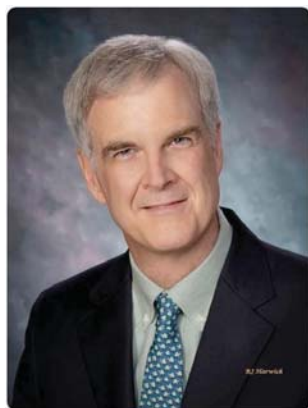


Progress Notes

Published for the Medical Staff
and Advanced Practice Clinicians
of Lehigh Valley Health Network

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FROM THE PRESIDENT



The Power of Speaking Up . . .

You've just started your busy day. You're on call for the weekend and you're sharing the care of a patient with a different service – and this patient looks particularly ill. Whom do you tell and how? A med student arriving at a code blue-in-progress notices a recently updated POLST form with a DNR order on the chart. She quietly whispers to the resident, “Should we really be resuscitating this patient? There’s a DNR order here.”¹ An outpatient doctor notices that his usually reliable patient is a “no show” for an afternoon appointment. He mentions this to his nurse, who discovers the patient sitting alone in a darkened waiting room an hour and a half later – the patient had been “forgotten.” How does the physician respond?

In each of these cases, someone needed to “speak up.” In each instance, a member of the care team made a subtle observation that could have gone unnoticed – or it may have been easier to “just be quiet.” In our profession, “silence kills” and yet, several potential barriers exist to speaking up. These include: the prospect of having to challenge a trusted colleague, overcoming medical hierarchy, the fear of being wrong or getting “shot down,” or being perceived as a troublemaker or complainer.

The nature of patient care has changed significantly in recent years, with interdisciplinary collaboration and regular work shifts leading to an increased number of handovers. Outpatient offices are busier than ever, with receptionists, medical assistants and nurses all multi-tasking to maintain “throughput.” The pace of the OR and supporting units has quickened, challenging the accurate completion of safety checklists. A recent article in the *Journal of Graduate Medical Education*² explores the apparent contradiction between high levels of trust among interdisciplinary team members and the tendency for this familiarity to negatively impact the quantity and quality of communication “on the fly.” When we’re working at a fast pace with colleagues we trust, we tend to take shortcuts with our communication, making assumptions about the information that’s being shared and asking fewer clarifying questions. Just think of what sign-out sounds like when volumes are higher than usual – messaging gets truncated.

Continued on next page

While high levels of trust can enable better collaboration and communication, this must be complemented by *standardized* forms of communication, and “the development and *adherence to* information sharing protocols” (e.g., written sign-out lists, pre-surgery team checklists, etc.).³ The good news is that a number of good tools and training programs exist to support safe *systems of care*. Several of these are available through the Institute for Healthcare Improvement (www.ihl.org). SBAR, which stands for “Situation-Background-Assessment-Recommendation” (<http://www.ihl.org/topics/SBARCommunicationTechnique/Pages/default.aspx>), is a standardized communication framework which works well across disciplines and different levels of training. Framing a concern as a question can also be a safe way to “hit the pause button” on a potentially harmful process: “I have a quick question: don’t we usually wash our hands with soap and water after we see a patient with C.diff?” Effective team leaders try to reinforce the concept that “there are no dumb questions.”

The physician whose patient was “forgotten” in the waiting room pulled his staff together for a team meeting later that week. He and his practice director led off by stating that the goal of coming together was NOT to assign blame but to look at where the *process* broke down. Encouraging his team – front office and clinical – to map out the steps of the check-in process allowed everyone to focus on the *patient’s experience* and to identify the “disconnect.” Creating a new process together helped build, rather than tear down trust among the members of the team. They established a metric for measuring success and verified their performance each day – “no patient left behind.” The practice leadership acknowledged their efforts by hosting a catered lunch to celebrate a month of success with the new process.

The message here is a simple one: trust and teamwork are essential, and the discipline of designing and following a good process *consistently* makes a difference. Many times someone else’s well-being depends on YOU. Be bold – don’t be afraid to speak up. Use direct means of communication. Pick up the phone and tactfully express your concerns; ask a question or call a “timeout” when you see something that could endanger another; set up a team meeting to examine something that went wrong. Focus on the problem and the process, not on the people.

Thanks to all of you who have had the courage to speak up. It really is the foundation for positive change. Have a great month!

Bob Motley MD

Robert J. Motley, MD
Medical Staff President

References:

¹ Seiden S, Galvan C, Lamm R, “Role of medical students in preventing patient harm and enhancing patient safety,” *Qual Saf Health Care* 2006;15:272–276.

² Varpio L, Regehr G, “What to Do About Trust? A Source of Contradiction in Interprofessional Collaboration,” *JGME*: December 2013, Vol. 5, No. 4, pp. 703-704; <http://dx.doi.org/10.4300/JGME-D-13-00317.1>.

³ Ibid.

Learn how to conceive, develop and lead a QI Project while earning 9 CME credits at no cost to you. LVPHO and LVHN will support CME for quality improvement through the on-line, open school courses at the Institute for Health Care Improvement (IHI). LVHN sponsors tuition and the LVPHO ACE program reimburses \$200 upon submission of certificates of completion.

LVPHO’s ACE program provides a template for developing a QI project, examples of successful projects, and financial support.

To learn more, contact Joe Candio, Jr., at 610-969-0237.



LVHN OPENS CENTER FOR ORTHOPEDIC MEDICINE



On February 5, Lehigh Valley Health Network (LVHN) opened its newest Center for Orthopedic Medicine in South Whitehall Township.

The new inpatient facility – LVH-Tilghman (formerly Westfield Hospital) – has three surgical suites, 22 mostly private rooms, rehabilitation services, diagnostic imaging and lab services. In addition, the former Westfield Surgery Center will now be the LVHN Surgery Center-Tilghman, an ambulatory surgical center. That building will have three operating rooms and two procedure rooms.

LVHN also will operate an ExpressCARE on the ground floor of the inpatient building. ExpressCARE is an urgent care service for patients without an appointment for common illnesses and minor injuries like sprains, cuts and lacerations, flu symptoms, and more. The hours of operation will be from 8 a.m. to 8 p.m., seven days a week.

The campus will run the gamut of orthopedic care with a focus on total joint replacement and spine surgery. The new campus expands and enhances LVHN's orthopedic program. LVHN cares for more orthopedics patients than any other provider in the Lehigh Valley – more than 38 percent of all inpatients according to 2012

data from the Pennsylvania Health Care Cost Containment Council (PHC4). Lehigh Valley Hospital has been listed among *U.S. News & World Report's* Best Hospitals for orthopedics five times including the most recent report released in July. It is the only hospital in the Lehigh Valley ever to be recognized by U.S. News for orthopedics.

Physicians from both OAA Orthopaedic Specialists and VSAS Orthopaedics will perform surgeries at the new LVH-Tilghman and LVHN Surgery Center-Tilghman.

MEDICAL STAFF REAPPOINTMENT REMINDER

On **March 3**, this year's biennial Medical Staff reappointment process was put into motion when reappointment applications were made available on the web for over 1,100 members of the Medical Staff. For more information about the Medical Staff reappointment process, click on the following link - [Medical Staff Reappointment](#).

The deadline to return reappointment applications is **March 24, 2014**. In addition, in conjunction with the Medical Staff biennial reappointment, you will be required to complete the following by **April 2, 2014**:

- Hospital Disclosure and Conflict of Interest Statement – For more information, click – [Conflict of Interest](#)
- Adult and/or Pediatric Moderate Sedation course and examination, if you have these privileges – For more information, click – [Moderate Sedation](#)
- Perioperative Team Training for all surgeons, gynecologists, and anesthesiologists – For more information, click – [Perioperative Team Training](#)

If you have any questions regarding the Medical Staff Reappointment, please contact Medical Staff Services at 610-402-8900.

HONESTY IS THE BEST POLICY! OR TRUTH . . . WE CAN HANDLE THE TRUTH!

Every year during the reappointment process – be it Medical Staff or Allied Health Professional Staff – a number of staff members omit, misspeak, forget or simply do not tell the truth in the questionnaire part of the now on-line application form. Most of these inaccuracies occur in the questions involving criminal or civil actions, reprimands or other actions taken by healthcare entities, or malpractice actions including dismissals.

The purpose is NOT to judge a person who has had these unfortunate incidents occur to them, but rather to establish if there is a pattern that may merit further investigation to determine if the individual's judgment or habits should be of concern to LVHN in having this practitioner continue to treat patients.

Incidents such as a single DUI which occurred years ago or a one-time malpractice case award rarely rise to the level of any corrective action by the hospital. These types of occurrences, while perhaps personally embarrassing, simply call for a chat with your Chair and/or the Vice President of Medical Staff Services. The principle purpose behind these informal discussions is to find out how a particular incident is affecting you as a person. Issues like these happen to good people. There are a number of outstanding members of the Medical Staff and Allied Health Staff who have had these unfortunate things happen to them. However, unless there is a repetitive pattern or the singular incident rises to a level of grave concern (i.e., a vehicular homicide conviction), the discussion remains confidential with your Chair and Medical Staff Services.

The more significant problem that creates an issue that cannot be dismissed within LVHN is dishonesty by purposely being untruthful with an organization that bases its culture on stated P.R.I.D.E. and Code of Conduct behaviors. Truth is the bedrock foundation for all interactions in high quality healthcare environments such as ours. Communications that are less than forthright could have disastrous results in the patient care setting. It is for this reason that honesty on all reappointment applications is taken very seriously.

When reviewing the questions on your application, please consider the repercussions before you “click” on a “no” answer when it should be a “yes.” Note that the question regarding legal action asks for any and all Criminal or Civil actions including those that have been “Expunged.” These DO need to be reported on your application regardless of what your attorney said at the time of the action. In today's world, there is no such thing as completely expunged. Therefore, be forthright and answer the questions correctly. Needless to say, you need to complete the on-line application yourself as allowing someone else to use the LVHN system under your user ID is a violation of LVHN confidentiality policy.

Questions on a reappointment application are not included to trick you. On the contrary, the questions gather important information to ascertain whether you are suitable to be reappointed in good standing to the staff. The application verbiage that you sign and attest to states: “I hereby acknowledge that any significant misstatements in or omissions from this application may constitute cause for the denial or termination of my medical staff membership and clinical privileges.” So remember, be honest when answering questions. This will eliminate the need for unnecessary corrective action including dismissal.

For more information or if you have any confidential questions, please call John W. Hart, Vice President of Medical Staff Services, at 610-402-8980.

PHYSICIAN DOCUMENTATION

ICD-10 Q & A

What is ICD-10?

It is the tenth version of the **International Classification of Diseases** coding system for all diagnoses and hospital procedures.

In the U.S., there will be two parts:

- 1) **ICD-10-CM** = the *diagnosis code set* affecting everyone in every setting (outpatient and inpatient)
- 2) **ICD-10-PCS** = the *procedure code set* for all inpatient procedures

The current ICD-9 coding system consists of about 18,000 codes, while the new ICD-10 system will contain more than 156,000 codes. Therefore, greater specificity of physician documentation will be required to distinguish between the larger number of codes.

What about CPT & HCPCS?

These will continue to be used for provider charges and outpatient procedures only.

Why is the U.S. changing to ICD-10?

ICD-9 is 33 years old and obsolete. It lacks specificity and has no room left for adding new diagnoses or procedures. The U.S. is the last industrialized country to switch to ICD-10, which has been in effect around the world since the early 1990s.

The new, more detailed codes of ICD-10 will allow for better analysis of disease patterns and treatment outcomes that can advance medical care. These same details will streamline claims submissions, since these details will make the initial claim much easier for payers to understand.

When does ICD-10 start?

October 1, 2014

Is there a grace period?

NO. Any claim submitted for payment on or after October 1, 2014, must include proper ICD-10 codes or it will be rejected/denied.

Will it affect me?

Yes. Everyone in healthcare, all provider operations (front desk, labs/tests, quality metrics, coding, billing and reimbursement, etc.) and every part of the healthcare system (hospitals, offices, health plans and patients) will be affected.

How can I prepare?

- Start learning about ICD-10 now if you haven't already! Some helpful websites include:
<http://www.cms.gov/Medicare/Coding/ICD10/index.html>
<http://www.ahima.org/ICD10/default.aspx>
<http://www.aapc.com/icd-10/index.aspx>
- It is recommended that you check with all of your vendors to be sure their systems will be ICD-10 ready in time.
- Check with your manager to be sure all phases of your department, office, and business are prepared.
- Research your most commonly used diagnoses and procedures in ICD-9 and then find out the new documentation requirements in ICD-10 for those same diagnoses and procedures.
- Lehigh Valley Health Network, the Compliance Department, and Lehigh Valley Physician Group will *assist* you by providing specialty-specific ICD-10 educational web modules and live division education and training sessions over the next eight months. Additionally, to facilitate the flow of information and assist in providing ICD-10 Division and Department specific education, physician/provider ICD-10 Champions for each Department have been chosen for this role.

ICD-10 KEY DOCUMENTATION TIP

Identify laterality, anatomic site specificity (i.e., Left MCA embolic stroke), links between diagnoses/complications (i.e., Diabetic nephropathy), and episode of care (i.e., subsequent encounter for closed fracture) in your documentation.

If you have any questions, please contact John Pettine, MD, FACP, CCDS, Director, LVHN Clinical Documentation Improvement Program, at john.pettine@lvhn.org.

ADVANCED PRACTICE CLINICIANS UPDATE



Meet the APC Staff

A member of the LVHN Allied Health Professional Staff since October, 2009, **Nicole Sansone, PA-C**, is this month's featured Advanced Practice Clinician.

Nicole is a physician assistant with LVHN Hospital Medicine at Muhlenberg. As a hospital medicine physician assistant, Nicole completes an evaluation and follow-up of patients during every step of their hospital stay. To meet the demands of different areas of the hospital, the team rotates weekly provider roles and responsibilities. When a patient requires a medical admission or observation, she completes detailed patient history, assessment, and orders for initial medications and testing. Nicole also rotates through the medical/surgical floors to complete daily patient follow-up assessments, notes, and orders for rounding. Detailed discharges are then completed on the day the patient leaves the hospital. This process provides essential communication for the patient and his or her outpatient provider for transition of care. In addition to their primary patients, LVHN Hospital Medicine at Muhlenberg has an extensive consultation service for patients admitted under many orthopedic and other surgical specialties. As part of the hospitalist team, Nicole provides perioperative evaluation and management of patient's medical comorbidities with initial consultations and daily follow-up. The hospitalist physician assistant team also provides an extensive medical consultation service to the inpatient Adult Behavioral Health Unit.

Regardless of the reason for admission, Nicole has a strong passion for caring for each individual patient by assessing his or her personal needs in order to heal. She will do whatever it takes to care for the patient, perhaps by providing additional education or engagement of family members at the bedside, or by making a personal call to a patient's primary care provider. She is recognized among her peers for her dedication and strong work ethic. Also, Nicole is recognized as a leader within the group serving as a liaison to the hospitalist services rendered at the inpatient Adult Behavioral Health Unit.

Nicole graduated magnum cum laude from DeSales University with both a Bachelors of Science degree in medical studies and a Masters of Science in physician assistant studies.

When Nicole is not at the hospital, she loves to travel to visit her three sisters – Andrea who lives in Colorado, Lauren who lives in North Carolina, and Jenni who lives in Maryland. Nicole also enjoys athletics and is a member of an area women's soccer league which meets one or two times a week for games year round.

Changes on the Horizon: Counter-signatures for Physician Assistants

Earlier this year, new state legislation became effective that provides supervising physicians the option to eliminate countersignatures on physician assistant's patient records. However, this elimination of counter-signatures has strict exceptions and 100% of patient records completed in the following situations must have a supervising physician's countersignature within 10 days:

- For the first 12 months post-graduation and after obtaining licensure.
- For the first 12 months in a new specialty.
- For the first six months in the same specialty under a new primary supervisor (unless the new primary supervisor was registered as a substitute supervisor for at least six months under another written agreement).

Written agreements must specify the frequency and criteria (if any) for chart selection and review desired by the supervising physician after these aforementioned timeframes.

Additionally, changes have been made to expedite the process of submitting all applications and written agreements to the state board. All applications and written agreements, if reviewed by the state and found to be complete, will be granted temporary authorization for a time period of 120 days. Within this 120 day period, the state board will then send a final approval or disapproval to the supervising physician.

Please note that while this is very important news, currently countersignatures must continue as usual.

At present, the State Board of Medicine is working on an implementation process. In addition, once this implementation process is distributed, individual written agreements will need to be amended and corresponding hospital bylaws must accommodate such changes. Stay tuned for updates.

If you have any questions regarding this article, contact Kathy Attieh, PA-C, physician assistant with Lehigh Valley Heart Specialists and Region 5 Representative for the Pennsylvania Society of Physician Assistants, at kathy.attieh@lvhn.org.

CONGRATULATIONS



Irene Cherfas, MD, Division of Ophthalmology, was recently certified in Ophthalmology by the American Board of Ophthalmology. Dr. Cherfas has been a member of the Medical Staff since May, 2013. She is in practice with Lehigh Valley Center for Sight, PC.



Ramprasad Gadi, MD, Division of Cardiology, was recently certified in Cardiovascular Disease by the American Board of Internal Medicine (ABIM). He is also board certified in Internal Medicine by the ABIM. Dr. Gadi has been a member of the Medical Staff since August, 2013. He is in practice with The Heart Care Group, PC.



Barry H. Slaven, MD, PhD, Division of General Surgery, was recently recertified in Surgery by the American Board of Surgery. Dr. Slaven has been a member of the Medical Staff since March, 1981. He is in practice with Surgical Specialists of the Lehigh Valley.



Daniel Tsyvine, MD, Division of Cardiology, was recently elected to Fellow status in the American College of Cardiology. Dr. Tsyvine has been a member of the Medical Staff since July, 2013. He is in practice with The Heart Care Group, PC.

ETHICS CORNER

by Jennifer E. Allen, MD, Section of Palliative Medicine and Hospice, and Stephen E. Lammers, PhD, Ethics Consultant

As we enter 2014, the landscape of medicine continues to change. There are new developments and technologies entering the world of the hospital almost daily. As these new technologies are being brought to Lehigh Valley Health Network, they bring with them many ethical questions for patients as well as providers. Over the last one to two years, we have seen the introduction of the TAVR and LVAD programs as well as an increased use of ECMO technology in adults. In this issue of ***Ethics Corner***, we will begin a series in which we will discuss some of the potential ethical issues and questions that these developments bring with them. In this first note, we wish to comment on the use of technology or techniques in medicine in general and the issues that the use of any technology brings. Our hope is that with this background in mind, we can discuss some of the questions surrounding particular technologies.

Modern technology brings with it many possibilities for health and well-being. We first want to note the major question that surrounds any use of technology. That question is: “Just because something can be done, should it be done?” The “should” question has to be asked at two levels. First, at the societal level, given all the demands on societal resources, should we develop this technology? Second, assuming that the answer to the first question is “Yes,” we still have to ask whether this technology should be used for this particular patient. We will not address the first question about the use of societal resources in this issue. We observe simply that too often this question is left unaddressed and the consequences of this silence are not ethically neutral. More on that in another issue. When we address the second question around patient care, what are a few of the issues that need to be addressed?

What are the expected benefits of the use of this technology? When clinicians speak with patients, how do they see the benefits and the risks of the technology and, most importantly, how will the technology fit into the life of patients? This last matter has to be raised not simply from the perspective of the clinician but from the perspective of the patient. Only the patient can tell us this and we should not presume to know.

One difficult line of inquiry around the use of technology concerns what happens if at some point the technology fails to benefit the patient or the burdens of the use of the technology exceeds the benefits in the view of the patient? What have we done to prepare the patient and family for this possibility and how have we indicated our readiness to help in those circumstances?

In future months, we will talk about these matters in the context of some new interventions. In the meantime, please mark the date – **April 16** – for this year’s Ethics Symposium at DeSales.

If you have any questions, please contact Robert D. Barraco, MD, MPH, Chair, Institutional Ethics Committee, by email at robert_d.barraco@lvhn.org.

UPCOMING SEMINARS, CONFERENCES AND MEETINGS

General Medical Staff Meeting

The quarterly meeting of the General Medical Staff will be held on **Monday, March 10**, beginning at **6 p.m.**, in **Kasych ECC Rooms 7 and 8 at LVH-Cedar Crest** and teleconferenced to **ECC Rooms C and D at LVH-Muhlenberg**.

All members of the Medical Staff are encouraged to attend.

GLVIPA General Membership Meeting

The next general membership meeting of the Greater Lehigh Valley Independent Practice Association (GLVIPA) will be held on **Tuesday, March 25**, beginning at **6 p.m.**, in the hospital's **Auditorium at LVH-Cedar Crest**, and teleconferenced to **ECC Room B at LVH-Muhlenberg**.

Donald L. Levick, MD, MBA, LVHN's Chief Medical Information Officer, will present "Dr. Strange Tech, or How I Learned to Stop Worrying and Love Innovation."

For more information, please contact Mary Ann Curcio, Coordinator, GLVIPA at 610-969-0423.

Medical Grand Rounds

Medical Grand Rounds are held on Tuesdays, from Noon to 1 p.m., in the hospital Auditorium at LVH-Cedar Crest. Topics for March include:

- **March 4 – "Healthcare Reform and Response: Consequences for Everyone, Opportunities for Leaders"** – PATT Lecture presented by John W. Peabody, MD, PhD, President, QURE Healthcare
- **March 11 – "Polymyalgia Rheumatica and Giant Cell Arteritis: An Understanding"** – Susan S. Kim, MD, Division of Rheumatology
- **March 18 – "New Treatment Options for Patients with MS"** – Dmitry Khaitov, MD, Division of Neurology

For more information, contact Kathy Gaspari in the Department of Medicine at 610-402-8024.

OB-GYN Grand Rounds

The Department of Obstetrics and Gynecology Grand Rounds are held on Fridays from 7 to 8 a.m., in the noted location. Topics for March include:

- **March 7 – "Review of New Hypertension in Pregnancy Guidelines and Research Update"** – John C. Smulian, MD, MPH, Vice Chair, Department of Obstetrics and Gynecology, and Chief, Division of Maternal-Fetal Medicine – LOCATION: Kasych ECC Room 8
- **March 21 – Ethics Topic** – Stephen Lammers, PhD, and Amy Smith, PhD – LOCATION: Auditorium, LVH-Cedar Crest

For more information, contact Julie Gualano in the Department of Obstetrics and Gynecology at 610-969-4515.

Pediatric Grand Rounds

The Department of Pediatrics will hold Grand Rounds on Tuesdays at 8 a.m., in Kasych ECC Room 8, unless otherwise noted. Topics for March include:

- **March 4 – "Pediatric Resuscitation Methods"** – James Broselow, MD, Medical Director at eBroselow, LLC, and Assistant Professor at the University of Florida
- **March 11 – Patient Safety topic** – Georgene Saliba, Administrator, Risk Management and Patient Safety
- **March 18 – NICU topic** – Samir F. Henien, MD, Division of Neonatology – LOCATION: Auditorium, LVH-Cedar Crest
- **March 25 – Resident Evaluation topic** – Diana E. Drogalis-Kim, DO, Division of General Pediatrics

For more information, contact Cari Coelho in the Department of Pediatrics at 610-969-2540.

Surgical Grand Rounds

Surgical Grand Rounds will be held on the following Tuesdays in March, from 7 to 8 a.m., in the Auditorium at LVH-Cedar Crest and teleconferenced to the First Floor Conference Room at LVH-Muhlenberg.

- **March 4 – "Type B Aortic Dissection – Changing Treatment Paradigms"** – James L. Guzzo, MD, Division of Vascular and Endovascular Surgery
- **March 18 – "Congenital Anorectal Anomalies"** – Joshua Gish, MD, Chief General Surgery Resident, and "Colorectal Emergencies in General Surgery" – Haane Massarotti, MD, Chief General Surgery Resident

For more information, contact Wendy Hess in the Department of Surgery at 610-402-8680.

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Emergency Medicine Institute – Life Support Classes

Upcoming life support classes sponsored by the Emergency Medicine Institute (EMI) are listed below:

Advanced Cardiac Life Support (ACLS)

ACLS renewal classes will be held from 8 a.m. to Noon, at the Emergency Medicine Institute located at 2166 S. 12th Street, Allentown, on the following dates:

- April 3, 16, 17, 23, May 15, 29, June 2, 12, 13, 30

In addition, two-day provider courses will be held on March 12 and 13, May 8 and 9, and June 3 and 4, from 8 a.m. to 4 p.m., at the Emergency Medicine Institute.

Pediatric Advanced Life Support (PALS)

PALS renewal classes will be held from 8 a.m. to 4 p.m., at the Emergency Medicine Institute on the following dates:

- April 1, 30, May 6, 30, June 10, 16, 17

In addition, two-day provider courses will be held on March 10 and 11, April 10 and 11, May 13 and 14, and June 5 and 6, from 8 a.m. to 4 p.m., at the Emergency Medicine Institute.

Registration information and a list of additional classes are available on the EMI website - [EMERGENCY MEDICINE INSTITUTE](#). For more information regarding these classes, contact Christine Ash at the Emergency Medicine Institute at 610-969-0299.

What's New in Continuing Medical Education?

FYI – Upcoming Events

- **2014 HIV Symposium for Primary Care Providers**
Monday, March 17, 2014
Lehigh Valley Hospital – Cedar Crest
- **Innovations in Education**
Wednesday, April 9, 2014
Lehigh Valley Hospital – Cedar Crest
For more information and to register for this event log on to: [Innovations in Education](#)
- **7th Annual Ethics Symposium**
Wednesday, April 16, 2014
DeSales University, University Center
For more information and to register for this event log on to: [7th Annual Ethics Symposium](#)

**View brochures for the events above and more on the Division of Education's website on the Network Events Calendar.*

If you have any questions regarding CME/CNE accreditation, PI CME, or the CE Advisory Board, please contact Jane Grube, Associate Director, Continuing Education, at 610-402-2398.

PAPERS, PUBLICATIONS AND PRESENTATIONS



William L. Miller, MD, Chair, Department of Family Medicine, co-authored an article – “Integrating Mixed Methods in Health Services and Delivery System Research” – which appeared in the December, 2013 issue of *Health Services Research*. In addition, Dr. Miller was also a co-author of an article – “A Typology of Primary Care Workforce Innovations in the United States Since 2000” – which was published in *Medical Care*, Volume 52, Number 2, February 2014.



Regina R. Sacco, DPT, Physical Therapist, Home Care; **David B. Burmeister, DO**, Chair, Department of Emergency Medicine; **Valerie A. Rupp, CRNP**, LVHN Interdisciplinary Simulation Center; and **Marna R. Greenberg, DO, MPH**, Department of Emergency Medicine Director of Research, co-authored the article – “Management of Benign Paroxysmal Positional Vertigo: A Randomized Controlled Trial” – which was published on-line January 22, 2014 in the *Journal of Emergency Medicine*.



Ellie P. Salinski, MD, former Emergency Medicine resident, and **Charles C. Worriow, MD**, Department of Emergency Medicine, co-authored the article – “ST-Segment Elevation Myocardial Infarction vs. Hypothermia-Induced Electrocardiographic Changes: A Case Report and Brief Review of the Literature” – which was published on-line January 25, 2014 in the *Journal of Emergency Medicine*.



LVHN DIGITAL LIBRARY

Switch to Lexicomp® from Micromedex Coming Soon

Please check your SSO toolbar – if you have an icon for Micromedex, you should now also see one for Lexicomp®. Lexicomp is an industry-leading provider of drug information and clinical content for the healthcare industry.

After an extensive trial performed across the network by over 100 LVHN evaluators, Lexicomp was found to be comparable to Micromedex, with significant savings to the network. You should begin to transition your searches for drug information to Lexicomp and familiarize yourself with its content and search interface. The last day to access Micromedex will be May 30, 2014.

If you currently have a Micromedex icon and do not see the Lexicomp icon, try refreshing the SSO toolbar by logging off/on the toolbar or by restarting your computer. If this does not work, please contact Information Services at 610-402-8303 and select Option 1.

If you wish to be able to access Lexicomp from your handheld device, please visit the [Lexicomp Mobile Device page](#) for mobile device download instructions and codes.

In addition, a link to Lexicomp will be added to Centricity in the near future.

Major research features in Lexicomp include:

- Point-of-care use
- Algorithms and calculators
- I.V. Compatibility
- Current awareness and alerting
- Drug identification, information and interactions
- Images/procedure videos
- Textbooks
- Patient Education
- Toxicology
- Facts and Comparisons

If you have any questions regarding this article, please contact Library Services at 610-402-8410 or email LibraryServices@lvhn.org.

THE RETAIL PHARMACY VIEW

Fever reducing meds may help spread the Flu

According to research assembled by McMasters University, fever suppression can increase the number of annual cases of influenza by 5%, resulting in tens of thousands of additional flu cases and thousands of deaths. Fever can actually lower the amount of virus in a sick person's body and reduce the chance of transmitting the disease to others. One family physician said, "As always, Mother Nature knows best. Fever is a defense mechanism to protect ourselves and others. Fever reducing medication should only be taken to take the edge off of the discomfort, not to allow people to go out into the community when they should stay home." McMasters University Professor Ben Bolker said, "Parents and Health Care Professionals alike have focused on making their children or patients feel better by reducing fever, without being aware of potentially harmful side effects at the population level." This research echoes previous studies that have shown how widespread usage of medications can in the end have harmful effects on the general population, like the overuse of antibiotics has driven the emergence of antibiotic resistant bacteria. Bottom line: If you have the flu – stay home.

New Generics:

- **Lomedia** 24 Fe tablets:
Loestrin 24 Fe – Oral contraceptive
- **Repaglinide** 0.5, 1 & 2mg tablets: *Prandin*
– Glycemic control in adults w/Type 2 Diabetes
- **Morphine Sulfate** ER 30, 45, 60, 75, 90, 120mg Capsules: *Avinza* – Narcotic for severe pain control



If you have any questions or need additional information regarding these topics, contact Jay Needle, RPh, Manager, Health Spectrum Pharmacy, LVH-Muhlenberg, via e-mail at jay.needle@lvhn.org or by phone at 484-884-7004.

WHO'S NEW

This section contains an update of new appointments, address changes, status changes, resignations, etc. Please remember to update your directory with this information.

Medical Staff

New Appointments



Robert J. Corba, DO

OAA Orthopaedic Specialists
250 Cetronia Road
Second Floor
Allentown, PA 18104-9168
Phone: 610-973-6200 Fax: 610-973-6546
Department of Anesthesiology
Division of Pain Medicine
Provisional Active



Michael N. Daniels, DO

LVH Department of Medicine
Lehigh Valley Physician Practice
17th & Chew, P.O. Box 7017
Allentown, PA 18105-7017
Phone: 610-402-5200 Fax: 610-402-1675
Department of Medicine
Division of General Internal Medicine
Provisional Limited Duty



David L. Greenberg, MD

Medical Imaging of Lehigh Valley, PC
Lehigh Valley Hospital
Cedar Crest & I-78, P.O. Box 689
Allentown, PA 18105-1556
Phone: 610-402-8088 Fax: 610-402-1023
Department of Radiology-Diagnostic Medical
Imaging
Division of Diagnostic Radiology
Provisional Active



Daniel J. Makowski, DO

LVH Department of Medicine
Lehigh Valley Physician Practice
17th & Chew, P.O. Box 7017
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Department of Medicine
Division of General Internal Medicine
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Brian R. Miller, DO

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Lehigh Valley Physician Practice
17th & Chew, P.O. Box 7017
Allentown, PA 18105-7017
Phone: 610-402-5200 Fax: 610-402-1675
Department of Medicine
Division of General Internal Medicine
Provisional Limited Duty



Benjamin R. Preiss, DO

LVH-M Emergency Medicine
Lehigh Valley Hospital-Muhlenberg
2545 Schoenersville Road
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Bethlehem, PA 18017-7384
Phone: 484-884-2888 Fax: 484-884-2885
Department of Emergency Medicine
Division of Emergency Medicine
Provisional Limited Duty



Harinder K. Singh, MD

Valley Kidney Specialists, PC
1230 S. Cedar Crest Blvd.
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Allentown, PA 18103-6231
Phone: 610-432-4529 Fax: 610-432-2206
Department of Medicine
Division of Nephrology
Provisional Active



Brent H. Steinweg, DO

LVH-M Emergency Medicine
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Department of Emergency Medicine
Division of Emergency Medicine
Provisional Limited Duty

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Robert M. Yoder, Jr., DMD

Lehigh Valley Health Network
LVH Department of Dental Medicine
Lehigh Valley Hospital
17th & Chew, P.O. Box 7017
Allentown, PA 18105-7017
Phone: 610-969-2245 Fax: 610-969-3084
Department of Dental Medicine
Division of General Dentistry
Provisional Active

Medical Staff Leadership Appointments

Department of Anesthesiology

Karen A. Bretz, MD

Senior Vice Chair, Quality

Status Changes

James A. Pantano, MD

Department of Medicine
Division of Cardiology
From: Active To: Honorary Status

Constantina Pippis-Nester, DO

Department of Emergency Medicine
Division of Emergency Medicine
From: Active To: Medical Administrative

Address Change

Allentown Gynecology Associates

Carolyn S. Scott, MD

Andrea Waxman, MD

Elizabeth A. Parr, CNM

3710 Broadway
Suite 201
Allentown, PA 18104-3265
Phone: 484-788-0677 Fax: 610-398-2220

Practice and Address Changes

Victor J. Celani, MD

From: Peripheral Vascular Surgeons of LVPG
To: Department of Surgery
Lehigh Valley Hospital
Cedar Crest & I-78, P.O. Box 689
Allentown, PA 18105-1556
Phone: 610-402-8334 Fax: 610-402-1667

George A. Kirchner, DDS

From: Dr. Brandon M. Walsh and Dr. George A. Kirchner
To: LVH Department of Dental Medicine
Lehigh Valley Hospital
17th & Chew, P.O. Box 7017
Allentown, PA 18105-7017
Phone: 610-360-9459 Fax: 610-969-3084

Primary Address Change

Valley Kidney Specialists, PC

Frederick S. Fleszler, MD

Drew S. Harrison, MD

Shawn M. Hazlett, DO

Nelson P. Kopyt, DO

James P. Reichart II, MD

Benjamin J. Wilcox, MD

Michael J. Mudry, PA-C

David K. Rath, PA-C

1230 S. Cedar Crest Blvd., Suite 301
Allentown, PA 18103-6231
Phone: 610-432-4529 Fax: 610-432-2206

New Fax Number

T. Kumar Pendurthi, MD, PhD

T. Kumar Pendurthi Surgical Associates, LLC
Fax: 484-403-4050

Resignations

Hal S. Bendit, DO

Department of Family Medicine
(Macungie Medical Group)

Brian A. Caswell-Monack, DO

Department of Family Medicine
(Lehigh Valley Family Health Center)

Neychelle H. Fernandes, MD

Department of Medicine
Division of General Internal Medicine
Section of Hospital Medicine
(LVHN Hospital Medicine at Muhlenberg)

Crystal N. Gonzalez, DPM

Department of Surgery
Division of Podiatric Surgery
(Allentown Family Foot Care)

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Arzoo Habib, MD

Department of Psychiatry
Division of Adult Inpatient Psychiatry/Psychiatric Ambulatory
Care
(LVPG-Psychiatry)

William D. Hardin, Jr., MD

Department of Surgery
Division of Pediatric Surgery Specialists
Section of Pediatric Surgery/Pediatric Trauma
(LVPG-Pediatric Surgery)

Ali A. Shah, MD

Department of Medicine
Division of Physical Medicine-Rehabilitation
(Good Shepherd Rehab Hospital)

Miriam Shustik, MD

Department of Family Medicine
(Miriam Shustik, MD, PC)

Allied Health Staff

New Appointments



Steven E. Albrich, PA-C

Physician Assistant-Certified
LVPG-Emergency Medicine
Lehigh Valley Physician Group
Lehigh Valley Hospital
Cedar Crest & I-78, P.O. Box 689
Allentown, PA 18105-1556
Phone: 610-402-8130 Fax: 610-402-7160
Supervising Physician – William F. Bond, MD



Dean A. Braim II

Anesthesia Technical Assistant
Lehigh Valley Anesthesia Services, PC
Lehigh Valley Health Network
Lehigh Valley Hospital
Cedar Crest & I-78, P.O. Box 689
Central Utilities Building
Allentown, PA 18105-1556
Phone: 610-402-1374 Fax: 610-402-4230
Supervising Physician – Thomas M. McLoughlin, Jr., MD



Jennifer R. Brinker, CRNP

Certified Registered Nurse Practitioner
T. Kumar Pendurthi Surgical Associates, LLC
3600 Fairview Street
Bethlehem, PA 18017-8923
Phone: 610-882-0199 Fax: 484-403-4050
Supervising Physician – T. Kumar Pendurthi, MD, PhD



Adelaide M. Cassel, CRNP

Certified Registered Nurse Practitioner
Vida Nueva at Casa Guadalupe
Lehigh Valley Physician Group
218 Second Street
Allentown, PA 18102-3508
Phone: 610-841-8400 Fax: 610-841-8401
Supervising Physician – Abby S. Letcher, MD



April L. Gheller, CRNP

Certified Registered Nurse Practitioner
Health Center at Bangor
Lehigh Valley Physician Group
1337 Blue Valley Drive
Suite 2
Pen Argyl, PA 18072-1815
Phone: 610-654-1200 Fax: 610-654-1201
Supervising Physician – Ranju Gupta, MD



Colleen M. Gilhool, CRNP

Certified Registered Nurse Practitioner
Gastroenterology Associates, Ltd
3131 College Heights Blvd.
Suite 1200
Allentown, PA 18104-4858
Phone: 610-439-8551 Fax: 610-439-1435
Supervising Physician – Sean R. Lacey, MD



Wade R. Odrey

Pacemaker/ICD Technician
Medtronic USA Inc.
1441 Drake Lane
Lancaster, PA 17601-4595
Phone: 717-951-9335 Fax: 763-367-8385
Supervising Physician – Gregory T. Altemose, MD

Continued on next page



Alison R. Pasierb, CRNP

Certified Registered Nurse Practitioner
Lehigh Valley Heart Specialists
Lehigh Valley Physician Group
Center for Advanced Health Care
1250 S. Cedar Crest Blvd.
Suite 300
Allentown, PA 18103-6381
Phone: 610-402-3110 Fax: 610-402-3112
Supervising Physician – Andrew D. Sumner, MD



Jessica M. Savino, PA-C

Physician Assistant-Certified
Coordinated Health
2775 Schoenersville Road
Bethlehem, PA 18017-7307
Phone: 610-861-8080 Fax: 610-861-2989
Supervising Physician – Scott T. Sauer, MD



Lisa M. Siminski, CRNP

Certified Registered Nurse Practitioner
Lehigh Valley Hospice
2166 S. 12th Street
Allentown, PA 18103-4792
Phone: 610-969-0300 Fax: 610-969-0326
Supervising Physician – Sarah Nicklin, MD



Patricia A. Spichiger, CRNA

Certified Registered Nurse Anesthetist
Northeastern Anesthesia Physicians, PC
24 S. 18th Street
Allentown, PA 18104-5622
Phone: 610-628-8372 Fax: 610-628-8648
Supervising Physician – Bradley S. Parlin, DO
(LVH-Tilghman Only)



Christopher M. Widner, CRNA

Certified Registered Nurse Anesthetist
Northeastern Anesthesia Physicians, PC
24 S. 18th Street
Allentown, PA 18104-5622
Phone: 610-628-8372 Fax: 610-628-8648
Supervising Physician – Bradley S. Parlin, DO
(LVH-Tilghman Only)

Name Changes

Change to: **Kathleen F. Canfield, PA-C**
Change from: Kathleen M. Fitzgerald, PA-C
Lehigh Neurology

Change to: **Carla A. Rudd, PA-C**
Change from: Carla A. Nunez, PA-C
The Heart Care Group, PC

New Primary Practice

Joan G. Finno, CRNP

From: Village Lane Primary Care
To: LVPG-Emergency Medicine
Lehigh Valley Physician Group
Lehigh Valley Hospital
Cedar Crest & I-78, P.O. Box 689
Allentown, PA 18105-1556
Phone: 610-402-8130 Fax: 610-402-7160

Randi L. Shupp, PA-C

From: OAA Orthopaedic Specialists
To: LVPG-Emergency Medicine
Lehigh Valley Physician Group
Lehigh Valley Hospital
Cedar Crest & I-78, P.O. Box 689
Allentown, PA 18105-1556
Phone: 610-402-8130 Fax: 610-402-7160

Dena C. Wich, CRNP

From: Moselem Springs Primary Care
To: Hematology-Oncology Associates
Lehigh Valley Physician Group
1240 S. Cedar Crest Blvd.
Suite 401
Allentown, PA 18103-6218
Phone: 610-402-7880 Fax: 610-402-7881

Karen M. Williams, CRNP

From: Valley Independent Hospitalist Group
To: Valley Kidney Specialists, PC
1230 S. Cedar Crest Blvd.
Suite 301
Allentown, PA 18103-6231
Phone: 610-432-4529 Fax: 610-432-2206

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Changes of Supervising Physician

Cathy L. Bailey, CRNP

Certified Registered Nurse Practitioner

(LVPG-Neonatology)

From: Lorraine A. Dickey, MD To: Wendy J. Kowalski, MD

Stacia-Lee Gillen

Pacemaker/ICD Technician

(Biotronik, Inc.)

From: Vadim A. Levin, MD To: Babak Bozorgnia, MD

Mark J. Graber, CRNP

Certified Registered Nurse Practitioner

(Lehigh Neurology)

From: Hermann C. Schumacher, MD To: Hussam A. Yacoub, DO

Rebecca L. Peterson, CRNP

Certified Registered Nurse Practitioner

(LVPG-Neonatology)

From: Lorraine A. Dickey, MD To: Wendy J. Kowalski, MD

John J. Swankoski, PA-C

Physician Assistant-Certified

(Lehigh Valley Heart Specialists)

From: Vadim A. Levin, MD To: Gregory T. Altemose, MD

Additional Supervising Physician and Group

Jason R. Potts, CRNP

Certified Registered Nurse Practitioner

(Village Lane Primary Care – Christine K. Block, MD)

Addition of: LVPG-Emergency Medicine – Amit Sareen, MD

Karen M. Williams, CRNP

Certified Registered Nurse Practitioner

(Valley Independent Hospitalist Group – Steven A. Scott, MD)

Addition of: Valley Kidney Specialists, PC – Drew S. Harrison, MD

Removal of Supervising Physician and Group

Joan G. Finno, CRNP

Certified Registered Nurse Practitioner

(LVPG-Emergency Medicine – Anthony T. Werhun, MD)

(HealthWorks – Richard F. Goy, MD, MPH)

Removal of: Village Lane Primary Care – Christine K. Block, MD

Resignations

Amanda L. Cox, PA-C

Physician Assistant-Certified

(Coordinated Health)

Debra A. Gorton, PA-C

Physician Assistant-Certified

(Lehigh Valley Infectious Diseases Specialists)

Rebecca L. Proctor

Emergency Medicine Scribe

(eScribe Management Services)

Kearra M. Wagner, PA-C

Physician Assistant-Certified

(Neurosurgical Associates of LVPG)

SAVE THE DATE

2014

SPECIAL EVENT DATES

MAY 19

22nd Annual

Golf and Tennis Classic Saucon Valley Country Club

AUG. 13-16

53rd Annual

Summer Festival Lehigh Valley Hospital– Muhlenberg

OCT. 11

19th Annual

Nite Lites Gala Lehigh Valley Hospital– Muhlenberg

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Robert J. Motley, MD

Michael D. Pasquale, MD

Joseph E. Patruno, MD

Jarret R. Patton, MD

Carmine J. Pelloso, DO, MPH, MBA

Debbie Salas-Lopez, MD, MPH

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Access the Medical Staff Services website
via the link below:

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***Progress Notes** is published monthly to inform the Medical Staff, Advanced Practice Clinicians, and employees of Lehigh Valley Health Network of important issues concerning the Medical Staff and Advanced Practice Clinicians.*

Articles should be submitted by e-mail to janet.seifert@lvhn.org or sent to Janet M. Seifert, Medical Staff Services, Lehigh Valley Health Network, 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.