Care Initiative

Upcoming Presentations

In April, four individuals from the Robert Wood Foundation completed a site visit at Lehigh Valley Hospital as part of the grant for Promoting Palliative Care Excellence in the ICU. During the visit, the visitors were impressed with the collaboration this project has with the hospice and outpatient palliative care service department and how interactive the ICU is with hospice. Based on this, Dr. Daniel Ray, MD, and Ruth Fillebrown, RN, were asked to speak at the National Hospice and Palliative Care Organization's 19th Management and Leadership Conference – Creating Pathways for Caring at the End of Life. They will present "Building the bridges between ICU and Hospice: It can be done." This conference will be held in Washington DC, from September 30 to October 2.

In addition, a symposium titled "*Palliative and Critical Care Perspectives: Science, Research, Technology"* will be held at Lehigh Valley Hospital on October 1,2004. Brochures have been mailed out. For more information regarding this program, please contact Susan Marques in the Center for Educational Development and Support at 610-402-2556.

Fast Fact of the Month

Fast Fact and Concept #082: Medicare Hospice Benefit Part 1: Eligibility and Treatment Plan

Author(s): Robin Turner, MD

In the United States, the Medicare Hospice Benefit (MHB) pays for 80% of all hospice care. Established in 1983, the MHB pays for medical, nursing, counseling and bereavement services to terminally ill patients and their families. The original goal of the MHB was to support families caring for their dying relative at home. Under certain circumstances, hospice services under the MHB can also be provided in a nursing home or the acute care hospital. Referral for hospice care is appropriate when the overall plan of care is directed toward comfort rather than reversing the underlying disease process.

Eligibility-Medicare Hospice Benefit

The patient must be entitled to Medicare Part A (hospital payments); once the patient decides to enter hospice care, they sign off Part A and sign on (elect) the MHB. Note: this process is reversible-patients may at a future time elect to return to Medicare Part A. The patient must be certified by the Hospice Medical Director and one physician to have a life expectancy of less than six months "if the patient's disease runs its natural course." Patients can continue to be eligible if they live beyond six months, as long as the physicians believe death is likely within six months. Under Medicare, DNR status cannot be used as a requirement for admission.

Covered Services (100% coverage with no co-pay)

- Case oversight by the physician Hospice Medical Director
- Nursing Care: symptom assessment, skilled services/treatments and case management. The nurse visits routinely; 24-hour/7-day per week emergency contact is also provided.
- Social Work: counseling and planning (living will, DPOA)
- Counseling Services including chaplaincy
- All medications and supplies related to the terminal illness. The hospice may charge a $5 co-pay per medication, but most choose not to charge this. Medications for conditions not related to the terminal condition are not covered
- Durable medical equipment: hospital bed, commode, wheelchair, etc.
- Home Health Aid and Homemaker Services.
- Speech therapy, Nutrition, PT, and OT services as determined by the Plan of Care (see below)
- Bereavement support to family after the death
- Short-term General Inpatient Care for problems that cannot be managed at home – most commonly intractable pain, delirium, or caregiver breakdown
- Short-term Respite Care – up to five days to permit family caregivers to take a break
- Continuous care at home for short episodes of acute need

Not Covered

- Continuous nursing assistant or nursing home room and board charges

Plan of Care (POC)

The hospice team and the patient's physician work together to maximize quality of life by jointly developing the Plan of Care. The POC is based on the patient's diagnosis, symptoms and other needs. The hospice program and the patient's physician must together approve any proposed tests, treatments and services. In general, only those treatments that are necessary for palliation and/or management of the terminal illness will be approved.

Physician Role

At the time of enrollment, the patient indicates the primary physician who will direct care; the patient may select a hospice physician for this role or may select their usual primary doctor. The primary physician is responsible for working with the hospice team to determine appropriate care.

Continued on next page

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[Online] Available http://www.capcmssm.org. October 21, 2002.

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.

Inpatient Influenza and Pneumococcal Vaccination Program

The Medical Executive Committee has approved standing orders for the influenza trivalent vaccine and pneumococcal polysaccharide vaccine (PPV) for eligible inpatients. Key elements of the inpatient influenza and pneumococcal vaccination program are:

- All inpatients over the age of 18 will be screened by a registered nurse (RN) for their eligibility to receive the influenza and or pneumococcal vaccine at the time of discharge.
- Screening for the influenza vaccine will occur from October through March.
- Screening for the pneumococcal vaccine will occur year round.
- The RN will follow the Interdisciplinary Medical Management Guidelines for influenza and pneumococcal vaccination and utilize a patient assessment form that outlines the criteria for eligibility (including the patient's history of vaccination) along with the contradictions.
- Patients who meet the criteria for vaccination and lack any contraindications will be offered the vaccine. Patients may refuse the vaccine if they choose not to be vaccinated.
- Physicians who do not want their patient vaccinated must write, or place in CAPOE, a DO NOT GIVE INFLUENZA/PNEUMOCOCCAL VACCINE order at any time prior to discharge.
- Patients who receive an influenza and/or pneumococcal vaccine will be given a wallet card containing the date and vaccine(s) received along with instructions to give the card to their primary care physician (PCP).
- An ongoing electronic immunization record will be maintained in LastWord for patients receiving vaccines. The immunization record will provide access to the patient's vaccine history on subsequent admissions by the physician or RN.

Inpatient settings have been identified by the Centers for Disease Control and Prevention (CDC) as an ideal setting to provide adult vaccinations. Studies have shown that about 40% of people who die of influenza or pneumonia have been hospitalized during the year prior to their fatal illness. Thus, the hospital serves as a setting in which persons at increased risk for subsequent hospitalizations can be identified and vaccinated.

The CDC strongly recommends that hospitals use a standing orders program to ensure the administration of influenza and pneumococcal vaccinations for adults. A qualified health care worker (RN) who follows the protocol that includes screening for prior immunization and vaccine contraindications may safely administer these vaccines without an individual physician evaluation or order.

Nursing homes in Pennsylvania are already required to offer influenza and pneumococcal vaccines to eligible residents. Furthermore, legislation (S.B. 769) has been introduced in Pennsylvania that would require hospitals to offer the influenza and pneumococcal vaccine to those individuals over 65 years of age who are hospitalized over 24 hours and for whom there are no contraindications. The bill supports the Healthy People 2010 objectives to raise the rate of immunizations for influenza and pneumococcal vaccinations to 90 percent for at-risk populations. Screening inpatients for their eligibility to receive an influenza and pneumococcal vaccination(s) is also a core measure for both CMS and JCAHO.

Patients will be interviewed as part of their assessment for their history of influenza and pneumococcal vaccination. Patients who have been vaccinated in the community by their PCP or other health care provider will not receive the vaccine based on their reported history. A process to introduce the program to the pediatric population will be addressed in the future.

If you have any questions about this issue, please contact the Infection Control Department at 610-402-0687.

Papers, Publications and Presentations

{ **Mark A. Gittleman, MD**, Division of General Surgery, was an instructor at the Breast Ultrasound Course at the American College of Surgeons Spring Meeting which was held in April in Boston, Mass.

In addition, Dr. Gittleman was a co-author of an article, "Early Experience with Balloon Brachytherapy for Breast Cancer," which was published in the June 2004 issue of the ***Archives of Surgery***.

{ **Geoffrey G. Hallock, MD**, Associate Chief, Division of Plastic Surgery, recently had an article published in the ***Annals of Plastic Surgery***. The article, "Conventional Liposuction-Assisted Debulking of Muscle Perforator Flaps," describes the use of liposuction commonly em-ployed in cosmetic surgery as a means for aesthetic im-provement of flap reconstructions.

{ **Gregor M. Hawk, MD**, Division of Orthopedic Surgery, Section of Ortho Trauma, served as an Associate Master Instructor for the course titled "The Master's Experience in Advanced Arthroscopic Shoulder Reconstruction." The meeting was sponsored by the Arthroscopy Association of North American and was held May 21-23 in Rosemont, Ill.

{ **Herbert C. Hoover, Jr., MD**, Chair, Department of Surgery, presented his paper, "Vaccination Therapy for Colon Cancer," at the XXth Biennial Congress of the International Society of University Colon and Rectal Surgeons, June 6-10, in Budapest, Hungary. Dr. Hoover was also the chair of the free paper session in Budapest.

{ **Michael D. Pasquale, MD**, Chief, Division of Trauma-Surgical Critical Care; **T. Matthew Miller, MD**, former general surgery resident; **Stanley J. Kurek, DO**, Chief, Section of Pediatric Trauma; **Patricia Martin, MD**, Section of Neuroradiology; **Kevin R. Bannon, MD**, Section of Neuroradiology; **Thomas Wasser, PhD**, Senior Biostatistician, Health Studies, and **P. Mark Li, MD, PhD**, Chief, Division of Neurological Surgery, co-authored the article, "Initial head computed tomographic scan characteristics have a linear relationship with initial intracranial pressure after trauma," which appeared in the May 2004 issue of the ***Journal of Trauma-Injury Infection & Critical Care***.

{ **William F. Iobst, MD**, Internal Medicine Residency Program Director, presented a poster on the use of chart stimulated recall as residency curriculum for Night Float Rotation at the Southern Group for Educational Affairs of the Association of American Medical Colleges in Charleston, NC, on April 16.

{ **Peter A. Keblish, Jr., MD**, Division of Orthopedic Surgery, Section of Ortho Trauma, was one of the primary editors of a recent orthopedic textbook publication titled "Primary Total Knee Arthoplasty." The book was published in cooperation with the Schultes Clinic in Zurich, Switzerland. Dr. Keblish was also author/co-author of seven chapters on subjects related to primary knee replacement. The book was published in June 2004.

{ **Indru T. Khubchandani, MD**, Division of Colon and Rectal Surgery, **Steven Esser, MD**, former Colon and Rectal Surgery resident, and **Mikhail I. Rakhmanine, MD**, Division of Colon and Rectal Surgery, have published their study, "Stapled Hemorrhoidectomy with Local Anesthesia can be Performed Safely and Cost-Efficiently" in the July 2004 issue of ***Diseases of the Colon and Rectum***. This study was designed to assess the feasibility of performing the procedure for prolapsing hemorrhoids, or stapled hemorrhoidectomy, under local anesthesia supplemented with conscious sedation. The study suggests that the use of local anesthesia supplemented with conscious sedation for the procedure for prolapsing hemorrhoids yields results equivalent to those achieved with general or regional anesthesia without the attendant risks and additional costs.

{ **Jeffrey R. McConnell, MD**, Division of Orthopedic Surgery, Section of Ortho Trauma, was an invited faculty member for the "Current Techniques in Lumbosacral Fixation" course at the Medical Education and Research Institute in Memphis, Tenn., on May 21 and 22. This was an instructional course to teach the latest advances and techniques in lumbar spinal surgery to orthopedic and neurological surgeons. The course consisted of didactic lectures and hands-on cadaveric labs to demonstrate surgical procedures. Dr. McConnell lectured on managing pseudoarthrosis of the lumbar spine, avoiding neurological complications, and teaching anterior exposure and disc space preparation for fusion of the lumbar spine.

{ **Luther V. Rhodes III, MD**, Chief, Division of Infectious Diseases, **Daniel F. Brown, MD**, Chief, Section of Neuropathology, **Jaan P. Naktin, MD**, Division of Infectious Diseases, **Eric T. Young, MD**, Division of Infectious Diseases, **Marcelo G. Gareca, MD**, Division of Infectious Diseases, and **Georgia Colasante, MS**, Manager of Microbiology, were co-authors of an article titled "Fatal Myositis Due to the Microsporidian *Brachiola algerae*, a Mosquito Pathogen." The article was published in the July 1, 2004 issue of ***The New England Journal of Medicine***.

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{ **Patrice M. Weiss, MD**, Obstetrics and Gynecology Residency Program Director; **L. Wayne Hess, MD**, Chair, Department of Obstetrics and Gynecology, and **Craig Koller**, Center for Educational Development and Support (CEDS) Liaison to the Department of Obstetrics and Gynecology, had three of their research projects presented at the 11th Ottawa Conference of Medical Education, held in July in Barcelona, Spain. "The Impact of the ACGME Mandated 80-Hour Work Week on the House Staff at a Large University-Affiliated Community-Based Teaching Hospital," an oral presentation and poster, was presented by **Kelly Best, MD**, OB/GYN Administrative Chief Resident; "Reading Between the Lines – Do ERAS Based Pre-Interview Scores and Post-Interview Scores Correlate with the Rank Order List for the Match?," a poster presentation, was presented by **Pablo Argeles, MD**, OB/GYN Chief Resident; and "Medical Student Self-Assessment: The Silent Competency," an oral presentation and poster, was presented by Craig Koller.

{ **Susan D. Wiley, MD**, Chief, Division of Psychiatric Ambulatory Care, and **Joanne Cohen-Katz, PhD**, Department of Family Medicine, presented a Grand Rounds lecture on “Mindfulness Based Stress Reduction” on June 1 at Grandview Hospital in Sellersville, Pa.

Congratulations!

{ **Robert C. Palumbo, MD**, Division of Orthopedic Surgery, Section of Ortho Trauma, was recently notified that he passed the 2004 Recertification Examination and has fulfilled all of the recertification requirements of the American Board of Orthopaedic Surgery.

{ In June, 2004, **Wendy J. Schillings, MD**, Division of Reproductive Endocrinology & Infertility/Gynecology, was awarded the Association of Professors of Gynecology and Obstetrics Excellence in Teaching Award, and **William E. Roberts, MD**, Chief, Division of Maternal-Fetal Medicine, was awarded the Council on Resident Education in Obstetrics and Gynecology Faculty Award for Excellence in Resident Education. The following members of the Department of Obstetrics and Gynecology were recognized by Penn State University for their involvement in student teaching: **L. Wayne Hess, MD**, Chair; **Patrice M. Weiss, MD**, Residency Program Director; **Albert J. Peters, DO**, Chief, Division of Reproductive Endocrinology & Infertility, and **Larry R. Glazerman, MD**.

New Study Opening at the Cancer Center

Having led the way in breast cancer prevention trials in the U.S., the National Surgical Adjuvant Breast and Bowel Project (NSABP) is opening a new trial aimed at reducing the occurrence of polyps in patients with early stage colon cancer. Patients with colon cancers that do not invade through the bowel wall (Stage I, T1 and T2, Duke’s A, B1) and do not have lymph node metastases (N0) are eligible to participate. Data from studies of Familial Adenomatous Polyposis (FAP) strongly demonstrate that Celecoxib (Celebrex) reduces the number and size of polyps, and the FDA has approved Celecoxib as an adjuvant therapy in FAP. In this randomized clinical trial, the NSABP seeks to determine whether at a dose of 400 mg bid for 3 years Celecoxib will decrease the incidence of adenomatous polyps of the colon and rectum in patients with stage I adenocarcinoma of the colon.

Deborah Kane, RN, from the Cancer Center will coordinate with treating physicians (primarily gastroenterologists, colorectal and general surgeons) to recruit participants to the trial and to coordinate their protocol follow-up.

For more information, please call Deborah Kane at 610-402-0581, or Gregory R. Harper, MD, Physician in Chief, Cancer Services, John & Dorothy Morgan Cancer Center, at 610-402-0512.

Safety Pearl of the Month

Did you know that certain medication patches that are prescribed for patients can cause burns if undergoing MRI testing?

Following is a list of medications that have caused serious burns: ANDRODERM, TRANSDERM-NITRO, DEPONIT, HABITROL, NICODERM, NICOTROL, TRANSDERMSCOP, CATAPRES-TTS

Upcoming Seminars, Conferences and Meetings

2nd Annual LVPG Risk Reduction Symposium

Mark your calendar -- The 2nd Annual LVPG Risk Reduction Symposium will be held on Saturday, September 18, from 7 a.m. to 1 p.m., in the hospital's Auditorium at Cedar Crest & I-78.

Topics to be discussed will include the impact of communication on one's liability exposure, the impact of documentation and informed consent related to liability exposure, how adverse events accumulate and how this impacts on one's liability exposure, and liability exposure for the physician regarding the use of PA's, CRNP's, physician extenders, and their own office personnel. Risk reduction strategies will be offered through interactive case presentations.

For more information regarding this symposium, please contact Patrice M. Weiss, MD, Medical Co-Director of Risk Management, LVPG, at 610-439-7518 or email to patrice.weiss@lvh.com, or Michael D. Pasquale, MD, Chief, Division of Trauma-Surgical Critical Care, at 610-402-1350 or email to michael.pasquale@lvh.com.

Pain Management Conference

A Pain Management Conference will be held on Saturday, September 25, from 7 a.m. to 3:30 p.m., in the hospital's Auditorium at Cedar Crest & I-78.

Some of the topics to be discussed will include:

- Neuropathic Pain and Pain Pathways
- Pharmacology of Opioids
- Non-operative Treatment of Low Back Pain
- Management Chronic Pain and Addiction
- Drug Diversion and Awareness

A $20 registration fee includes conference educational materials, continental breakfast and lunch. To register for the conference, please contact Donna Stout in the Center for Education at 610-402-2482.

Bloodborne Pathogen Training for Physician/ Dental Office Practices

OSHA requires annual bloodborne pathogen training for all personnel who have risk of exposure to blood or other potentially hazardous materials while working in a medical or dental office. The LVHHN Infection Control Department is offering a training program for **physicians, dentists, nurses, office managers and other personnel** who are responsible for providing annual OSHA Bloodborne Pathogen Standard training to their staff. Other topics discussed will be the new CDC Hand Hygiene Guideline, and infection control issues related to community acquired pneumonia, influenza and SARS.

The training program will be offered at both Lehigh Valley Hospital, Cedar Crest & I-78, and Lehigh Valley Hospital-Muhlenberg as follows:

Lehigh Valley Hospital-Muhlenberg
5:30 to 6:30 p.m., First Floor Conference Room

- September 8, 2004
- September 15, 2004
- September 21, 2004

Lehigh Valley Hospital, Cedar Crest & I-78
5:30 to 6:30 p.m., Classroom #1, Anderson Wing

- September 16, 2004
- September 24, 2004

A nominal fee of $35.00 per person is requested which includes all handouts and materials. Light refreshments will be served. For registration information, please call the Center for Educational Development and Support at 610-402-2277.

For additional information regarding the training program, contact the Infection Control office at 484-884-2240.

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 August will include:

August 5 – Cedar Crest & I-78 Auditorium

- Visiting speaker
- Bioterrorism Update
- St. Luke's case review

August 12 – LVH-Muhlenberg 4th Floor Classroom

- "What Every Graduating Resident Should Know"

August 19 – EMI, 2166 S. 12th Street

- "Pediatric Trauma"
- OD – Tylenol, Aspirin, TCA and Benzos"
- "Heat Related Illnesses"
- Rosen's

August 26 – LVH-Muhlenberg 4th Floor Classroom

- Pediatric Topic
- "Pulmonary Edema"
- "Blunt Chest Trauma"
- Rosen's

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

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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. Upcoming topics will include:

- August 3 – "Women & Heart Disease"
- September 7 – "The Adolescent Athlete"

For more information, please contact Staci Smith in the Department of Family 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 August will include:

- August 6 – "Ethnicity-Based Genetic Screening"
- August 13 – Lupron Lecture
- August 20 – "Wound Care"
- August 27 – OB/GYN Educational Retreat

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 August will include:

- August 3 – Case Conference
- August 10 – "Brachial Plexus Birth Injuries"
- August 17 – "Obesity Part 2: Childhood Obesity and Type 2 Diabetes"
- August 24 – Combined Pediatric and Anesthesia Grand Rounds
- August 31 – "Respiratory Myth Busters: A Hands-On Experience with Spirometry"

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

News from the Libraries

Recently Acquired Publications

Library at 17th & Chew

- Lemmer. Handbook of Patient Care in Cardiac Surgery. 2003
- Mladenovic. Primary Care Secrets. 2004

Library at Cedar Crest & I-78

- Greenman. Principles of Manual Medicine. 2003
- Tanagho. Smith's General Urology. 2004

Library at LVH-Muhlenberg

- Keim. Emergency Medicine ON CALL. 2004.
- Tierney. Current Medical Diagnosis & Treatment. 2004

Library Locations

For those of you who may not know, there is a professional library at each hospital site.

Cedar Crest & I-78 – The library is located on the first floor of the Anderson Wing, around the corner from the Auditorium. The main phone number is 610-402-8410.

17th & Chew – The library is located on the ground floor adjacent to the Center for Healthy Aging. The main phone number is 610-402-2263. This library has resources for consumers as well as professionals.

LVH-Muhlenberg – The library is located on the main floor; just down the hall from the gift shop. All telephone requests are handled from the main phone number at the Cedar Crest & I-78 library, 610-402-8410.

All three libraries have computers for professional use, are accessible by card access during the hours they are not staffed, and no longer require the use of a card to make photocopies.* Chad Carver handles literature searches and interlibrary loan requests for all three locations. His phone number is 610-402-8407.

Please remember that virtual library services are available to you from the desktop. Many full-text resources, i.e., UpToDate, MD Consult and OVID are accessible from any network computer by going to the Intranet homepage and clicking on the Clinical Services option on the sidebar.

* Photocopy cards can be returned to the 17th & Chew or Cedar Crest & I-78 library locations since they will no longer be required.

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.

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

Joseph J. Blasiol, DO
Topton Family Practice Associates
72 E. Washington Street
Topton, PA 19562-1009
(610) 682-7131
Fax: (610) 682-2749
Department of Family Medicine
Provisional Affiliate

Jodie L. Buxbaum, 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 Obstetric Anesthesiology
Provisional Active
Appointment Date— 8/16/2004

Kunal Chaudhary, MD
Nephrology/Hypertension Assoc of LV
Allentown Medical Center
401 N. 17th Street, Suite 212
Allentown, PA 18104-5050
(610) 432-8488
Fax: (610) 258-2140
Department of Medicine
Division of Nephrology
Provisional Active

Joel R. Garcia, MD
Department of Medicine
1240 S. Cedar Crest Blvd., Suite 410
Allentown, PA 18103-6218
(610) 402-5200
Fax: (610) 402-1675
Department of Medicine
Division of General Internal Medicine
Provisional Limited Duty

Robert W. Larkin, Jr., MD
LVPG-Maternal Fetal Medicine
Lehigh Valley Hospital
Cedar Crest & I-78, P.O. Box 689
Allentown, PA 18105-1556
(610) 402-8510 Fax: (610) 402-1283
Department of Obstetrics and Gynecology
Division of Maternal-Fetal Medicine/ Obstetrics
Provisional Active
Appointment Date— 8/2/2004

Jeffrey A. Marsh, MD, MS
Pulmonary Associates
1210 S. Cedar Crest Blvd., Suite 2300
Allentown, PA 18103-6252
(610) 439-8856 Fax: (610) 439-1314
Department of Medicine
Division of Pulmonary/Critical Care Medicine
Provisional Active

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

Daniel T. Valancius, MD
Lehigh Area Medical Associates, PC
1255 S. Cedar Crest Blvd., Suite 2200
Allentown, PA 18103-6257
(610) 437-9006 Fax: (610) 437-1942
Department of Medicine
Division of General Internal Medicine
Provisional Active

Kevin R. Weaver, DO
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

Address Change

Michael P. Horowski, DMD
327 Cattell Street
Easton, PA 18042-7607
(610) 252-3302 Fax: (610) 252-8960

Practice Changes

Vu Nguyen, DO
(No longer with Family Doctor, Inc.)
St. Luke's North
153 Brodhead Road
Occupational Health Urgent Care Center
Bethlehem, PA 18017-8931
(610) 954-3005 Fax: (610) 954-3180

Barry A. Ruht, MD
(No longer with Lehigh Valley Orthopedic Group, PC)
Tilghman Medical Center
4825 W. Tilghman Street
Allentown, PA 18104-9322
(610) 821-4950 Fax: (610) 433-5660

Status Changes

Kamna Malhotra, MD
Department of Psychiatry
From: Provisional Limited Duty
To: Provisional Associate

Mohammad N. Saqib, MD
Department of Medicine
Division of General Internal Medicine
From: Active To: Limited Duty

Stacey J. Smith, MD
Department of Medicine
Division of General Internal Medicine
From: Provisional Limited Duty
To: Provisional Active

Resignations

Leigh S. Brezenoff, MD
Department of Surgery
Division of Orthopedic Surgery

William B. Dupree, MD
Department of Pathology
Division of Anatomic Pathology
Section of Gynecologic Pathology

Terrence Grady, DO, PhD
Department of Medicine
Division of General Internal Medicine

Melanie Koscelnick, MD
Department of Medicine
Division of General Internal Medicine

Daniel T. Mulcahy, DO
Department of Medicine
Division of General Internal Medicine

In Memoriam

James R. Clifford, MD
Department of Family Medicine
11/29/1929 – 5/19/2004

Mahatab Irani, MD
Department of Surgery
Division of Colon and Rectal Surgery
5/5/1952 – 5/10/2004

Douglas C. Wiseman, DO
Department of Medicine
Division of Allergy
4/3/1948 – 5/12/2004

Allied Health Staff

New Appointments

Soraya P. Fehnel, CRNA
Certified Registered Nurse Anesthetist
(Lehigh Valley Anesthesia Services – Thomas M. McLoughlin, Jr., MD)

Scott A. Jones
Pacemaker/ICD Technician
(Guidant Corporation – Praveer Jain, MD)

Gail A. Kimmerle, CRNA
Certified Registered Nurse Anesthetist
(Lehigh Valley Anesthesia Services – Thomas M. McLoughlin, Jr., MD)

Mary S. Walters, CRNP
Certified Registered Nurse Practitioner
(LVPG-Neonatology – Christopher J. Morabito, MD)

Debra A. Williston, CRNP
Certified Registered Nurse Practitioner
(Syed A. Subzposh, MD)

Resignation

Karla D. Fabian, RN
Pacemaker/ICD Technician
(Medtronic USA Inc.)

Attention: Osteopathic Physicians

If you are an osteopathic physician, your Pennsylvania license will expire on **October 31, 2004**.

The State Board of Osteopathic Medicine mails renewal notices two to three months prior to the license expiration date. Notices are mailed to the most recent address the licensee has reported to the Board. **The Postal Service does not forward licenses.**

If your address has changed since your last license renewal, or if you do not receive your renewal notice by September 6, you may want to call the State Board of Osteopathic Medicine at (717) 783-4858.

Don't take the chance of having your license expire!

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

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 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.