

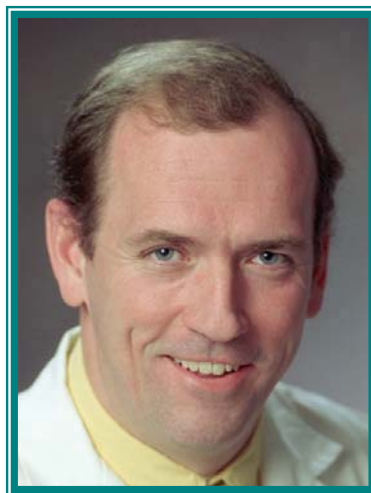
Medical Staff PROGRESS NOTES



From the President

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Ave et Vale.

December is an appropriate time for endings. The leaves have fallen off of the trees. Each morning begins later and later, with frost glazing the lawns and the death of the old year is palpable in the air. It's not the end of the academic calendar or the financial calendar, but most calendars respect December as the end of the old and the prelude to the new.

This is my turn to reflect upon the extraordinary learning experience of the past two years. And it has been extraordinary. It has been my

pleasure to interact with many of you, to discuss issues, both large and small. It has been a delight to get to know the board members, various members of the management team, as well as rub elbows with so many people who make the hospital run so well. I, along with the members of Troika, have had the chance to meet with Chairs, nursing educators, bed management coordinators, I/S personnel, nutritionists, ethicists, security officers, and even chit-chat with Al the Barber. We have wandered the halls at Cedar Crest & I-78 and LVH-Muhlenberg, sat at many meeting tables, and touched base with many of our colleagues. It's been a chance to see the highs and lows, the ins and outs, and the A to Zs of this fine institution which, no doubt, will outlast all of us. I extend my personal and grateful thanks to all of you for a deep and lasting educational experience.

I would like to take this opportunity to thank many who have worked with Troika over the past two years. I will likely not mention everyone, and for those I do not mention, I am deeply apologetic. I should just list the 1,100 physicians, the allied health professionals, and the 7,000 other people who staff and run these hospitals. However, Janet, the managing editor of **Medical Staff Progress Notes**, is strict and keeps me on a tight word count.

My thanks first go to my Troika colleagues over the past four years – Drs. David Caccese, Ed Mullin, and Don Levick. Not only have you provided me with role models of behavior, sage advise, good jokes, and occasional juicy gossip, but

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you also have given me your camaraderie, support and succor in more difficult moments. The job in leadership has provided me with lifelong relationships with you that I hope to treasure.

Now, to the Medical Staff Services office – Perhaps the most under-appreciated person in the hospital has got to be Mr. John Hart who runs the Medical Staff Services office. Not only is his knowledge of bylaws and parliamentary procedure legendary; his grasp of prior events and precedents which guide just and fair relationships with the Medical Staff is extraordinary. In addition, John bends over backwards to both appropriately interpret the Medical Staff's Rules and Regulations and provide a friendly environment for physicians to work in despite an almost impossible medical staff size. John, you are a true friend and a great teacher. To Beth, Janet, Rita, Kathy, Karen, Cindi, and Barrie, as well as Pat and Brenda, thanks for tolerating my ignorance of the procedures of credentialing as well as my requests for assistance. You are a great bunch.

The Chairs have tolerated Troika to a degree that I would characterize as just below that of sainthood. We appreciate the various stresses you work under, and appreciate it mightily when you make yourself available to discuss issues of the Medical Staff with us. During the past two years, there have been specific issues that we have had to work on with most of you, and we appreciate your professionalism and level-headedness.

It may not be widely appreciated, but each week Troika meets together with Dr. Sussman, Dr. Swinfard, and Mr. Liebhaber for an hour and a half in a "leadership meeting." At these meetings, we cover a wide range of issues that affect the Medical Staff and institution. This meeting has allowed Troika to put issues from the Medical Staff on the table, sometimes on multiple occasions, as well as learn from the deep managerial knowledge of the senior hospital management. It has been a pleasure to get to know Dr. Swinfard over the past year, and we

know that he will be a good steward for the administration's relationship with its Medical Staff in the coming years. Thanks to Dr. Sussman and Mr. Liebhaber's willingness to discuss even painful issues in a collegial and thoughtful manner.

I personally have had the chance to meet two important groups during my tenure, the nursing administration and staff, as well as various administrators from areas as widely separated as Material Management and OR management. I have been nothing but impressed both with the capabilities of these individuals and their commitment to doing the best job possible in their area. As an individual physician, I would never have had the chance to understand how complex the day to day running of this large enterprise would be.

Finally, thanks to the Medical Staff. Your service to the patients of the Lehigh Valley and region may be unheralded at times, but it is never unappreciated. You are a major part of what it takes to make the care of our population rise to a higher level. You are key in making us a nationally recognized institution. Particular thanks to those of you who have either served on Medical Staff committees, or who have chaired Medical Staff committees. Without you, the community and civilization of the Medical Staff would collapse.

I leave you in the extremely capable hands of Dr. Don Levick, who tells me not only that he has his goals formulated for the next two years, but that he has many of his *Medical Staff Progress Notes* already written. I am only saddened that he didn't let me use any of them this past year.

Best wishes for a safe and happy holiday season!



Alexander D. Rae-Grant, MD
Medical Staff President



Have You Changed Your Pager Number?

The next edition of the Medical Staff Handbook is scheduled to be published in January. This handy pocket-sized booklet contains a list of pagers for members of the Medical Staff. In an effort to publish correct information, if you have changed your pager number recently, please contact Janet M. Seifert in Medical Staff Services at 610-402-8590 or email at janet.seifert@lvh.com

Doctoring Ones Kin

A few recent cases alerted Troika to the occasional practice of physicians operating on their immediate family members or caring for a family member with a major illness. In addition, Troika unearthed the fact that some family members might be getting admitted, unknown to the hospital, under aliases for operations. It is interesting to note that there was a great division of response to these findings when Troika shared them with a few groups. Some older doctors seemed to indicate that they saw no problem at all, and wondered what the fuss was about. Younger doctors shook their heads and said they were aware of these practices and didn't think much of them. The nurses were aghast. Troika tended to side with the nurses.

The current Medical Staff Bylaws include a provision whereby members of the Medical Staff agree to abide by the ethical principles of the American Medical Association (AMA). According to the AMA's Code of Ethics regarding Self-Treatment or Treatment of Immediate Family Members, "Physicians generally should not treat themselves or members of their immediate families. Professional objectivity may be compromised when an immediate family member or the physician is the patient; the physician's personal feelings may unduly influence his or her professional medical judgment, thereby interfering with the care being delivered."

Except in an extreme emergency, before treating a family member, a Medical Staff member should review this matter with his or her Chair and/or the Medical Staff Services office.

Taking this issue one step further, the Ethics Committee was asked to review these issues and report back to

Troika and the Chairs with an analysis of the ethics of the two situations. Thanks go to Dr. Stephen Lammers and Dr. Joseph Vincent, as well as Christy Rentmeester, Ethics Fellow, for a prompt and thoughtful reply.

In summary, they indicated that, except under unusual circumstances (for example, if the physician is the only one expert in the area or no one else is available), operating or caring for a major illness in the hospital on an immediate family member is very problematic ethically. First of all, it makes a truly informed consent difficult in the conflicting roles that the patient and the doctor play. Secondly, it makes the role of other involved health care workers difficult. According to nursing, this is a great concern. Thirdly, it makes the issue of what happens if there is a problem even more difficult than it already is. I know our surgeons and doctors never ever have bad outcomes, but still, there's the possibility. Finally, physicians caring for immediate family members may stray beyond the scope of their practice and abilities, swayed by their emotions over their rational thought.

The second issue, aliases not known to the institution, elicited universal accord. Not only is it not ethical, it just doesn't make sense any more. HIPAA regulations ensure the confidentiality of all patients and, therefore, there should be no need for an alias. If the physician aliases an immediate family member to hide his or her identity from the institution or other Medical Staff members, there is probably something wrong. If they feel that HIPAA doesn't protect their family member's identity, then we need to do better at our HIPAA implementation, since this is exactly what HIPAA is designed to safeguard.

Consultations

As stated in the Medical Staff Bylaws, in order to contribute to effective and efficient care, requests for consultation shall be prioritized by the physician requesting the consultation. Definition of priority and appropriate response are as follows:

Emergency – requires immediate attention (within four hours). Physician or his or her designee requesting consultation will be in personal contact with consultant or his or her designee.

Urgent – requires attention (within 12 hours). Physician or his or her designee requesting consultation will be in personal contact with consultant or his or her designee.

Routine – requires attention within 24 hours of notification unless another timeframe is mutually agreed upon by both the attending and consulting physicians. Physician or his or her designee requesting consultation preferably will personally contact the consultant, but written request is acceptable.

The above language will be changed in CAPOE and on the Consultation Sheets in order to be consistent with the Medical Staff Bylaws and to avoid confusion.

If you have any questions regarding this issue, please contact the Medical Staff Services office at 610-402-8980.

News from CAPOE Central

The CAPOE Trip – It's Not Just for Physicians

For only the second time, a physician extender won the CAPOE Compliance Trip Drawing. Kristin LeBlanc, who is a Physician Assistant for Lehigh Area Medical Associates, had her name drawn out of the hat by Dr. Bruce Silverberg, who won the drawing last month. Kristin has always had high CAPOE compliance, and is one of the largest volume order generators. She was contacted on her way home from work and was delighted to hear the news. With a baby at home, I'm sure she can use a trip.

CAPOE Orders Across Facilities – Sometimes It Is Worth the Wait

Please remember that when patients are transferred across sites, CAPOE orders for the receiving unit should not be entered until the patient is physically at the new unit and is the location in the computer is updated. Placing orders on a patient being transferred across facilities before the patient actually moves can result in confusion regarding the location of the orders and medications. This applies to patients being admitted to LVH-CC from the LVH 17th St. ED; or to patients being sent to the TSU 17th St. from LVH-CC. Please keep this in mind when you admit patients and enter CAPOE orders.

CAPOE Keeps on Moving

CAPOE continues to go live in new units. In November, the ICU at LVH-M went live with medication charting, and will go live with CAPOE sometime in the New Year. Other units that are being planned for CAPOE go-live include the CVCU at LVH-M and the Open Heart Unit at LVH-CC. We are also in the planning stages for the ED to go live, first at LVH-M. CAPOE keeps moving, and the plan is to have all the in-patient units live with CAPOE by the summer time.

Communication – Still an Important Part of CAPOE

Please remember to alert nursing in the ED when you enter CAPOE orders on patients in the ED. This will improve the efficiency of care and will facilitate accurate communication among members of the health-care team.

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

Laboratory Studies Alert

The LVH/LVH-M Patient Accounting Departments have noted an increase in the number of payment denials related to outpatient laboratory studies. PT/PTT tests without associated diagnosis codes are the most common denied line items.

Medicare covers laboratory services under the Laboratory National Coverage Determination (NCD) and Medicare contractor local Medical Review policies. Medicare will only pay for those tests that meet Medicare coverage criteria and are reasonable and necessary to treat or diagnose an individual patient. **It should be noted that Medicare generally does not cover routine screening tests.**

When ordering a laboratory test, all orders must have a diagnosis code that supports the test ordered per Medical Review policy, to be a covered service. It is the providers'

responsibility to select codes carried to the highest level of specificity and selected from the ICD-9-CM book appropriate to the year in which the service is rendered.

To assure that outpatient cases are billed and reimbursed appropriately, review of the National Coverage Determination policies are recommended to remain current and updated on the changes. The direct link to the NCD manual is http://www.cms.hhs.gov/mcd/index_section.asp?ncd_sections=40.

Continued collaborative efforts to provide the best care to our patients is important. For additional information or assistance, please contact Carol Kriebel, Compliance Officer, at 610-402-9101, or Sheryl Maurer, Manager, Appeals, at 610-402-4211.

Fellow in Clinical Ethics



On September 1, Christy Rentmeester began her duties as the second Anderson Fellow in Clinical Ethics at Lehigh Valley Hospital and Health Network. This fellowship program is made possible through a grant made available from contributions provided to the hospital by Carl and Anne Anderson.

Ms. Rentmeester is in the process of completing her PhD in Philosophy at Michigan State University with a special interest in bioethics and the moral dimensions of professionalism. She has an Honors BA in English from Marquette University and a Master of Arts in Biomedical Ethics from the Medical College of Wisconsin.

To date, Ms. Rentmeester has had rotations on GIMS and the oncology services and will be joining family practice for three weeks following oncology. She hopes to spend time

on the psychiatric service. One of her interests has been care planning for the mentally ill and persons with substance abuse.

During her graduate work, she has taught medical students as well as veterinary students in biomedical ethics, death and dying, and palliative care. If there is enough interest among professionals within the hospital system, she would be willing to provide a course in "Identify, Sexuality, and Experiences of Healthcare." She is also open to designing other courses to meet the needs of groups of professional caregivers.

Ms. Rentmeester will be participating in ethics consultations and welcomes the opportunity to talk with members of the hospital's staff regarding ethical concerns or dilemmas. She will also participate in the hospice Ethics Committee.

To reach Ms. Rentmeester, contact her by phone at 610-402-2509 or by pager at 610-402-5100 2592.

News from Infection Control

Community Acquired Methicillin-Resistant Staphylococcus aureus (CA-MRSA)

Over the past few months, there has been an increasing problem of **MRSA infections** arising in the Lehigh Valley among **non-hospitalized patients**. A special problem to be aware of is the non-healing skin wound in youths, including athletes. The key to diagnosing the problem is **culturing non-healing wounds**. Please avoid using rotating courses of antibiotics for refractory wounds. Clearly, things have changed with MRSA; you don't need to go to a hospital to pick it up. One tip: many CA-MRSA (community acquired MRSA) infections are sensitive to clindamycin and TMP-Sulfa (Bactrim), and may be treatable with oral antibiotics; however, you need to do a culture to be sure.

Influenza Vaccine Shortage – Inpatient Influenza and Pneumococcal Vaccination Program

Adult inpatients who are in the high priority groups, as outlined by the CDC interim guidelines for influenza vaccination, will be screened and offered the vaccine prior to discharge from the hospital. On January 6, 2004, the

Medical Executive Committee approved standing orders for influenza and pneumococcal vaccination allowing nursing personnel to screen and, when indicated, offer the vaccine(s) to patients. Please note that in the **presence of the current influenza vaccine shortage, your patients' hospitalization may be the only opportunity for them to receive the vaccine**. Please support the program at this critical time by discussing the availability of the vaccine with your patients and/or their family and by reinforcing the critical need for screening high priority groups with the nursing staff. Remember, too, any physician who wishes for any reason **NOT** to have a patient vaccinated for influenza or pneumococcus may do so by writing "**do not give influenza or pneumococcal vaccine to this patient**." Numerous medical advisory groups and Pennsylvania state law endorses the practice of routine standing orders for these two vaccines in high risk patients when they are in the hospital. But circumstances may arise when the attending physician chooses not to have them given, and certainly the patient can decline the vaccine(s).

If you have any questions regarding either of these issues, please contact the Infection Control Department at 610-402-0687.

Palliative Care Initiative

Fast Fact of the Month

Title: Fast Fact and Concept #112: Implantable Cardioverter Defibrillator (ICD) at the End of Life

Author(s): Harrington MD, Luebke DL, Lewis WR, Aulisio MP, Johnson NJ.

Recent clinical trials and advances in device technology have expanded the indications for implantation of cardiac devices. In 2002 alone, 96,000 ICDs were implanted in North America. It is estimated that over 3 million patients in North America could now be eligible for an ICD, with over 400,000 additional patients meeting the criteria every year. However, near the end of life, decisions as to how best to use these devices can be the source of much anguish for patients, families and palliative care/hospice staff.

Current Devices

The devices in question are implantable cardioverter defibrillator devices. These devices, somewhat larger than pacemakers, are usually implanted in the upper chest under the clavicle. They monitor cardiac rhythm and deliver shocks when rapid abnormal cardiac rhythms are identified. These shocks can be painful and thus are inconsistent with comfort care. These devices can also deliver pacing therapy. Pacing therapy increases heart rate when slow heart rhythms are detected. Pacing therapy can promote comfort as slow heart rhythms may cause heart failure symptoms. The shocking and pacing therapies of an ICD can be independently turned off. Discontinuation of pacing is discussed in Fast Fact #111. The remainder of this Fast Fact will discuss withdrawal of the shocking function of ICDs.

Indications for Withdrawal of ICD (turning off)

- ... Continued use of an ICD inconsistent with patient goals
- ... Withdrawal of anti-arrhythmic medications. If anti-arrhythmic medications are withdrawn consider turning off the ICD to avoid frequent shocks.
- ... Imminent Death (see Fast Fact #3)
- ... DNR order. The functioning of an ICD is inconsistent with a "Do-Not-Resuscitate" order since ICDs attempt to resuscitate the patient by shocking their hearts back into a life-sustaining rhythm.

Discussing Deactivation of the ICD

1. Consult the ICD physician; that individual will be the person to assume responsibility for deactivation. Patients are usually followed in a device clinic and probably have an established relationship with the ICD physician and staff. The involvement of these professionals will provide a sense of comfort and closure for the patient and family. Note: The device manufacturers will

not send representatives to patient's homes for deactivation.

2. Discuss expectations of "turning off" the ICD. The following should be made clear:
 - ... Turning off the ICD means that the device will no longer provide life-saving therapy in the event of a ventricular tachyarrhythmia
 - ... Turning off the ICD will not cause death
 - ... Turning off the ICD will not be painful, nor will its failure to function cause pain
3. Establish a plan of care that will ensure availability for addressing new questions or concerns that might arise (patient/family should not feel abandoned once the device is turned off).
4. If there are conflicts among providers or family members, consultation with a palliative care expert or ethics team can be helpful.

Ethical/Legal issues

A patient's right to request withdrawal of life sustaining medical interventions, including ICDs, is both legal and ethical. Withdrawal of a life sustaining medical intervention with the informed consent of a patient or legal surrogate is not physician-assisted suicide or euthanasia.

References:

- Groh WJ, Foreman LD, Zipes DP. Advances in the treatment of arrhythmias: Implantable cardioverter-defibrillators. *Am Fam Phys* 1998;57(2):297-307, 310-12.
- Kolarik RC, Arnold RM, Fischer GS, Tulskey, JA. Objectives for advance care planning. *J of Palliative Med* 2002;5(5):697-704.
- Moss AJ, Zareba W, Hall WJ, Klein H, Wilber DJ, Cannom DS, et al. Prophylactic implantation of a defibrillator in patients with myocardial infarction and reduced ejection fraction. *The New England Journal of Medicine* (2002); 346(12): 877-883.
- Mueller PS, Ethical Analysis of Withdrawal of Pacemaker or Implantable Cardioverter-Defibrillator Support at the End of Life, *Mayo Clinic Proceedings*, 2003; 78 (8): 959-963.
- Copyright/Referencing Information:** Users are free to download and distribute Fast Facts for educational purposes only. Citation for referencing: Harrington MD, Luebke DL, Lewis WR, Aulisio MP, Johnson NJ. Fast Facts and Concepts #112. IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD) AT END OF LIFE. April 2004. End-of-Life Physician Education Resource Center www.eperc.mcw.edu.

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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.

Do You Have Privileges at Good Shepherd Specialty Hospital?

As you may know, the Good Shepherd Specialty Hospital is a long-term acute care facility located on the sixth floor of Lehigh Valley Hospital, Cedar Crest & I-78.

Although the Good Shepherd Specialty Hospital is located within Lehigh Valley Hospital, it is a separate facility licensed independently by the Department of Health. Because the Good Shepherd Specialty Hospital is a hospital unto itself, the same processes that are required by Lehigh Valley Hospital are also required by the Good Shepherd Specialty Hospital.

One of these processes is the requirement for credentialing physicians and allied health professionals by Good Shepherd. Practitioners new to Lehigh Valley Hospital sometimes are of the belief that they also are credentialed

to treat patients at the Good Shepherd Specialty Hospital. This is also true of physicians who join a group who currently has privileges at Good Shepherd Specialty Hospital. All practitioners treating or consulting in the treatment of patients at Good Shepherd Specialty Hospital must apply for staff appointment and go through the Good Shepherd credentialing process.

If you have questions, if you wish to apply for staff privileges, or if you are unsure if you currently have privileges at Good Shepherd Specialty Hospital, please contact Tammy Winterhalt, Good Shepherd Specialty Hospital Medical Staff Coordinator, at 610-402-8564; or Andrea Molino, Good Shepherd Corporate Manager of Medical Staff Services, at 610-776-3302.

News from the Libraries

Recently Acquired Publications

Library at Cedar Crest & I-78

Kasper. Harrison's Principles of Internal Medicine. 2004
Townsend. Sabiston Textbook of Surgery. 2004

Library at 17th & Chew

Kasper. Harrison's Principles of Internal Medicine. 2004
Townsend. Sabiston Textbook of Surgery. 2004

Library at LVH-Muhlenberg

AMA. Graduate Medical Education Directory 2004-2005.
Goldman. Cecil Review of General Internal Medicine. 2004

OID 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.

MD Consult

The following new book is available at MD Consult: ***Ferri's Best Test: A Practical Guide to Clinical Laboratory Medicine and Diagnostic***

Imaging. The book provides information on over 200 laboratory tests, 222 diseases, and describes the most common imaging studies for each organ system.

MD Consult requires a one-time registration; thereafter, just use the user ID and password you created when you registered. To access it, visit the INTRANET homepage. Select Clinical Services, and then select MD Consult from the list.



Papers, Publications and Presentations

Ö **George A. Arangio, MD**, Chief, Section of Foot and Ankle Surgery, published an article – “A Biomechanical Model of the Effect of Subtalar Arthroereisis on the Adult Flexible Flat Foot” – which appeared in the latest issue of the journal *Clinical Biomechanics* (2004;19:847-852).

Ö Several members of the Department of Emergency Medicine presented abstracts at this year’s annual American College of Emergency Physicians Research Forum held October 17-19, in San Francisco, Calif.

... “Wireless Electrocardiogram Transmission: Overcoming the Technical Barriers,” presented as an abstract and poster, was co-authored by **William F. Bond, MD**, Director of Research, Department of Emergency Medicine; **John F. McCarthy, DO**, Chief, Section of Pre-hospital Emergency Medical Services; **Michael S. Weinstock, MD**, Chair, Department of Emergency Medicine; and Emergency Department Research Coordinators **Valerie Rupp, RN, BSN**, and **Gina Sierzega, MA**.

... “Differences in Emergency Physician and Nursing Tobacco and Alcohol Screening Patterns” was presented by **Marna R. Greenberg, DO**, Division of Emergency Medicine. **Dr. Weinstock** and Emergency Medicine residents **Aaron Love, DO**, and **Matthew Brice, DO**, co-authored the abstract.

... “Noninvasive Measurement of Carbon Monoxide Levels in Patients with Headaches” was presented by co-authors **Gary Bonfante, DO**, Division of Emergency Medicine, and **Ms. Rupp**.

... “Creation and Pilot Testing of the Advanced Bioterrorism Triage Card” was presented by **Italo Subbarao, DO**, Emergency Medicine resident. The abstract was co-authored by **Drs. Bond** and **McCarthy**, **Thomas Wasser, PhD**, Health Studies statistician, and **Chris Johnson, DO**, Emergency Medicine resident.

Ö **Mark D. Cipolle, MD, PhD**, Chief, Section of Trauma Research, and **Michael D. Pasquale, MD**, Chief, Division of Trauma-Surgical Critical Care, co-authored the article, “High-frequency percussive ventilation: an alternative mode of ventilation for head-injured patients with adult respiratory distress syndrome,” which appeared in the September issue of the *Journal of Trauma* (2004;57:542-546). Additional co-authors on this project include **Ali Salim, MD**, formerly of the Division of Trauma-Surgical Critical Care, **Kenneth Miller, RRT-**

NPS, Respiratory Therapy, and **Dale Dangleben, MD**, Chief Surgical Resident.

Ö **John D. Fitzgibbons, MD**, Chair, Department of Medicine, recently attended the Alliance of Academic Internal Medicine (AAIM) fall meeting in Nashville, Tenn., where he chaired two plenary sessions and gave the Presidential Address. Dr. Fitzgibbons is currently the Co-Chair of AAIM and President of the Association of Program Directors in Internal Medicine. He was also appointed Co-Chair of the AAIM Taskforce on the Redesign of Residency Education. In addition, Dr. Fitzgibbons was also recently appointed to the Federal Advisory Committee on Veterans Health Administration Resident Education.

Ö **Geoffrey G. Hallock, MD**, Associate Chief, Division of Plastic Surgery, and **David C. Rice**, Director of the Advanced Clinical Technologies Department, co-authored a paper, “Comparison of TRAM and DIEP Flap Physiology in a Rat Model,” which was published in a recent issue of the *Journal of Plastic Reconstructive Surgery*. Dr. Hallock and Mr. Rice developed a muscle perforator flap laboratory model and used this to compare blood flow to a standard TRAM flap, which is primarily used for breast reconstruction. They found that blood flow to the DIEP flap was similar, but did not require inclusion of the rectus abdominis muscle with the flap. As a consequence, muscle preservation for breast reconstruction using autogenous tissues would diminish the risk for abdominal wall hernia which otherwise is not uncommon.

Ö **Peter A. Keblish, Jr., MD**, Division of Orthopedic Surgery, Section of Trauma, authored an article – “Mobile-Bearing Unicompartmental Knee Arthroplasty: A 2-Center Study with an 11-Year (Mean) Follow-up” – which was published in the *Journal of Arthroplasty* (Volume 19, No. 7, Supplement 2, October 2004).

Ö **Robert X. Murphy, Jr., MD**, Division of Plastic Surgery/Hand Surgery, Section of Burn, and **W. Michael Morrissey, Jr., DMD, MD**, Division of Plastic Surgery, published an article – “Patterns and Implications of Lower Extremity Injuries in a Community Level I Trauma Center” – which appeared in the October 2004 issue of the *Annals of Plastic Surgery*. Co-authors of the study were **Thomas Wasser, PhD**, Health Studies statistician, and **Grant Fairbanks, MD**, former Plastic Surgery resident.

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ö **Michael J. Pistoria, DO**, Associate Program Director, Internal Medicine Residency Program, presented a talk titled "Utilizing Hospitalists in Teaching Hospitals" to the Forum for Chiefs and Chairs in Internal Medicine at the Alliance of Academic Internal Medicine fall meeting held in Nashville, Tenn., in October.

ö **Patrice M. Weiss, MD**, Vice Chair of Education and Research, Department of Obstetrics and Gynecology,

and Medical Co-Director, Risk Management, Lehigh Valley Physician Group, was the invited guest speaker for the Health Care Division at Kimberly Clark Corporation in Atlanta, Ga., in September 2004. Her presentation was titled "There's No "I" in Error, but "U" in Quality." Dr. Weiss also presented Grand Rounds to the Department of Obstetrics and Gynecology at Western Pennsylvania Hospital, West Penn Allegheny Health System, in September, titled "Osteoporosis: Bone Strength, Bone Remodeling and Bone Turnover."

Congratulations!



Edgardo G. Maldonado, MD, Division of General Internal Medicine, was the recipient of the Community Advocates Recognition Award which was presented to him by the Pennsylvania State-wide Latino Coalition at its Ninth Annual Conference on October 21. Dr. Maldonado received the

award for his outreach efforts on improving medical care to the Latino population in the Lehigh Valley.

Dr. Maldonado is the founder of the new Centro de Salud LatinoAmericano (Latin American Center for Health) located at Lehigh Valley Hospital, 17th & Chew. This is the first practice in the Lehigh Valley area designed to meet the needs of the area's growing Latino population.

Born and raised in Puerto Rico, Dr. Maldonado has a strong appreciation for the cultural beliefs of the community he serves. Health education is a priority for Dr. Maldonado who frequently participates in community health fairs, screenings for diabetes, high blood pressure and heart disease.



Patrick J. McDaid, MD, Division of Orthopedic Surgery/Hand Surgery, Section of Ortho Trauma, was recently informed by the American Board of Orthopaedic Surgery that he passed the 2004 Certificate of Added Qualifications in Surgery of the Hand Examination.



Michael A. Rossi, MD, Chief, Division of Cardiology and Medical Director, Regional Heart Center, was recently elected the District II Councilor and representative to the executive council of the Pennsylvania Chapter of the American College of Cardiology for a two-year term.

Frederic A. Stelzer, MD, Associate Chief (LVH-M), Division of Gastroenterology, has been approved as a Fellow in the American College of Gastroenterology. The induction ceremony took place in Orlando, Fla., in early November. Dr. Stelzer is also a Fellow in the American College of Physicians.



John D. Van Brakle, MD, Chair, Department of Pediatrics, was one of the recipients of the Outstanding Friend to Kids awards, presented at a ceremony on October 15 by the Weller Health Education Center of Easton.

The annual awards honor organizations and individuals who have made an impact on the health and well-being of children in the greater Lehigh Valley area. Dr. Van Brakle received the Community Service Award for his efforts in opening the first pediatric intensive care unit in the Lehigh Valley. He has served in leadership positions for many organizations including the Lehigh County Children's Coalition, Early Head Start, Project Child and the Valley Youth House Child Abuse Prevention project.

Upcoming Seminars, Conferences and Meetings

General Medical Staff Meeting

A General Medical Staff meeting will be held on Monday, December 13, beginning at 6 p.m., in the hospital Auditorium, Cedar Crest & I-78, and via videoconference in the First Floor Conference Room at LVH-Muhlenberg. All members of the Medical Staff are encouraged to attend.

Greater Lehigh Valley Independent Practice Association

The quarterly General Membership meeting of the Greater Lehigh Valley Independent Practice Association will be held on Monday, December 6, beginning at 6 p.m., in the hospital's Auditorium at Cedar Crest & I-78.

Stay informed – plan to attend to hear the latest updates regarding Clinical Integration and Electronic Medical Records.

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

Coming Soon . . .



In an effort to both recognize and support the emotional labor done by clinical caregivers, on February 1, 2005, the Department of Medicine is introducing the Schwartz Center Rounds to Lehigh Valley Hospital. According to the Schwartz Center, Rounds "provide a multidisciplinary forum where clinical caregivers have the opportunity to discuss their experiences, thoughts and feelings."

The Rounds, which began in 1997 at Massachusetts General Hospital, follow a set format. Schwartz Rounds begin with a brief presentation from a multidisciplinary care giving team who describe the patient's clinical details. Next, each member of the team addresses how a predetermined psychosocial topic relates to the case. The majority of the hour is then spent interactively processing the topic with the audience. The first topic to be discussed at Lehigh Valley Hospital will be "Caring for a

Colleague," which will be presented on Tuesday, February 1, 2005, beginning at noon, in the Auditorium at Cedar Crest & I-78.

The popularity of this format might explain why the Rounds have spread to 50 hospitals across the country, although the University of Pennsylvania is currently the only other hospital in Pennsylvania sponsoring them.

Schwartz Rounds will provide the opportunity to discuss emotionally charged topics in an open and safe environment. They will also provide a forum to connect with other clinical caregivers and build community within the hospital.

Included with the Rounds will be a healthy meal, which will be paid for by a grant from the Schwartz Center. For more information, please contact Theresa Marx in the Department of Medicine, at 610-402-5200.

MetaVision Sessions

If you or someone on your staff cares for patients in critical care at Lehigh Valley Hospital-Muhlenberg, beginning in mid-January 2005, you will need to look on-line to see clinical data. The paper critical care flow sheets are being replaced with an electronic system called MetaVision. This system has many advantages over paper. Please plan to attend one of the sessions listed below to learn more and to learn how to access your patients' clinical data.

- ... No appointment is necessary, just walk in!
- ... The sessions will start every 30 minutes
- ... Instruction will take approximately 30 minutes
- ... All classes will be held at LVH-M in the Computer Training Room, unless otherwise noted. (The Training Room is located on the first floor, around the corner from the Outpatient Pharmacy and across the hall from the Gift Shop.)

Class Dates and Times

- ... Tuesday, December 7, 8:30 a.m. to 4 p.m. (last class will begin at 4 p.m.)
- ... Thursday, December 9, 8:30 a.m. to 4 p.m. (last class will begin at 4 p.m.)

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- ... Friday, December 10, 8:30 a.m. to 4 p.m. (last class will begin at 4 p.m.)
- ... Monday, December 13, 7:30 a.m. to 3 p.m. (last class will begin at 3 p.m.)
- ... Tuesday, December 14, 7:30 to 11 a.m. (last class will begin at 11 a.m.) - In Banko, Room # 3
- ... Thursday, December 16, 9 a.m. to 1 p.m. (last class will begin at 12:30 p.m.) - In Banko, Room # 1
- ... Friday, December 17, 7:30 a.m. to 3:30 p.m. (last class will begin at 3:30 p.m.)
- ... Monday, December 20, 8:30 a.m. to 3 p.m. (last class will begin at 3 p.m.)
- ... Tuesday, December 21, 8:30 a.m. to 4 p.m. (last class will begin at 4 p.m.)
- ... Thursday, December 23, 8:30 a.m. to 4 p.m. (last class will begin at 4 p.m.)
- ... Monday, December 27, 7:30 a.m. to 3:30 p.m. (last class will begin at 3:30 p.m.)
- ... Thursday, December 30, 7:30 a.m. to 3:30 p.m. (last class will begin at 3:30 p.m.)
- ... Monday, January 3, 7:30 a.m. to 3:30 p.m. (last class will begin at 3:30 p.m.)
- ... Tuesday, January 4, 8:30 a.m. to 4 p.m. (last class will begin at 4 p.m.)
- ... Wednesday, January 5, 8:30 a.m. to 4 p.m. (last class will begin at 4 p.m.)
- ... Thursday, January 6, 8:30 a.m. to 4 p.m. (last class will begin at 4 p.m.)
- ... Friday, January 7, 7:30 a.m. to 3:30 p.m. (last class will begin at 3:30 p.m.)
- ... Monday, January 10, 7:30 a.m. to 3:30 p.m. (last class will begin at 3:30 p.m.)

For more information, please call or email Kim Szep, RN, BSN, at 610-402-1431, or Lynn Corcoran-Stamm at 610-402-1425.

Geriatric Trauma Education Conference

The Geriatric Trauma Education Conference for December will be held at noon on Wednesday, December 1, in the Educational Conference Room #2, located on the first floor of the Anderson Wing, across from the Library, at Lehigh Valley Hospital, Cedar Crest & I-78.

"Pulmonary Disease in the Elderly" will be presented by Daniel E. Ray, MD, Division of Pulmonary/Critical Care Medicine. Lunch will be provided and one hour of CME

credit will be available to attendees, where applicable. All interested providers and staff are welcome to attend.

For more information, please contact Robert D. Barraco, MD, MPH, Division of Trauma-Surgical Critical Care/General Surgery, at pager 610-402-5100 1651.

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 December will include:

December 9 – LVH-Muhlenberg 4th Floor Classroom

- ... "Who Wants to be an ED Physician"
- ... Resident Lecture
- ... Rosen's Club

December 16 – EMI, 2166 S. 12th Street

- ... CPC – PGY3 residents and faculty

December 23 – LVH-M 4th Floor Classroom

- ... Pediatric Topic Conference
- ... M&M
- ... Resident Lecture
- ... Rosen's Club

December 30 – EMI, 2166 S. 12th Street

- ... "Drugs of Abuse"
- ... "Alcohol Poisoning"
- ... "Physician Wellness"

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, at Lehigh Valley Hospital, Cedar Crest & I-78, unless otherwise noted. Upcoming topics include:

- ... December 7 – "Metabolic Syndrome – Meeting the Challenge"
- ... January 4 – "Disorders of the Female Reproductive System"

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

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Medical Grand Rounds

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

- ... December 7 – “Influenza”
- ... December 14 – “Patent Foramen Ovale”
- ... December 21 – NO GRAND ROUNDS
- ... December 28 – NO GRAND ROUNDS

Happy Holidays from the Department of Medicine! Medical Grand Rounds will resume on January 4, 2005.

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

Division of Neurology Conferences

The Division of Neurology holds conferences on Fridays beginning at noon in Classroom 1, Lehigh Valley Hospital, Cedar Crest & I-78, unless otherwise noted. Topics to be discussed in December will include:

- ... December 3 – “Relaxation Techniques – Muscle and Brain”
- ... December 10 – “Advances in Operating on Awake Patients”

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

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 December will include:

- ... December 3 – OB/GYN Tumor Board
- ... December 10 – Journal Club
- ... December 17 – “Microwave Ablation”
- ... December 24 – NO GRAND ROUNDS
- ... December 31 – NO GRAND ROUNDS

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 December will include:

- ... December 7 – “Pediatric Dermatology: The Moyer Slides”
- ... December 14 – “Pediatric Head Trauma”
- ... December 21 – “Pediatric Rheumatology”
- ... December 28 – NO GRAND ROUNDS

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

Surgical Grand Rounds

Surgical Grand Rounds are held every Tuesday in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78, and via videoconference in the First Floor Conference Room at LVH-Muhlenberg. Topics for December will include:

- ... December 7 – Division of Vascular Surgery – TBA
- ... December 14 – “The Triumph of Surgery – The History of Surgical Accomplishment”
- ... December 21 – “Inhalation Injury: Incident pathophysiology diagnosis treatment options”
- ... December 28 – NO GRAND ROUNDS

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

Coding Tip of the Month

With the October 2004 coding updates, there have been several revised diagnosis code title changes in the psychiatric coding category. Arteriosclerotic dementia has been renamed vascular dementia. Alcoholic psychosis is now titled alcohol-induced mental disorders. Paranoid states have been renamed delusional disorders. Neurotic disorders are now listed as anxiety, dissociate and somatoform disorders. These changes in diagnosis terminology more closely reflect the terminology used in DSM-IV-TR.

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



Susan E. Adams, MD
 Neighborhood Pediatrics
 623 W. Union Blvd., Suite 3
 Bethlehem, PA 18018-3708
 (610) 866-8566 Fax: (610) 866-8503
 Department of Pediatrics
 Division of General Pediatrics
 Provisional Associate



Pamela A. Howard, MD
 Surgical Specialists of the Lehigh Valley
 1240 S. Cedar Crest Blvd., Suite 308
 Allentown, PA 18103-6218
 (610) 402-1350 Fax: (610) 402-1356
 Department of Surgery
 Division of Trauma-Surgical Critical Care/General Surgery
 Section of Burn
 Provisional Active



Carol B. Copenhaver, MD
 Community Physician Practice Growth Initiative
 1650 Valley Center Parkway, Suite 100
 Bethlehem, PA 18017-2344
 (484) 884-2024 Fax: (484) 884-4346
 Department of Family Medicine
 Provisional Active



Stephen K. Katz, MD
 LVPG-Pediatrics
 1651 N. Cedar Crest Blvd., Suite 52
 Allentown, PA 18104-2371
 (610) 439-7500 Fax: (610) 336-8339
 Department of Pediatrics
 Division of General Pediatrics
 Provisional Active



Shoban A. Davé, MD
 LVPG-Hospitalist
 1240 S. Cedar Crest Blvd., Suite 412
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 (610) 402-5369 Fax: (610) 402-5959
 Department of Medicine
 Division of General Internal Medicine
 Provisional Active



Cheryl L. Kienzle, MD
 Neighborhood Pediatrics
 623 W. Union Blvd., Suite 3
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 Department of Pediatrics
 Division of General Pediatrics
 Provisional Associate



Martin J. Fowler, Jr., DO
 Neurology & Sleep Medicine, PC
 701 Ostrum Street, Suite 302
 Bethlehem, PA 18015-1152
 (610) 866-6614 Fax: (610) 866-8836
 Department of Medicine
 Division of Neurology
 Provisional Active



Gerald-John M. Rossini, MD
 Coordinated Health Systems
 2775 Schoenersville Road
 Bethlehem, PA 18017-7326
 (610) 861-8080 Fax: (610) 861-2989
 Department of Surgery
 Division of Orthopedic Surgery
 Provisional Active



David J. Hanes, MD
 Valley OB-GYN Associates
 322 S. 17th Street
 Allentown, PA 18104-6734
 (610) 434-4015 Fax: (610) 435-4821
 Department of Obstetrics and Gynecology
 Division of Primary Obstetrics and Gynecology
 Provisional Active



Christopher J. Schoenherr, MD
 Coordinated Health Systems
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 Bethlehem, PA 18017-7326
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 Department of Medicine
 Division of Physical Medicine-Rehabilitation
 Provisional Active

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Mark P. Shampain, MD
Shampain & Associates
3131 College Heights Blvd.
Allentown, PA 18104-4886
(610) 820-7611 Fax: (610) 820-9884
Department of Pediatrics
Division of Pediatric Subspecialties
Section of Allergy
Provisional Active



Richard W. Snyder, DO
Lehigh Valley Nephrology Associates
30 Community Drive
Easton, PA 18045-2658
(610) 252-6950 Fax: (610) 252-8431
Department of Medicine
Division of Nephrology
Provisional Active

Address Changes

Deborah A. Campbell, DMD
770 Feters Lane
Box 3243
Wescosville, PA 18106-9290
(610) 398-1435 Fax: (610) 398-6278

William J. Gould, DO
2380 Schoenersville Road
Bethlehem, PA 18017-3602
(610) 691-2282 Fax: (610) 691-2410

Practice Name Change

Robert W. Miller, MD
Pediatric Specialists of the Lehigh Valley
Lehigh Valley Hospital-Muhlenberg
2545 Schoenersville Road, Third Floor
Bethlehem, PA 18017-7384
(484) 884-3333 Fax: (484) 884-3366

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Lehigh Valley Hospital-Muhlenberg
2545 Schoenersville Road, Third Floor
Bethlehem, PA 18017-7384
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Status Changes

Cromwell C. Estrada, DO
Department of Family Medicine
From: Active To: Affiliate

Judith R. Pryblich, DO
Department of Family Medicine
From: Active To: Affiliate

Resignations

Michael J. Chmielewski, MD
Department of Obstetrics and Gynecology
Division of Gynecology

Bharat K. Mehta, MD
Department of Medicine
Division of General Internal Medicine

Amish N. Nishawala, MD
Department of Pediatrics
Division of General Pediatrics

Lee N. Orowitz, DPM
Department of Surgery
Division of Podiatric Surgery

Helen Voinov, MD
Department of Psychiatry
Division of Adult Inpatient Psychiatry

Allied Health Staff

Appointments

Shawn J. Bausher, PA-C
Physician Assistant-Certified
(Surgical Specialists of the Lehigh Valley – Daniel D. Lozano, MD)

Joy D. Clair, CRNA
Certified Registered Nurse Anesthetist
(Lehigh Valley Anesthesia Services, PC – Thomas M. McLoughlin, Jr., MD)

Judy R. Knecht, RN
Pacemaker/ICD Technician
(Medtronic USA Inc. – Norman H. Marcus, MD)

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

Kimberly A. Reichard, PA-C
Physician Assistant-Certified
(Lehigh Area Medical Associates, PC – Anthony P. Buonanno, MD)

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Suzanne M. Skweir, PA-C

Physician Assistant-Certified

(The Heart Care Group, PC – Raymond Durkin, MD)

Jane M. Wappelhorst, CNM

Certified Nurse Midwife

(The Midwives & Associates, Inc. – Garry Karounos, MD)

Michael J. Wassel, Jr., PA-C

Physician Assistant-Certified

(Advanced Dermatology Associates, Ltd – Marc Levin, MD)

Change of Supervising Physician

Cynthia L. Dinsmore, CNM

Certified Nurse Midwife

(Casa Guadalupe)

From: Michael J. Chmielewski, MD

To: L. Wayne Hess, MD

Sandra R. Kowalski, CRNP

Certified Registered Nurse Practitioner

From: Helwig Diabetes Center – Larry N. Merkle, MD

To: Orthopaedic Associates of Allentown – Albert D. Abrams, MD

Change of Status

Craig I. Matsumoto, PA-C

(Surgical Monitoring Associates, Inc – Mark C. Lester, MD)

From: Intraoperative Neurophysiologic Monitoring Specialist

To: Clinical Neurophysiologist

Jonathan L. Matzko

(Surgical Monitoring Associates, Inc – Mark C. Lester, MD)

From: Intraoperative Neurophysiologic Monitoring Specialist

To: Clinical Neurophysiologist

Joshua P. Singer

(Surgical Monitoring Associates, Inc – Mark C. Lester, MD)

From: Intraoperative Neurophysiologic Monitoring Specialist

To: Clinical Neurophysiologist

Resignations

Ric Baribeault, CRNA

Certified Registered Nurse Anesthetist

(Lehigh Valley Anesthesia Services, PC)

William T. Clark, PA-C

Physician Assistant-Certified

(Surgical Specialists of the Lehigh Valley)

Laura K. DeBerardinis

Dental Assistant

(Jeannine E. Wyke, DMD)

Robert K. Landis, CRNA

Certified Registered Nurse Anesthetist

(Lehigh Valley Anesthesia Services, PC)

Renee D. Orris, CRNP

Certified Registered Nurse Practitioner

(Diagnostic Care Center)



LEHIGH VALLEY
HOSPITAL
AND HEALTH NETWORK

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Medical Staff Progress Notes

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Edward M. Mullin, Jr., MD
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Janet M. Seifert
Coordinator, Communications & Special Events
Managing Editor

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L. Wayne Hess, MD
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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.