

Medical Staff PROGRESS NOTES

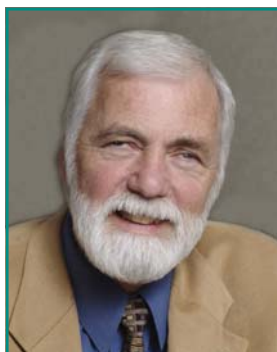


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Francis A. Salerno, MD Honored with Spirit of Leonardo Award

Francis A. Salerno, MD, Chief of the Division of Geriatrics, was recently honored with the "Spirit of Leonardo Award"



at a breakfast hosted by the Greater Lehigh Valley Chamber of Commerce's Health Care Committee. This award, which was created in partnership with Leonardo da Vinci's Horse, Inc., recognizes an individual who is involved in the healthcare industry and who demonstrates the traits of curiosity, imagination and creativity consistent with the inspiration of Leonardo da Vinci.

Dr. Salerno is a graduate of St. Joseph's College and Temple University School of Medicine. He is board certified in both Internal Medicine and Geriatrics.

In December 1989, Dr. Salerno joined the Medical Staff of Lehigh Valley Hospital to develop a program in geriatric medicine. Although he is blind, Dr. Salerno has great vision for the care of the aging population.

During his leadership, Lehigh Valley Hospital was ranked by **U.S. News and World Report** as one of the top 50 hospitals in the United States for geriatric care in 1996 and 1997. He organized a NEXUS for Geriatric Planning, an alliance of community care providers for older adults. Dr. Salerno has served on the Task Force of Aging of the American College of Physicians and is a member of the American Society of General Internal Medicine and American Geriatric Society.

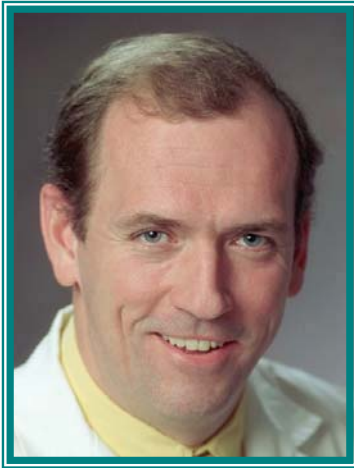
In 1993, Dr. Salerno was named Clinician of the Year by the American Geriatric Society. In October 1999, he received the Louis Braille Award which recognized his accomplishments and leadership in the field of geriatrics. He was appointed to the Pennsylvania Governor's Council on Aging.

Dr. Salerno's roles at Lehigh Valley Hospital include clinical care, education and research, and community involvement. He was also instrumental in the development and implementation of the Center for Healthy Aging which opened at Lehigh Valley Hospital, 17th & Chew, in the Fall of 2002.

Dr. Salerno resides with his wife, Aleita, and has two daughters – Ane and Alison.

General Medical Staff Meeting

The quarterly meeting of the General Medical Staff will be held on **Monday, December 8**, beginning at **6 p.m.**, in the hospital **Auditorium** at **Cedar Crest & I-78**, and via videoconference in the **First Floor Conference Room at LVH-Muhlenberg**. A drawing will be held following the meeting for FREE Medical Staff dues for a year for three lucky members of the Medical Staff. All members of the Medical Staff are encouraged to attend.



From the President

The leaves rustle in the trees, turning brown and gold and red and yellow. One by one, propelled by random gusts of wind, they fall from their branches to litter the ground below. The clouds, that used to be so tranquil and static and heavy in the August humidity, scud by anxiously in the rising chilly wind. The mornings bring the silvery coating of frost to the lawns, as if fall fairies have been out all night spreading pixie dust. It's the time of year when the harvest is in, the pumpkins have all been carved and now rot on the compost heap, and the rakes are ready for their last task of the season. Another year has gone by, and we face the prospect of the rush of the holiday season, the cornucopia of the Thanksgiving feast, and the end of the old year. Where did the year go? How did we get so far into the new millennium? We haven't even figured out a name for the '00s, and they are half over. The oughts, naughts, nothings, nulls, or zip, zero, nada? What's this generation -- Generation 00Ps?

It seems like a good time to take stock, this season. This is the time when we realize that we haven't published the great American Novel. That audiobook course of Spanish is still sitting in the trunk of our car, unplayed. That Beethoven symphony that we began to fitfully practice sits staring at us accusingly from its perch on the piano. The sweater we didn't knit, the books we didn't read, the trip we didn't take. This

is a time of remembrance of unfinished projects, unfulfilled dreams, and unachieved goals. There is something pleasantly melancholy about this time, this end of year, dying back, fading time of year. It reminds us that life goes on, that there is a cycle of life. Even if we haven't done all that we wanted to do, in a few months a new year will still come, bringing with it the budding of the leaves, growing of the grass, and the ultimate sound of John Deeres tooling here and there across our neighbor's lawn.

So in this edition of *Medical Staff Progress Notes*, let me remind you of what has occurred and what remains unfulfilled in the docket for Medical Staff leadership. We worked hard this year to fulfill our mission, that of overseeing the quality of the Medical Staff, accrediting new medical staff members and reaccrediting old members, overseeing the allied health professionals, attending to the manpower plan, and working on the approval of new guidelines and procedures. We listened hard to your concerns and criticisms, relaying these to the Chairs and Administration, sometimes repeatedly. We tried to communicate with you through various channels, hoping to keep the 1,100 or so Medical Staff members aware of trends in the hospital and region, as well as nationally. We represented you at community functions such as the Chamber of Commerce breakfast last month, and the March of Dimes Chef's Auction. We tried to entertain you in various ways, whether it was with the Cat in the Hat, Winnie the Pooh, or Shakespeare. We tried to listen to you when you buttonholed us on the wards, even though perhaps we weren't as patient as we really should have been. We tried to challenge the status quo at times, while not picking fights for their own sake. We asked stupid questions at meetings, and tried hard to focus the spotlight on issues that concerned you and the patients.

During this time, we kept one eye on our Troika goals. Under the theme of "Three Circles," we pursued themes of excellence, service and delight as a

unifying ideology for improving the atmosphere of care at the hospitals and health network.

Within the Circle of Excellence, specific goals included working on an understanding of the *U.S. News and World Report* rankings of hospitals and specialties, and encouraging departments to work towards a top 50 ranking to join the departments and divisions that have already achieved this status. We championed CAPOE, because it is the right direction to go in patient care, despite the challenge to all concerned in its implementation. We worked with the CEDS teams on education, specifically working on the next Pool Trust grant and subprojects, helping to widen their scope to embrace the Medical Staff as a whole as well as residents, students and nursing staff. We focused on the idea of developing the expertise to do internet-based searches that examine the evidence at the bedside, promoting a focus on education that improves patient care. We encouraged the departments to develop educational programs suited for their programs and physicians.

Within the Circle of Delight, we initiated a series of conversations about providing a delightful atmosphere of care for patients with the Medical Executive Committee and others. We brought in the Jackson Organization (with the help of Mr. Lou Liebhaber) to sample the Medical Staff's views and get a snap shot of how the organization is doing in numerous areas. We plan to use this information to guide many of our activities for the next 9-12 months as a team. We hope we set a tone of higher purpose, reminding all of us in the trenches that what we do day in and day out transcends the turmoil and pettiness that life often abounds in. We worked hard on the improvement of recognition for the Medical Staff's accomplishments, tuning up the ritual and recognition for the Medical Staff. We helped reinvigorate the physician orientation program, developing a new

Continued on next page

Medical Staff Services website as well as a quarterly orientation dinner program that has been well received.

Within the Circle of Service, we were deeply involved in sponsoring and monitoring the activities of the Growing Organizational Capacity teams, as well as providing ongoing communications about the changes coming out of this institutional effort. We pursued conversations about serving the Latino population and supported changes in the clinic to serve this important constituency.

Many of these tasks are still in progress, and some, like that Great American Novel, remain unfinished. We didn't solve the malpractice crisis, though we tried hard to understand the issues involved and relay them responsibly to

you. We did not get as far we ought in working on a delightful atmosphere for patients, nurses and physicians to work and recuperate in. We didn't solve the growing problem of the uninsured, which is a continuing societal blister on the underbelly of the body politic. We just began a dialogue on the rising costs of pharmaceuticals and the rising cost of health care that will need to continue. We still don't know the results of the survey of you, the Medical Staff. We still run into physicians who feel disenfranchised, despite our best efforts.

So here we are, at the end of the year, some things accomplished, many left undone. It's a melancholy feeling. Yet we have enjoyed the tasks and the relationships that have developed.

While the old year is waning, the new year is coming hard on its heels. There's still time to keep pursuing the mission, pushing the envelope, and raising the bar.

Here's to you and your family and friends in this holiday season. Make sure you take stock of your own accomplishments and tasks. Pat yourself on the back for what you have done, and kick yourself in the rear about what you need to do. Make sure you get that Great American Novel published next year, at any rate. We'll be finishing ours off, too.

ALEX

Alexander D. Rae-Grant, MD
Medical Staff President



My Door is Open!

Beginning in January, Alex Rae-Grant, MD, Medical Staff President, will be available Monday afternoons in the Medical Staff President's Office, located in Medical Staff Services on the first floor at Cedar Crest & I-78, to discuss issues, problems or concerns voiced by members of the Medical Staff. Although walk-ins are welcome, appointments are recommended. To schedule an appointment to meet with Alex, please contact Beth Martin in Medical Staff Services at 610-402-8980.

Nominations for Special Awards Being Accepted

Nominations are still being accepted for the special awards which will be presented at next year's Physician Recognition Dinner to be held on **Saturday, May 1, 2004**, at the Holiday Inn Conference Center in Fogelsville. Plan to attend the event to celebrate with your colleagues and recognize those who will be celebrating 25 and 50 years of service on the hospital's medical staff. In addition to the years of service awards, there will be several new awards presented at next year's big event. These new awards will be presented to the individuals who best meet the criteria for each award. The awards and criteria include:

- **Community Service Award** - Given to the physician who best embodies the importance of participation in community activities in terms of service on boards, involvement in community groups, philanthropic interests, or other community activities over a period of years.
- **Team Builder Award** - Given to the physician who best embodies the ability to build a team of physicians, allied health professionals, or other health care workers and to nurture the cohesive actions of the team over a period of years.

- **Physician Research Award** - Given to the physician who has shown excellence in the pursuit of academic activities in clinical research, primarily in terms of peer reviewed publications.
- **Friend of the Medical Staff Award** - Given to the allied health professional, management professional, or other health care worker who over a period of years has shown exceptional ability in assisting physicians in improving the care of patients at Lehigh Valley Hospital and Health Network.

Nominations for these awards will be accepted until **Friday, February 6, 2004**. To submit a nomination, list the name of the award, the nominee's name, and your name, and send them to John W. Hart, Vice President, Medical Staff Services, Lehigh Valley Hospital, Cedar Crest & I-78, P.O. Box 689, Allentown, PA 18105-1556 or send an email to john.hart@lvh.com.

If you have any questions regarding the Physician Recognition Dinner or the new awards, please contact Janet M. Seifert in Medical Staff Services at 610-402-8590.



Michael A. Rossi, MD
Chief of Cardiology and
Medical Director of the
Regional Heart Center

Regional Heart Center Update

LVH and several of our cardiac and vascular physician colleagues were listed in the fall issue of *Money* magazine's honor roll of best hospitals in the categories of Treatment of Heart Attack, Coronary Bypass Surgery and Carotid Endarterectomy.

Hats off to Paulette Kennedy, RN, who has been promoted to director of 4A and the Interventional Progressive Coronary Unit (IPCU) at Cedar Crest & I-78.

The American Heart Association presented the Regional Heart Center with two awards in October: the "Champions of Heart" award and the "Heart of Gold" award for Lehigh Valley Hospital's (LVH) significant achievements and participation in American Heart Association fund-raising events and activities over the past year.

About 1,500 physicians, nurses, administrators and family and friends of the Regional Heart Center enjoyed this year's Nite Lites "Setting the Pace" gala in September, which raised \$640,000 for cardiac programs at LVH. A huge "thank you" to everyone who supported this record-breaking fundraiser!

Welcome, Colleagues

Two cardiologists recently joined private groups associated with LVH and the Regional Heart Center. Welcome to Edward G. Liszka II, MD, of Lehigh Valley Cardiology Associates, and Martin E. Matsumura, MD, of The Heart Care Group.

New Programs

A strategic initiative was recently approved to expand our successful Regional MI Alert program for emergency treatment of heart attack patients to regions outside of the Lehigh Valley and is expected to be implemented early next year.

It's back to school for the Regional Heart Center, as we will be featured in LVH's "Mini Medical School" curriculum next April and May. Mini Medical School is an opportunity to share with our community information about cardiovascular disease prevention, diagnosis and treatment, while promoting our nationally ranked services.

Last, but not least . . .

The end's in sight – The final phase of Regional Heart Center facility construction on 4A (medical cardiology and GI) at Cedar Crest & I-78 is underway and targeted for completion in February, 2004. This will conclude a three-year project, which was preceded by several years of planning and involved dozens of colleagues throughout the network.

And . . . construction progress on the new hospital at LVH-Muhlenberg moves along at amazing speed. The building, which will house, among other services, the Regional Heart Center's cath and EP labs, and patient rooms, is expected to be ready for patients in 2005.

I welcome your comments, observations and questions about activities of the Regional Heart Center. To contact me, please call (610) 402-7150 or send me an email at michael.rossi@lvh.com.

Progress, Programs and People Keys to Regional Heart Center Success

This year has been an active one for the Regional Heart Center at LVH. Looking back over the past six months or so – since my last update in *Medical Staff Progress Notes* – we have much to celebrate and many people to thank for their efforts. The accomplishments of this year will help us continue in 2004 being the premier provider of high-quality cardiovascular services in our region.

Thank you for your support, and Happy Holidays!

Congratulations!

For the second consecutive year, LVH was ranked in the *U.S. News & World Report's* list of best hospitals for cardiac care and heart surgery. This is the eighth year, overall, that LVH has been honored by *U.S. News & World Report*.

According to recently released data from the Pennsylvania Health Care Cost Containment Council (PHC⁴), LVH operates the second largest cardiac program in the state and ranks number three in open heart surgery volumes.

Range Orders

Because range orders have recently come under more intense scrutiny from our regulatory authorities, LVH has adopted the following guidelines for Range Orders.

Range Orders will be accepted on the dose of medications (e.g., 1-2 tabs or 25-50mg), however, ranges on the frequency (q 4-6 hrs) will be interpreted, transcribed and administered using the lower end of the stated range.

For example:

Percocet 1-2 tabs every Q4-6 hours as needed for pain will be interpreted, transcribed and administered as

Percocet 1-2 tabs every Q4 hours as needed for pain

If you have any questions regarding this issue, please contact Robert Begliomini, PharmD, Director of Pharmacy, at 610-402-8775.

And the Winner is . . .

On October 24, **Jaan P. Naktin, MD**, Division of Infectious Diseases, was the first lucky winner of a Travel Certificate for his participation and utilization of CAPOE. The travel certificate, valued at \$2,000, is redeemable through AAA and may be used for a trip to the destination of his choice.

As mentioned in the September issue of *Medical Staff Progress Notes*, monthly drawings will be held as a way to congratulate those who are contributing to this important patient safety initiative. All physicians and physician extenders who are using the CAPOE system, and whose **utilization is greater than 60%**, will be eligible for the drawings.

For the October drawing, Dr. Naktin was one of 57 entries who had a CAPOE utilization rate of over 60%. Drawings will continue to be held on a monthly basis during the next year. Good luck to all those CAPOE users who will qualify!



Don Levick, MD, Physician Liaison, Information Services, congratulates Jaan Naktin, MD, Division of Infectious Diseases, who was the first lucky winner of the CAPOE trip drawings.

News from CAPOE Central

Now with CAPOE you can earn (CME) while you learn

A significant advantage to using CAPOE is the decision support tools that are available in the system. These include the alerts and conflict screens with associated drug monographs, MicroMedix, Up-To-Date and MD Consult. Using these tools to improve quality of care is an ongoing learning experience. To acknowledge this, we will begin offering CME credit for use of the CAPOE system. This will be effective retroactively for 2003, and will continue in 2004. All trained physicians will receive a mailing from the Center for Educational Development and Support (CEDS) early in 2004 regarding the 2003 CME program. The mailing will include a summary of the program, the number of CME hours you have qualified for, and a form and evaluation to complete in order to receive the CME credit. This process will be repeated annually. We hope that this opportunity will provide another incentive to use CAPOE and take advantage of the decision support tools.

START ASAP - make sure you mean it when you click it

A recurring issue for the Pharmacy involves the start times for medications entered in CAPOE. If you click the START ASAP button, the system will generate a dose to be given within 30 minutes AND put the medication on the

schedule as ordered. For example, if at 11 a.m. you enter an order for a QID medication (normally given at 9 a.m., 1 p.m., 5 p.m., and 9 p.m.), the first dose would be at 1 p.m. If you click the START ASAP button, a dose will be given by 11:30 a.m., AND at 1 p.m. On the other hand, if at 11 a.m. you order a once daily medication (i.e., Aldactone), the first dose would be given tomorrow at 9 a.m. (the standard administration time for once daily medications). If you are unsure of the medication administration times, they are listed in the Frequency menu. Remember, if you want the first dose to be given within 30 minutes, please click the START ASAP button.

Mini-Neb orders - it's not just about the medications

All orders for mini-neb treatments should include an order for the medication (i.e., Albuterol) AND an order for the respiratory treatment. By entering both orders, Pharmacy is notified of the medication and Respiratory Therapy is notified that a patient is on respiratory treatments. To facilitate these orders, there are order sets listed under the RESPIRATORY button as "Aerosol Mini Neb Order Set." This order set defaults the order for the respiratory treatment and brings up an order set where the medications can be ordered. **Please remember to use the Mini Neb Order Set and do not order only the medication from the MEDS button.**

Updating allergies before entering medications

It is very important to enter and update patient allergies prior to entering medication orders, especially when entering admission orders. In the paper world, physicians could write the allergies at the top of the order sheet. In the CAPOE world, this should be done in the allergy screen. Entering and updating allergies is critical to good patient care. Everyone on the care team is responsible for keeping the allergies up to date, but the admitting physician is usually the first person to access the patient's electronic record. If the allergies are not entered along with the new orders, the Pharmacy cannot verify and dispense the ordered medications. The pharmacists must then communicate with nursing or the ordering physician to determine the patient's allergies. This can interfere with the patient receiving their meds in a timely manner. Instructions on how to use the allergy screen are available via the CAPOE Help web page (accessible through the HELP menu at the top of the screen; click on "Viewlets" and then choose, "Entering allergies in LastWord.") **Please remember to update the allergy screen prior to entering your admission orders.**

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

News from Health Information Management

Ongoing Medical Record Review

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requires LVH to perform ongoing medical record reviews on 21 data elements. The Second Quarter (April – June 2003) ongoing medical record review was completed with a summary of findings demonstrating areas consistently deficient in physician documentation in the inpatient, observation and ambulatory records including:

- « Medical History, including chief complaint, details of present illness, past/social/family history in dictated reports...missing documentation includes (1) family history and (2) review of systems: *LVH 47% compliant, LVH-M 88% compliant*
- « Statement on conclusions or impressions drawn from the dictated admission history and physical examination: *LVH 98% compliant, LVH-M 88% compliant*

- « Final diagnoses in the discharge summary: *LVH 79% compliant, LVH-M 84% compliant*
- « Conclusions at termination of hospitalization: *LVH 70% compliant, LVH-M 64% compliant*

Other deficient areas identified through medical record reviews and a recent Department of Health survey include:

- ... *Illegible handwriting*
- ... *Unacceptable abbreviations*
- ... *Lack of documented Identification of patient prior to surgery*
- ... *Lack of discharge instruction forms*
- ... *Unsigned verbal orders*
- ... *Lack of co-signature on physician assistant and medical student orders*

Ongoing action plans for improvement include physician communication (e-mail, **Medical Staff Progress Notes**, posters, flyers), Medical Record Committee recommendations, letters to Department Chairs and contact with individual physicians.

Any additional assistance you can provide to improve the documentation in the medical record will be appreciated. If you do not have a copy of the HIM Physician Documentation Guidelines – June 2003, you may request a copy by calling Carolyn Buck, Staff Assistant, at 610-402-8330.

Dictation System Upgrade

The HIM Centralized TRX Department is in the process of upgrading the digital dictation, transcription, and report management system to manage dictated voice input, report-transcription, and distribution for continuity of care. The new dictation system will incorporate voice recognition technology into the product as well as provide additional features not present in the current dictation system. More information will be distributed during the month of December on implementation dates, training, etc.

If you have any questions regarding this information, please contact Zelda Greene, Director, Health Information Management, at 610-402-8330.

Inpatient Cumulative Laboratory Reports

Since the implementation of the laboratory's information system in December 1981, the Laboratory has printed inpatient cumulative reports for hospital inpatients each night. These reports, which contain patient laboratory results from the day of the patient's admission, are printed on each unit for each patient who has had new results entered in the laboratory information system during the day. Each unit is then responsible for sorting the reports and placing them in each patient's chart. The reason this was done is that when the Laboratory's information system was implemented, the Hospital Information System could store only two to three days worth of laboratory data necessitating the nightly printing process.

With the implementation of Phamis Lastword in May 1993, the Hospital Information System gained the ability to store the laboratory information indefinitely. With the most recent upgrade to version 4.0 of Lastword, the display of the laboratory results more closely mimics the cumulative reports.

Over 10 years ago, a projected goal of the Lastword implementation was the cessation of printing cumulative laboratory reports. Since then, with the creation of the Working Wonders program, numerous suggestions have been submitted to stop the printing of the laboratory cumulative reports. The time has come.

The latest submission to the Working Wonders program was sent to Troika for review. Troika discussed the cumulative lab report Working Wonder idea and gave its blessing to discontinue the daily printing.

If necessary, physicians can go to Lastword for cumulative reports. Additionally, the final chart in Imnet is a cold feed from the Laboratory system that is one copy of the final summary and not copies of the daily cumulative reports that go to the paper chart.

The date to discontinue printing cumulative lab reports will be **January 1, 2004.**

Growing Organizational Capacity

Lehigh Valley Hospital and Health Network's Growing Organizational Capacity (GOC) is living up to its name. New physician partnerships expanded LVHHN's outreach (there were a record-setting 3,062 admissions in June 2003) and new technology enhanced LVHHN's ability to accommodate more patients than ever.

Some of the most noteworthy changes in the way LVHHN does business occurred in bed management, now known as patient logistics. Beginning in mid-May, state-of-the-art bed tracking software was phased in with innovative procedures designed to improve patient flow from admission to discharge.

The patient transport and newly-formed D'BST bed cleaning teams are key players in patient logistics, which has oversight at all sites of:

- ... Direct admissions
- ... LVHHN transfer center

- ... Inpatient bed placement
- ... Internal patient transport
- ... External ambulance transport with an LVHHN-based dispatcher
- ... Decedent affairs

It didn't take long for the new system to show some remarkable results. Within the first few weeks at LVH-Cedar Crest, patient logistics reported:

- ... Reduced bed cleaning turnaround time from 3 ½ hours to a 62-minute average.
- ... 150 percent more patients admitted through the transfer center.
- ... Earlier patient discharge notification, allowing earlier bed assignments by patient logistics.

And at LVH-Muhlenberg:

- ... Bed cleaning turnaround time reduced from 3 ½ hours to 36 minutes in the first week.

Although there has been significant improvement, GOC teams are working

on additional projects to reduce Emergency Department and hospital length of stay and encourage timely patient discharges. One of the ways to reduce back ups in the Emergency Department and PACU is to increase bed availability earlier in the day. Members of the timely discharge team have analyzed bed demand and availability and feel that increasing discharges before 11 a.m., from the current 9% to 20%, will greatly relieve the waiting time for beds -- especially for your patients in the Emergency Department. An educational program about the new timely discharge process will be launched in January. Caregivers, patients and families will receive tools to assist in increasing appropriate discharges earlier in the day.

Bottom line: Each member of the LVHHN family impacts GOC. Good discharge planning and clear, timely communication with staff, patients and their families is essential to help LVHHN meet the unprecedented demand for its services.



Free Evenings of Ornish Scheduled

LVHHN launched the Dr. Dean Ornish Program for Reversing Heart Disease in September to give people with heart disease, or at high risk for it, a treatment option that may reduce the need for future or repeat angioplasty or bypass surgery for stable patients.

If you or one of your patients want to learn more about the Ornish program first-hand, free "Evenings of Ornish" are scheduled for 5-8:30 p.m., on December 2, at the Health Center at Trexlertown on Route 222, Trexlertown, and at Lehigh Valley Hospital—Muhlenberg in the offices of Lehigh Valley Cardiology Associates, 2649 Building, Suite 301, on December 16 and January 12.

Attendees will be invited to:

- ... Sample healthy holiday snacks (and learn the recipes!)
- ... Take a breather to reduce stress through gentle exercise
- ... Find comfort among others with the same heart health risks

LVHHN is the only health care facility within a 60-mile radius of the Lehigh Valley licensed to offer the Dr. Dean Ornish program, which combines moderate exercise, stress management, group support and low-fat, whole foods eating to help break the cycle of heart disease.

The goals of the Ornish program are to:

- ... Reduce blockages in the coronary (heart) arteries;
- ... Improve blood flow to the heart;
- ... Reduce chest pain (angina);
- ... Reduce serum cholesterol levels; and
- ... Improve exercise capacity, sense of well-being and satisfaction with life.

Ornish and his colleagues have found over the past 20 years that heart disease can be slowed, stopped, or even reversed by making changes in diet and lifestyle. The findings of Ornish's studies have been published in leading medical journals, including the *Journal of the American Medical Association*, *The Lancet* and the *American Journal of Cardiology*.

Registration is required for attendance at an Evening of Ornish. To reserve your place at an event, please call 610-402-CARE.

Spirituality in the Care of Patients

There is an increased awareness by both the medical and non-medical public regarding the role of spirituality in the care of patients today. The formation of collaborative relationships between physicians and chaplains in the care of patients has been an established practice at Lehigh Valley Hospital. The Pastoral Care Department is trying to find better ways to make the connection to faith communities as quickly and smoothly as possible for our patients. One of these ways to connect the patient to their community is to take a Spiritual Assessment. The following assessment is from the George Washington Institute for Spirituality and Health:

F – Faith, Belief, Meaning

“Do you consider yourself spiritual or religious?” or “Do you have spiritual beliefs that help you cope with stress?” If the patient responds “no,” the physician might ask “What gives your life meaning?”

I – Importance and Influence

“What importance does your faith or belief have in your life? Have your beliefs influenced you in how you handle stress? Do you have specific beliefs that might influence your healthcare decision?”

C – Community

“Are you a part of a spiritual or religious community? Is this a support to you and how? Is there a group of people you really love or who are important to you?” Communities such as churches, temples, mosques can serve as strong support systems for some patients.

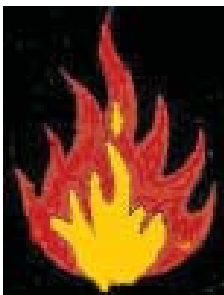
A – Address/Action in Care

“How should the healthcare provider address these issues in your health care?” Referral to chaplains, clergy and other spiritual care providers.

(If the patient has a faith group, please ask the name and city of the religious community. When you call to admit the patient to LVH, please include that information with your admitting information. This gives continuity of spiritual care for patients wishing to give the information.)

If you have any questions or to reach a chaplain, please contact the Pastoral Care Department at 610-402-8465, or page 1556 for the on-call chaplain at Cedar Crest & I-78 and 17th & Chew, or 0258 for the on-call chaplain for LVH-Muhlenberg. Chaplains are also available for consults and referrals.

Safety Tips



What would you do if you discovered a fire?

R . A . C . E

R - Rescue everyone in immediate danger. Evacuate horizontally to the next safe fire compartment (through the fire doors)

A - Activate the Fire Alarm Pull Station. The pull stations are located by every stairwell and exit.

C - Contain the Fire. Close doors.

E - Evacuate or Extinguish a very small fire.

* Let the fire fighting to the trained professionals in our Fire Departments.

Dial 555 for all Emergencies

Emergency Codes used at Lehigh Valley Hospital

- « Code Yellow - Fire Emergency
- « Code Orange - Behavior Dyscontrol
- « Code White - Bomb Threat
- « Code Pink - Missing Child
- « Code Green - Oxygen Failure
- « Code White - Bomb Threat
- « Code Blue - Pulmonary Arrest
- « Code Silver - Bio-Terrorism Alert

Announcing the Addition of Preferred EAP to the Preferred Vendor Program

On November 1, the Employee Assistance Program and related services of Preferred EAP became available to GLVIPA Member Practices. If you are concerned that the personal problems of valued office staff are effecting their job performance or patient care, then contact Ollie Neith at Preferred EAP at 610-433-8550 or oliver.neith@lvh.com.

As a **Preferred Vendor**, Preferred EAP offers professional assessment and brief counseling, at specially discounted rates, for any problem – depression, relationship issues, stress, substance abuse, etc. – that impacts employee effectiveness or well-being.

Preferred EAP also offers free consultation to Member Physicians and Practice Managers on how to intervene with employees troubled by personal problems.

Finally, employees of member practices can attend Preferred EAP's Training & Development Series free of charge. The schedule for December is listed below.

Training & Development Series 2003

These programs are available -- at no charge -- to all GLVIPA Member Practices and are held at 2166 S. 12th Street, Allentown, Pa. For more information or to register, call Preferred EAP at 610-433-8550.

× **Make the Most of the Holidays**

Wednesday, December 3, 2003

9 to 10:30 A.M.

The holidays are a joyous time filled with lots of activity. We try to put extra events into our already busy lives. It is easy to feel overwhelmed by all the increased obligations: baking, sending cards, shopping and entertaining. In addition, if you have experienced a loss, the holidays can be a particularly painful time. This seminar is designed to help you recognize your personal holiday stress and design a plan to relax and enjoy the holidays. Attend this seminar to learn how to make the most of the holidays.

× **Where To Step In – Part II: A Manager's Guide to Coaching and Counseling**

Wednesday, December 10, 2003

9 to 10:30 A.M.

Building on *Where to Step In - Part I*, this program briefly reviews the six-step intervention process, focusing on the difference between coaching and counseling and effective communication techniques for use in reprimand and disciplinary situation.

Please note that physicians and their dependents continue to be eligible for the **Physician Assistance Program**, also provided by Preferred EAP and funded by the Medical Staff Treasury.

When you need to talk . . .



. . . help is just a phone call away!

Physician Assistance Program

To arrange a confidential appointment or for more information, call 610-433-8550 or 1-800-327-8878.

Changes to Unit Names

Effective immediately, the names of the **Transitional Trauma Unit (TTU)** and the **Neurosciences Unit (NSU)** have been changed to **5ATT** and **7ANS**. The goal of this name change was to make finding these units easier for patients and families. While the letter acronym clearly stated the specialty of the unit, it did not include the floor and wing making location of these areas difficult for visitors.

Papers, Publications and Presentations

h **Robert Bazuro, DO**, Emergency Medicine Resident, presented an abstract, "Pain Management Patterns and Computed Tomography Utilization in Patients with Acute Appendicitis" at this year's annual American College of Emergency Physicians Research Forum, held October 12-13, in Boston, Mass. Members of the Department of Emergency Medicine -- **Steven P. Frei, MD**, **William F. Bond, MD**, and **David M. Richardson, MD**, co-authored the abstract.

h **Theodore H. Gaylor, MD**, Division of Otolaryngology-Head & Neck Surgery, presented an instructional course, "Physician Assistants in Otolaryngology," at the National Meeting of the American Academy of Otolaryngology and Head and Neck Surgery held in September in Orlando, Fla. Dr. Gaylor also led a panel discussion with nationally known experts regarding state and government affairs as well as Medicare and third party reimbursement as they relate to physician assistants.

h Two articles co-authored by **Geoffrey G. Hallock, MD**, Associate Chief, Division of Plastic Surgery, and **David C. Rice**, Director, Advanced Clinical Technologies Department, were published in the October 2003 issue of the *Annals of Plastic Surgery*. The first article, "Venous 'Supercharging' Augments Survival of the Delayed Rat TRAM Flap," was intended to corroborate enhanced TRAM flap survival as used for human autogenous tissue breast reconstruction using improved venous outflow possible with microsurgical techniques.

The second article was titled "A Vertical Mid-Line Scar as a 'High Risk' Factor for Maximum Survival of the Rat TRAM Flap." It also showed even in the long term that prior abdominal incisions did not result in any form of flap increase survival, but actually are a major risk factor that could cause potential complications with this procedure.

h **Houshang G. Hamadani, MD**, Department of Psychiatry, presented a paper, "Culture and Psychiatric Disorder in Children and Adolescents," at the annual meeting of the Society for the Study of Psychiatry and Culture held October 2 in Montreal, Quebec.

h **Christopher A. Hawkins, MD**, Division of Orthopedic Surgery, Section of Ortho Trauma, was a presenter at the Pennsylvania Orthopaedic Society Sports Medicine meeting held on October 23. His presentation was titled "The Effect of Chondral Defects on Contact Pressure Measurements in the Human Knee."

h **Indru T. Khubchandani, MD**, Division of Colon and Rectal Surgery, was invited to give a special Guest Lecture on "Squamous Cell Carcinoma of the Anal Canal" at the 9th Congress of the Asian Federation of ColoProctology, held November 27-28 in Seoul, Korea. Dr. Khubchandani spoke on "Rectocele, Province of Proctologist or Gynecologist?"

h **Jayme D. Lieberman, MD**, General Surgery Resident; **Judith Olenwine, MS**, Program Coordinator, General Surgery Residency; and **Gary G. Nicholas, MD**, Program Director, General Surgery Residency, co-authored the paper, "Residency Reform: Anticipated Effects of ACGME Guidelines on General Surgery and Internal Medicine Residency Programs," which was presented at the Surgical Forum of the American College of Surgeons Clinical Congress in Chicago on October 22, 2003. The study was also presented as a poster at the Association of American Medical Colleges (AAMC) annual meeting in Washington, DC, in November 2003.

h **Thomas D. Meade, MD**, Division of Orthopedic Surgery, Section of Ortho Trauma, was the keynote speaker at the Annual Medical Fitness Association and Club Industry meeting held in Chicago, Ill. His topic was "Investment Strategies for Physicians and Adminis-

trators." He was also a panelist and lab instructor, discussing the results of his "Randomized Anterior Cruciate Ligament Study" and "Advances in Knee and Shoulder Arthroscopic Surgery" at the American Academy of Orthopaedic Surgeons' Learning Center in Rosemont, Ill.

h **Robert X. Murphy, Jr., MD**, Division of Plastic Surgery/Hand Surgery, Section of Burn, and Medical Director of LVH-Muhlenberg, co-authored an article, "Chronic, Non-Healing, Lower Extremity Ulcers Responsive to Splenectomy in a Patient with Thalassemia Major," which was published in the November, 2003 issue of the *Journal of Plastic and Reconstructive Surgery*.

h **Robert C. Palumbo, MD**, Division of Orthopedic Surgery, Section of Ortho Trauma, was the keynote speaker at the Second Annual Dance Medicine Seminar held in October in Orlando, Fla. The meeting focused on injury recognition, treatment, and prevention. Dr. Palumbo presented "Developing and Implementing a Dance-Specific Strengthening and Conditioning Program" and "Anterior and Posterior Ankle Pain."

h "Recognition and Treatment Pathway for Psychiatric Illness in Multiple Sclerosis," co-authored by **Alexander D. Rae-Grant, MD**, Division of Neurology and Medical Staff President; **Ralph A. Primelo, MD**, Section of Consultation-Liaison Psychiatry; **Nancy J. Eckert, RN**, Clinical Director, Multiple Sclerosis Center; and **Stacy A. Statler, PA-C**, Physician Assistant, Multiple Sclerosis Center, was presented as an abstract and poster at the 17th Annual Meeting of the Consortium of Multiple Sclerosis Centers earlier this year in San Diego, Calif. In addition, "Enriching Program Design for an MS Wellness Program," co-authored by Dr. Rae-Grant and Mrs. Eckert, was also presented as an abstract and poster at the same meeting.

"A Safety Study of Combination Treatment with Interferon beta-1a (AVONEX)

Continued on next page

and Azathiaprine in Breakthrough Multiple Sclerosis," co-authored by Dr. Rae-Grant and Mrs. Eckert, was presented as an abstract and poster at the meeting of the European Committee for Treatment and Research in MS (ECTRIMS) held September 17-20 in Milan, Italy.

h **Lester Rosen, MD**, Division of Colon and Rectal Surgery, was the moderator for a panel on "Colon and Rectal Cancer Screening: Current Strategies and Options" at the American College of Surgeons 89th Annual Clinical Congress held October 19-23 in Chicago, Ill. The panel dealt with the new 2003 Guidelines for Screening in Colon and Rectal Cancer, as well as new modalities, i.e., virtual colonoscopy and chemo prevention of polyps. As Secretary for the American Society of Colon and Rectal Surgeons, Dr. Rosen was part of the Surgical Specialty Reception welcoming medical students and

residents. Dr. Rosen serves on the American Society of Colon and Rectal Surgeons Program Committee, Credentialing Committee, and Quality and Safety Committee.

In addition, Dr. Rosen was a moderator for the Colon and Rectal Program sponsored by the Northeast Society of Colon and Rectal Surgeons at The Breakers in Palm Beach, Fla., from November 9-12. At this meeting, **Nina Paonessa, MD**, Colon and Rectal Surgery Resident, presented a paper, "Value of the Gastroscope for Incomplete Colonoscopy," which was co-authored by Dr. Rosen and John J. Stasik, Jr., MD, Division of Colon and Rectal Surgery. The paper described the use of the gastroscope for those colonoscopies that cannot be completed by the conventional scope.

h **Italo Subbarao, DO**, Emergency Medicine Resident, received an award at this year's annual American College

of Osteopathic Emergency Medicine Conference and Scientific Assembly, held October 12-16, in New Orleans, La. Dr. Subbarao's abstract and poster, "The Key to Early Recognition: Use of Human Simulation Combined with CD Simulation to Instruct Emergency Residents How to Respond to a Victim of an NBC Attack," won top honors in the Resident Research Poster competition. **William F. Bond, MD**, Department of Emergency Medicine, co-authored the abstract.

h **Michael S. Weinstock, MD**, Chair, Department of Emergency Medicine, and **Alexander M. Rosenau, DO**, Associate Vice Chair and Emergency Medicine Residency Program Director, published the chapter, "Pediatric Exanthems" in **Tintinalli, Emergency Medicine: A Comprehensive Study Guide, 6th Ed.** Dr. Rosenau also published the chapter, "The role of Vital Signs in ESI Triage" in **The Emergency Severity Index Implementation Handbook**.

News from the Libraries

OID

OID now has a product similar to MD Consult. This product, known as SKOLAR, has different textbooks and fulltext journals than MD Consult, i.e., Harrison vs. Cecil as the internal medicine text and Schwartz vs. Sabiston as the surgical text. ICD9 code "look-ups" are also available. A free trial for the month of December will be made available.

The following information is needed to access SKOLAR.

Web address <http://md.skolar.com>

User name: barbara.lobst@lvh.com

Password: skolar

The logon is case sensitive. After entering the user id and password, it is necessary to click on the "enter" button.

OID Training

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

Recently Acquired Publications

Library at 17th & Chew

- × Larsen. Williams Textbook of Endocrinology. 2003
- × Behrman. Nelson Textbook of Pediatrics. 2003



Library at Cedar Crest & I-78

- × Blackbourne. Advanced Surgical Recall. 2003
- × Kouchoukas. Kirklin Cardiac Surgery. 2003

Library at LVH-Muhlenberg

- × Hricik. Nephrology Secrets. 2003
- × Resnick. Urology Secrets. 2003

If you have any suggestions for new books, please send them to Barbara lobst in the Library at Cedar Crest & I-78.

Coding Tip of the Month

Chest pain is a symptom that requires documentation of the origin, cardiac or non-cardiac. If the chest pain is non-cardiac specify if musculoskeletal, pleuritic, due to GERD, gallbladder, Tietze's, etc., if known. If chest pain is cardiac, specify if the etiology is angina, myocarditis, pericarditis, or acute myocardial infarction. Also document if the patient has associated coronary artery disease, arteriosclerotic cardiovascular disease, or other heart disease.

Congratulations!

h **Thomas D. Meade, MD**, Division of Orthopedic Surgery, Section of Ortho Trauma, received the Sir John Charnley Award at the Arthritis Foundation's Evening of Honors held on October 18. This award is given for excellence and achievement in the field of Orthopedics.

h **Samina Wahhab, MD**, Division of Plastic Surgery, was recently informed by the American Board of Plastic Surgery that she successfully completed the Oral Examination and is now a Diplomate of the Board.

h **Patrice M. Weiss, MD**, Division of Primary Obstetrics and Gynecology, was recently appointed Residency Program Director of the Department of Obstetrics and Gynecology. In addition to this new role, she will continue in her current role of Director of Medical Education for the Department of Obstetrics and Gynecology.

Safety Pearl of the Month

In order to eliminate the potential for error, LVHHN has selected a number of abbreviations, acronyms and symbols which may not be used anywhere in the medical record as listed below:



DO NOT USE THE FOLLOWING ABBREVIATIONS, ACRONYMS AND SYMBOLS

The following abbreviations, acronyms and symbols may not be used anywhere in the medical records (this includes documentation in Progress Notes and Physician Orders).

Abbreviation	Potential Problem	Preferred Term
As of January 1, 2003:		
x d (e.g. x3d for # of days)	Mistaken for # doses (e.g. 3 doses)	Specify "days" or "doses"
MTX (Methotrexate)	Mistaken for Mitoxantrone	Use the complete spelling for drug name.
Trailing Zero (X.O mg) Lack of Leading Zero (.X mg)	Decimal point is missed.	Never write a zero by itself after a decimal point (X mg), and always use a zero before a decimal point (0.X mg)
As of January 1, 2004:		
U (for unit)	Mistaken as zero, four or cc.	Write "unit"
IU (for international unit)	Mistaken as IV (intravenous) or 10 (ten)	Write "international unit"
Q.D., Q.O.D. (Latin abbreviation for once daily and every other day)	Mistaken for each other. The period after the Q can be mistaken for an "I" and the "O" can be mistaken for "I".	Write "daily" and "every other day"
MS MSO₄ MgSO₄	Confused for one another. Can mean morphine sulfate or magnesium sulfate.	Write "morphine sulfate" or "magnesium sulfate"

In addition, it is strongly recommended that the following abbreviations be avoided:

Abbreviation	Potential Problem	Preferred Term
:g	Mistaken for mg (milligrams) resulting in one thousand-fold dosing overdose.	Write "mcg"
H.S. (for half strength or Latin abbreviation for bedtime)	Mistaken for either half-strength or hour of sleep (at bedtime). q.H.S. mistaken for every hour. All can result in a dosing error.	Write out "half-strength" or "at bedtime"
T.I.W. (for three times a week)	Mistaken for three times a day or twice weekly resulting in an overdose.	Write "3 times weekly" or "three times weekly"
S.C. or S.Q. (for subcutaneous)	Mistaken as SL for sublingual or "5 every."	Write "Sub-Q", "subQ", or "subcutaneously"
D/C (for discharge)	Interpreted as discontinue whatever medications follow (typically discharge meds).	Write "discharge"
c.c. (for cubic centimeter)	Mistaken for U (units) when poorly written.	Write: "ml" for milliliters
A.S., A.D., A.U. (Latin abbreviation for left, right, or both ears) O.S., O.D., O.U. (Latin abbreviation for left, right or both eyes)	Mistaken for each other (e.g. AS for OS, AD for OD, AU for OU, etc.)	Write: "left ear," "right ear" or "both ears;" "left eye," "right eye," or "both eyes"

Upcoming Seminars, Conferences and Meetings

Computer-Based Training (CBT)

Computer-based training (CBT) programs, which were available for Lehigh Valley Hospital staff through the Information Services Department, have been temporarily put on hold. Stay tuned for information regarding future classes.

Emergency Medicine Grand Rounds

Emergency Medicine Grand Rounds are held on Thursdays, beginning at 8 a.m., at various locations. Topics for December will include:

December 4 – Cedar Crest & I-78 Auditorium

- × “Electrocardiography and the Emergency Physician”
- × Pediatric Case Review

December 11 – LVH-Muhlenberg, 4th Floor Classroom

- × “Who Wants to be an ED Physician”
- × “Alcohol Emergencies”
- × Rosen’s (pages 576-674)

December 18 – EMI, 2166 S. 12th Street

- × “Medical Command Tapes”
- × Resident Lecture
- × “Chest Pain”
- × Rosen’s (pages 674-752)

December 25 – No Grand Rounds - Happy Holidays!

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

Family Practice Grand Rounds

Family Practice Grand Rounds are held the first Tuesday of every month from 7 to 8 a.m., in the Educational Conference Room 1, Lehigh Valley Hospital, Cedar Crest & I-78, unless otherwise noted. The topic for December is:

- × December 2 – “Update on Thyroid Disorders”

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

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 include:

- × December 2 – “The New Microbiologic Monsters – Opportunistic Fungi”
- × December 9 – “Allergies and Asthma – An Update”

- × December 16 – “Treating Advanced Thoracic Malignancy: An Overview of Interventional Pulmonology”

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

OB/GYN Grand Rounds

OB/GYN Grand Rounds are held on Fridays 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 5 – Tumor Board
- × December 12 – “Beginning the Assessment Process”
- × December 19 – “The Art and Science of Electrosurgery: Principles, Applications and Risks”
- × December 26 – No OB/GYN Grand Rounds – Happy Holidays!

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

Department of Pediatrics

Pediatric conferences are held every Tuesday beginning at 8 a.m. Pediatric conferences are held 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 2 – “Common Liver Disorders”
- × December 9 – “Skis, Sleds, Snowboards and Snowmobiles: Sources of Surgical Trauma”
- × December 16 – “Journal Club – The Febrile Infant”

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 at 7 a.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78, and via videoconference in the First Floor Conference Room at LVH-Muhlenberg. Topics to be discussed in December will include:

- × December 2 – General Surgery Division
- × December 9 – “Pain Management”
- × December 16 – “Recognizing Fatigue”

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

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



Nainesh C. Patel, MD
Devendra K. Amin, MD, PC
3735 Nazareth Road
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Easton, PA 18045-8338
610-258-2588
Fax: 610-258-3946
Department of Medicine

Division of Cardiology
Provisional Active



Philip L. Tighe, DMD
Philip J. Tighe, DDS, MD
3131 College Heights Blvd.
Allentown, PA 18104-4892
610-432-2242
Fax: 610-432-6512
Department of Dental
Medicine

Division of Orthodontics
Provisional Active



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Integrated Health PC
447 Office Plaza
Suite A – Building 500
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570-426-9090
Fax: 610-252-9021

Department of Family Practice
Provisional Active



Tamara R. Vrabec, MD
Lehigh Eye Specialists, PC
1251 S. Cedar Crest Blvd.
Suite 307
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610-820-6320
Fax: 610-820-8376
Department of Surgery

Division of Ophthalmology
Provisional Active



Lawrence K. Zohn, MD
Allentown Anesthesia Associates, Inc
1245 S. Cedar Crest Blvd.
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Allentown, PA 18103-6243
610-402-9082
Fax: 610-402-9029

Department of Anesthesiology
Provisional Active

Status Changes

Hal S. Bendit, DO

Department of Family Practice
From: Active To: Affiliate

Samuel W. Criswell, Sr., MD

Department of Family Practice
Division of Geriatrics
From: Active To: Honorary

William J. Liaw, DO

Department of Family Practice
From: Provisional Active To: Affiliate

Michael C. O'Connor, DO

Department of Family Practice
From: Active To: Affiliate

Susan K. Pedott, DMD

Department of Dental Medicine
Division of Endodontics
From: Active To: Associate

Rajeev Rohatgi, MD

Department of Medicine
Division of Cardiology
From: Affiliate To: Provisional Active

Joseph Schiavone, MD

Department of Medicine
Division of Cardiology
From: Affiliate To: Provisional Active

Eugene J. Sheedy, DDS

Department of Dental Medicine
Division of General Dentistry
From: Associate To: Active

Geary L. Yeisley, MD

Department of Surgery
Division of Cardio-Thoracic Surgery
Section of Cardiac Surgery/Thoracic Surgery
From: Active To: Affiliate

Address Changes

Michael L. Orowitz, DPM

65 E. Elizabeth Avenue, Suite 404
Bethlehem, PA 18018-6515
610-867-4180
Fax: 610-691-0642

Theresa A. Ryan-Mitlyng, MD

1651 N. Cedar Crest Blvd., Suite 52
Allentown, PA 18104-2371
610-439-7518
Fax: 610-439-7527

Practice Change**Geary L. Yeisley, MD**

has joined the practice of
Antonio C. Panebianco, MD, and
David A. Gordon, MD, as
Cardiothoracic Surgeons of Easton
2025 Fairview Avenue
Easton, PA 18042-3915
610-923-5200
Fax: 610-923-5272

Resignations**Sangeeta Agrawala, MD**

Department of Pediatrics
Division of General Pediatrics

Mark D. Chai, MD

Department of Medicine
Division of Physical Medicine-
Rehabilitation

Michael T. Chung, DPM

Department of Surgery
Division of Podiatric Surgery

Barry J. Hennessey, DO

Department of Surgery
Division of Orthopedic Surgery

Robert G. Madeira, MD

Department of Medicine
Division of General Internal Medicine

Anuradha S. Maganti, MD

Department of Medicine
Division of General Internal Medicine

Robert M. Saks, DO

Department of Family Practice

Ali Salim, MD

Department of Surgery
Division of Trauma-Surgical Critical Care/
General Surgery
Section of Burn

Paula L. Stillman, MD, MBA

Department of Pediatrics
Division of General Pediatrics

Allied Health Staff**New Appointments****Gina M. Barletta, PA-C**

Physician Assistant-Certified
(Coordinated Health Systems – Brett P.
Godbout, MD)

Jose M. Barreto, PA-C

Physician Assistant-Certified
(LVPG-Emergency Medicine – Richard S.
MacKenzie, MD)

Agnes M. Cavalcante, CRNA

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

Nichole M. Eisenhard, MA

Medical Assistant
(Valley Sports & Arthritis Surgeons –
Prodomos A. Ververeli, MD)

Anthony M. Hancock, CRNP

Certified Registered Nurse Practitioner
(John J. Cassel, MD, PC – Jeffrey C. Snyder,
MD)

Erica M. Hartzell, PA-C

Physician Assistant-Certified
(Center for Women's Medicine – Ernest Y.
Normington II, MD)

Hoonani M. Sinclair, PA-C

Physician Assistant-Certified
(LVPG-Emergency Medicine – Bryan G. Kane,
MD)

Erin M. Thompson, PA-C

Physician Assistant-Certified
(Lehigh Valley Hospital-Muhlenberg –
Fernando M. Garzia, MD)

Laurie A. Werner

Dental Assistant
(Marsha A. Gordon, DDS)

Amy J. Wescott, CRNP

Certified Registered Nurse Practitioner
(Scott A. Rice, MD)

Emily J. Young, PA-C

Physician Assistant-Certified
(Coordinated Health Systems – Carl B.
Weiss, Jr., MD)

Changes of Supervising Physician**Jason E. Peters, PA-C**

Physician Assistant-Certified
From: Surgical Specialists of the
Lehigh Valley – Ali Salim, MD
To: Surgical Specialists of the Lehigh
Valley – Michael D. Pasquale, MD

John E. Reel, Jr., PA-C

Physician Assistant-Certified
From: Orthopaedic Associates of
Allentown – Peter A. Keblish, Jr., MD
To: Lehigh Valley Hospital-Muhlenberg
– John A. Mannisi, MD
Substitute Supervising Physician:
Fernando M. Garzia, MD

Resignations**Eric H. Lucas**

Pacemaker/ICD Technician
(St. Jude Medical)

Judith A. Madaus, CRNP

Certified Registered Nurse Practitioner
(Valley Gastroenterologists)

Lisa A. Reynolds, PA-C

Physician Assistant-Certified
(Orthopaedic Associates of Bethlehem, Inc)



On behalf of the editorial staff of
Medical Staff Progress Notes,

please accept our Best Wishes for a very happy and safe
Holiday Season!



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AND HEALTH NETWORK

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Patrice M. Weiss, MD

We're on the Web!

***If you have access to the Lehigh
Valley Hospital intranet, you can
find us on the LVH homepage under
What's New — 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.