

Medical Staff Progress Notes

1997
Volume 9
Number 1



From the President

I've always enjoyed this holiday season, but I've been looking forward to this particular one in a new light. The 1996 holiday season will, hopefully, provide a respite from all the social, political, and economic issues which have confronted us during the last year. So too, it provided me with one last gasp of freedom before assuming the point position as President of the Medical Staff.

In keeping with the spirit of the season, there is much for which to be thankful. We are practitioners of the world's most honorable, if not oldest, profession. We are also fortunate enough to be physicians at a time when we can do more for our patients than was imaginable just two short decades ago.

This is also a time for resolutions. As I begin my two-year tenure, I do so with a certain amount of trepidation because of all the evolutionary changes with which we will be confronted over the next 730 days. I resolve to do my best to represent the interests of the Medical Staff and our patients in all the various forums which I will attend.

During a season when "Auld Lang Syne" will be blaring from every car and home stereo, I would like to recognize and personally thank two outstanding physicians from whom I've learned a great deal about statesmanship and with whom I've been privileged to serve in Troika over the last two years. Joe Candio has completed a 10 year stint on Med Exec and six years as a member of Troika. Joe's absolute dedication and selfless service to the Medical Staff cannot be truly appreciated unless you've sat next to him in one of our innumerable meetings or taken a look at his Day-Timer. John Castaldo has tirelessly championed the interests of the Medical Staff in the PennCARE evolution, the Patient Centered Care revolution, and the development of the Five-Year Functional Plan. I look forward to John's invaluable counsel and working closely with him for the next two years.

I would like to welcome Dave Caccese to Troika. The decision to join Troika, with the inherent inability to please all of the people all of the time and the tremendous time commitment, is not an easy one to make. I, personally, owe a tremendous debt of gratitude to Dave for agreeing to help me guide this Medical Staff through, what I am sure will be, a very tumultuous two years.

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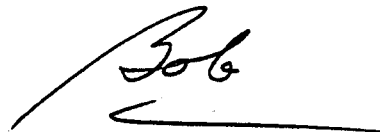
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I also want to take this opportunity to notify the members of the Medical Staff that I will have an office in the Medical Staff Office adjacent to the Medical Staff Lounge on the first floor. I invite members of our staff to bring issues of concern to members of Troika. While we cannot guarantee every battle will be won, I do promise we will research, develop an action plan, and represent the interests of the Medical Staff to the best of our abilities.

Finally, on behalf of Joe, John, David, and myself, I wish us all a happy, healthy and prosperous 1997!



Robert X. Murphy, Jr., MD
President, Medical Staff

PHAMIS LastWord 3.11 Upgrade News

The PHAMIS LastWord 3.11 upgrade is coming in January, 1997. The current system (version 1.8) will not be available as of noon on Friday, January 17, 1997. The weekend will be used to convert the patient data from the old 1.8 version to the new 3.11 version. The PHAMIS 3.11 system will be up and running on Monday, January 20, 1997. When it is activated, it will take some time to get all the patient information from the previous three days into the system; therefore, do not expect all patient data to be available immediately.

During the downtime, physicians and physician offices can obtain patient information by using the following procedures:

Census Information

The physician or physician office should print a census prior to noon on Friday, January 17, when the current system will go down. Offices which do not have access to PHAMIS can call 402-8062 for a census to be

printed and faxed to them. For the location of any patient that is admitted after noon on January 17, call 402-8062 and give the patient's name.

Lab Results

Lab Interims will be printed according to the Nursing downtime schedule which is approximately every four hours. The nightly cums will continue to be printed as they are now. This procedure is no different than any other downtime situation. Lab results will be available in PHAMIS after activation on Monday, January 20, as soon as the interface can process them.

Transcriptions and Diagnostic Results (Radiology, etc.)

Physicians will continue to dictate reports during downtime as is done now. The original report, without a physician's signature, will be generated on canary yellow paper and delivered to the unit to be placed on

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the patient's chart. Physicians will be called directly with STAT or ASAP reports. When the PHAMIS upgrade is activated, all reports done during downtime will be uploaded into PHAMIS. After verification, the unit will receive the report to replace the temporary canary yellow report on the chart. The current process of auto faxing will also resume after activation. The dictation tank will still be available (except for Radiology) for the physicians to use to listen to the report.

Insurance/Billing Information

The physician or physician office should obtain any necessary insurance or billing information prior to noon on Friday, January 17. The information for patients admitted on Friday should be available on Monday, January 20 (except for traumas - usually not available until the Patient Access team determines that information).

REMINDER

Information Services is offering hands-on PHAMIS LastWord 3.11 upgrade training sessions for physicians, residents, allied health professionals, and medical students. These sessions are for those who are currently using PHAMIS LastWord and want to experience the new look and feel of the upgrade. The class size is limited to 12, and registration is required.

Thursday, January 2, 1997
6 to 7:30 a.m. - School of Nursing, #1906
11:30 a.m. to 1 p.m. - School of Nursing, #1906
3 to 4:30 p.m. - School of Nursing, #1906
6 to 7:30 p.m. - JDMCC, #401

Friday, January 3, 1997
6 to 7:30 a.m. - School of Nursing, #1906
11:30 a.m. to 1 p.m. - School of Nursing, #1906

Monday, January 6, 1997
6 to 7:30 a.m. - School of Nursing, #1906
5 to 6:30 p.m. - JDMCC, #401

Tuesday, January 7, 1997
6 to 7:30 a.m. - School of Nursing, #1906
6 to 7:30 a.m. - JDMCC, #401
6 to 7:30 p.m. - JDMCC, #401

Wednesday, January 8, 1997
6 to 7:30 a.m. - School of Nursing, #1906
6:30 to 8 a.m. - JDMCC, #401
11:30 a.m. to 1 p.m. - School of Nursing, #1906
6 to 7:30 p.m. - JDMCC, #401

Thursday, January 9, 1997
6 to 7:30 a.m. - School of Nursing, #1906
6 to 7:30 a.m. - JDMCC, #401
6 to 7:30 p.m. - JDMCC, #401

Friday, January 10, 1997
6 to 7:30 a.m. - School of Nursing, #1906
6 to 7:30 a.m. - JDMCC, #401

Monday, January 13, 1997
6 to 7:30 a.m. - School of Nursing, #1906
3:30 to 5 p.m. - JDMCC, #401
6 to 7:30 p.m. - JDMCC, #401

Tuesday, January 14, 1997
6 to 7:30 a.m. - School of Nursing, #1906
6 to 7:30 a.m. - JDMCC, #401
3:30 to 5 p.m. - School of Nursing, #1906
6 to 7:30 p.m. - JDMCC, #401

Wednesday, January 15, 1997
6 to 7:30 a.m. - School of Nursing, #1906
6 to 7:30 a.m. - JDMCC, #401
11:30 a.m. to 1 p.m. - JDMCC, #401
3 to 4:30 p.m. - JDMCC, #401
5 to 6:30 p.m. - JDMCC, #401
6:30 to 8 p.m. - JDMCC, #401

Thursday, January 16, 1997
6:30 to 8 a.m. - JDMCC, #401
6 to 7:30 p.m. - JDMCC, #401

Friday, January 17, 1997
6 to 7:30 a.m. - JDMCC, #401

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The School of Nursing training room is on the first floor to the left as you enter the auditorium.

Remember, registration is required for all of these sessions. Please call 402-1401 to register for a class. During the week of January 20, Information Services will provide support staff in the physician lounges at the hospital sites to help you with any questions about PHAMIS LastWord.

In addition, the following sessions have been scheduled for physicians' office staff:

Wednesday, January 8, 1997
4 to 6 p.m. - JDMCC, #401

Friday, January 10, 1997
Noon to 2 p.m. - JDMCC, #401

Monday, January 13, 1997
9 to 11 a.m. - School of Nursing, #1906

Tuesday, January 14, 1997
9 to 11 a.m. - School of Nursing, #1906
1 to 3 p.m. - School of Nursing, #1906

Wednesday, January 15, 1997
9 to 11 a.m. - JDMCC, #401

Please call Information Services at 402-1401 to register for a session.

News from Medical Records

Consent for Release of Information, Form #MRD-11, has been revised and is now available through Pic & Pac. This revised form includes separate patient authorization signature lines for release of sensitive information (drug and alcohol, mental health, HIV, etc.) which previously required the requestor to complete an additional authorization form. The result will be less duplication for the patient and the hospital. In addition, claims and requests for information can now be processed in a more timely manner.

If you have any questions regarding this form, please contact Sue Cassium, Manager of Operations, Medical Record Department, at 402-4451.

Effective January 1, 1997, leadership of the Medical Staff changes hands as Robert X. Murphy, Jr., MD, begins his term as President, and David M. Caccese, MD, begins his term as President-elect.

Please note that all mail to Dr. Murphy, relating to his position as President, should be sent to Medical Staff Services, Cedar Crest & I-78. Mail relating to patient matters should continue to be sent to Dr. Murphy's patient office at 1230 S. Cedar Crest Blvd., Suite 204.

Mail for Dr. Caccese should continue to be sent to his patient office at 401 N. 17th Street, Suite 201.

In addition, mail for John E. Castaldo, MD, who stepped down as President, should be sent to his patient office at 1210 S. Cedar Crest Blvd., Suite 1800.

Library Update

Library Expansion

Phase I of the Library expansion project at Cedar Crest & I-78 has been completed. The wall between the Library's Circulation Area and the recently vacated Lab Administration offices has been removed to create more space. The additional rooms are now available for study purposes.

New Additions

The following books are now available in the Health Sciences Library at Cedar Crest & I-78:

AIDS: Etiology, Diagnosis, Treatment, and Prevention, 4th edition

Editor: Vincent DeVita, Jr., et al.
Call No. WC 503 A2877 1997

Primary Care Geriatrics: A Case-Based Approach, 3rd edition

Author: Richard Ham, et al.
Call No. WT 100 P952 1996

Emergency Medicine: A Comprehensive Study Guide, 4th edition, Companion Handbook

Author: David Cline, et al.
Call No. WB 105 E552 1996

Anesthesia Secrets

Author: James Duke, et al.
Call No. WO 218:2 D887a 1995

The following book is available in the Library at 17th & Chew:

Textbook of Operative Dentistry, 3rd edition

Author: Lloyd Baum, et al.
Call No. WU 300 B347t 1994

Tort Reform NOW!

In order to keep you updated on Tort Reform, following are the major issues regarding Professional Liability Tort Reform and the CAT Fund as released by the Pennsylvania Medical Society:

Professional Liability Tort Reform

1. **Informed Consent:** The informed consent provision accomplishes two major purposes: (1) It allows the defense to present testimony regarding risks and alternatives that the typical physician would present to the patient. Such testimony is precluded now. Defense counsel believe that such testimony will be invaluable in the defense of cases. (2) It introduces a causation requirement. The plaintiff

would have to show that the additional information would have been a "substantial factor" in making the decision to undergo treatment. In many instances, the patient would have necessary treatment even if he had known of the undisclosed risk.

2. **Periodic Payment of Future Damages:** The bill provides that there may be periodic payment of future damages if the parties under court supervision agree to the terms. Consideration must be given to: (a) the appropriate time frame for such payments; (b) the amount of damages per installment; (c) the posting of security or purchase of an annuity that will insure full payment of damages

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awarded; (d) other issues. The provision provides the framework for periodic payment of awards not now available under present law.

3. Dilatory or Frivolous Motions:

The aim of this provision is to deter frivolous suits by requiring that pleadings and motions have a reasonable basis in fact and law, and by providing that the suit be supported early on by expert opinion. Court-imposed sanctions can include an award of attorneys' fees and a report of the plaintiff's attorneys actions to the appropriate disciplinary board.

4. Pretrial Procedures, Mediation, and Conciliation: These are a series of provisions designed to speed up the court process and thus reduce costs and to move cases from the court system to alternative dispute resolution, such as mediation and conciliation.

5. Affidavit of Non Involvement:

This provision addresses the plaintiff attorney's practice of naming everyone possible in a lawsuit, thus increasing defense costs. A physician who is misidentified or otherwise not involved in the treatment of the patient can immediately file an affidavit to be removed from the case, subject to appropriate challenge.

6. Mandatory Reporting: This provision parallels the requirement of the Federal Health Care Quality Improvement Act and the practice of the Medical and Osteopathic Boards in requiring the reporting and investigation of professional liability awards and settlements.

7. Punitive Damages: Plaintiffs attorneys have, with some frequency, added punitive damage claims to garden variety malpractice suits. Since punitive damages are not insurable, this places considerable pressure on physicians to settle defensible cases. These provisions require the plaintiff, after discovery, to establish a *prime facie* case for punitive damages and bifurcates the trial, thus eliminating in most cases, the pressure and the need to turn over financial records. Further, the standard for an award of punitive damages is raised to "willful or wanton misconduct or reckless indifference to the rights of others" with a showing of gross negligence being insufficient to support such a claim. Punitive damages are capped at 200% of the compensatory awards.

CAT Fund

1. Abolishment of the CAT Fund:

The bill provides for an immediate decrease in the CAT Fund layer of coverage from \$1 million to \$900,000. In two years, it will be reduced again to \$800,000, then in two years to \$700,000 with a concomitant increase in primary limits. This will allow time for the primary carriers to adjust. It also establishes an Advisory Board to report the General Assembly by September 1, 1997, among other items, how best to totally eliminate the Fund. The Medical Society's position is that the unfunded liability is a general societal responsibility that cannot rest entirely on physicians and hospitals.

2. The Advisory Committee: The Advisory Committee would consist of 11 members: the Insurance

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Commissioner, four members selected by the leadership of the House and Senate, and six members appointed by the Governor. In addition to recommending how to best eliminate the Fund, it is also charged with improving the overall operation of the Fund.

3. Emergency Surcharge: Two provisions should obviate the need for future emergency surcharges: the buffer is raised from \$15 million to 15 percent of the Funds previous years costs, and the Fund is granted the right to engage in short-term borrowing.

4. Adjustments: This provision allows the CAT Fund director to adjust hospital rates up or down by 20 percent based on risk, with the approval of the Insurance Commissioner.

5. Prevailing Primary Premium: The surcharge will be a percentage of prevailing primary premium, not of the actual cost for primary coverage. The prevailing primary premium is based on the Joint Underwriting Association (JUA) rates. The provision is intended to provide equitable distribution of the surcharge among providers and eliminate the anomalies caused by deep discounting.

If you have any questions regarding this issue, please contact me through Medical Staff Services at 402-8980.

Robert X. Murphy, Jr., MD
Chairman, Legislative Committee
Lehigh County Medical Society
and
HMSS Representative
Lehigh Valley Hospital

The Greater Lehigh Valley Independent Physician Association
Annual General Membership meeting
is scheduled for:

Tuesday, January 28, 1997
6 p.m.

Auditorium - Cedar Crest & I-78

(Please note: This meeting date has been RESCHEDULED from
Monday, January 27.)

Agenda items requiring action have been mailed to your practice office.
These items include: 1) slate of nominees for election to the
GLVIPA Board of Trustees, and 2) revision of the GLVIPA Bylaws.

Following are the GLVIPA General Membership meetings scheduled for 1997:

Tuesday, March 25 ● Tuesday, September 23

Monday, June 23 ● Monday, December 22

All meetings will be held from 6 to 7:30 p.m., in the Auditorium
at Cedar Crest & I-78.

New Technology Replaces the 50 Year Old Pap Smear

The Lehigh Valley is in the forefront of giving women access to a revolutionary advancement in women's health. Health Network Laboratories, the clinical laboratory of Lehigh Valley Hospital, will be one of the first labs in the country to take advantage of a new technology to screen for cervical cancer. The new test will decrease the number of inconclusive results currently associated with the Pap smear, increase the early detection of cervical cancer, and has the potential for significant cost savings to the health care system.

The U.S. Food and Drug Administration cleared the ThinPrep 2000 System for cervical cancer screening in May. Developed by Cytoc Corporation of Massachusetts, the system prepares the ThinPrep Pap test, which is intended to replace the 50 year old Pap smear. With more than 100 million Pap smears performed annually worldwide, it is the most widely used cancer screening test.

"The ThinPrep Pap test is an excellent example of the shifting focus in health care to early detection and disease prevention, as opposed to disease treatment. It will set a new standard for preventative women's health care," said Vincent Lucente, MD, Chief, Division of Gynecology. "This new technology will offer a significant improvement in our ability to screen for cancer of the cervix. We are committed to leading the way to make this advancement available to the medical community and to as many women as possible in the region."

By improving the way cervical cell samples are prepared, the ThinPrep Pap test has been shown to reduce the number of cervical samples that were compromised due to blood, mucus and inflammation. The result will be a reduction in the number of repeat paps,

a decrease in the number of colposcopies, and an increase in the early detection of pre-cancerous conditions when they are more easily treated. Medical experts estimate that as many as one out of four cervical abnormalities may be missed using the conventional Pap smear.

Cervical cancer is one of the most common cancers among women in the world, with approximately 450,000 cases reported annually on a worldwide basis. American Cancer Society estimates for women in the United States in 1996 include 15,700 new cases of invasive cancer and 65,000 cases of carcinoma *in situ*, a serious but less threatening pre-cancerous condition, with an estimated 4,900 deaths overall. If detected in the pre-cancerous stage, virtually all cervical cancer is curable. The treatment of cervical cancer after it reaches the invasive stage may require chemotherapy, radiation treatment, or surgery, including hysterectomy.

"This breakthrough in technology gives us yet another opportunity to stress the importance of regular cervical cancer screenings," Dr. Lucente said.

Lehigh Valley Hospital began using the test in its physician offices in late December and will have it available throughout the network by the end of the first quarter of 1997. "Health Network Laboratories will collaborate with any provider or patient to make this new test available," said David Beckwith, PhD, Vice President of Network Laboratory Services and clinical director of Health Network Laboratories. "We also are working with Cytoc to educate insurance carriers and managed care organizations on the superiority of this test and the need to make it available to as many women as possible."

"Early Head Start" Targets Low-Income Families

Lehigh Valley Hospital and Health Network will play a major role in a new program to promote the health of low-income children. Early Head Start is a collaborative project with the Lehigh Valley agency who provides Head Start services in Lehigh and Northampton counties -- Community Services for Children, Bethlehem. Early Head Start recently received \$3.3 million in federal start-up funding.

Early Head Start promotes the healthy development of infants, toddlers and their families, "The concept is that a strong, self-sufficient family is just as important to a child's health as immunizations and checkups," said John VanBrakle, MD,

Chairperson, Department of Pediatrics. Services will include home visits, referrals to health and human services, and programming at an Early Head Start Family Place at 17th & Chew.

Outcomes will be carefully measured. "This kind of early intervention should improve children's health and reduce costs," said James Balducci, MD, Chief, Division of Obstetrics. "I see Early Head Start as the logical followup to the Perinatal Partnership," he added. "Cooperative ventures like these advance our mission as a 'hospital without walls' and strengthen the community as a whole."

National Foundation Gift Matched by Pool Trust

Local efforts to battle substance abuse received a major boost recently thanks to a gift from the Robert Wood Johnson Foundation of Princeton, NJ. The nation's largest health care philanthropy awarded the one year \$50,000 grant to Lehigh Valley Hospital and Health Network (LVHHN) to study the effects of local and state public policy on substance abuse in youths. The project will receive added strength from a matching grant from the Dorothy Rider Pool Health Care Trust. Collaborating on the project will be the Pool Trust, LVHHN's Department of Community Health and Health Studies and its affiliated programs, ALERT Partnership and the Coalition for a Smoke-Free Valley.

Spearheading the study will be Kathy McHale of Bethlehem, public affairs professional and former Pennsylvania State Representative. "Our goal is to learn how two local coalitions can change policies that hinder prevention efforts and exacerbate substance use," Ms. McHale said.

The plan includes a series of educational forums for local and state policy makers where the implication of laws relating to youth access to alcohol and tobacco products can be debated. According to Ms. McHale, forums will explore the impact of such current topics as the privatization of the Pennsylvania Liquor Control Board.

This award marks the first grant the Robert Wood Johnson Foundation has made to a Lehigh Valley organization, according to Mark Young, MD, Chairperson, Department of Community Health and Health Studies. "It is a special honor to receive a grant from this prestigious organization," Dr. Young said. "It recognizes the outstanding work of the ALERT and Smoke-Free coalitions and represents a growing trend lead by the Pool Trust to partner with funding sources beyond the valley."

Congratulations!

Three members of the Division of Cardiology recently achieved certification in Nuclear Cardiology by written examination -- **Robert H. Biggs, DO, Michael A. Rossi, MD, and Melvin H. Schwartz, MD.** Certification is established by the Certification Council of Nuclear Cardiology, a Division of the American Society of Nuclear Cardiology and the American College of Cardiology.

Herbert L. Hyman, MD, Division of Gastroenterology, was accepted for membership in the American Psychosomatic Society.

David M. Richardson, MD, Department of Emergency Medicine, was recently informed that he successfully completed the certification examination and has become a diplomate of the American Board of Emergency Medicine.

Papers, Publications and Presentations

"Fetal Seizures: A Case Study," co-authored by **Lori A. Abrams, DO,** Chief OB-GYN Resident, and **James Balducci, MD,** Chief, Division of Obstetrics, and Section of Maternal-Fetal Medicine, was published in the October, 1996 edition of *Obstetrics & Gynecology*.

George A. Arangio, MD, Division of Orthopedic Surgery, was the primary author of a research paper published in the *Journal of Sports Rehabilitation*. The title of the study was "Incidence of Asymptomatic, Nontraumatic Unilateral Knee Hyperextension in the High School Athlete."

"Biases Physicians Bring to the Table," an article co-authored by **Stephen K. Klasko, MD,** Chairperson, Department of Obstetrics and Gynecology, was published in the December, 1996 edition of *The Physician Executive*.

Jenni Levy, MD, Division of General Internal Medicine, recently presented a workshop, "Teaching About Substance Abuse in the Outpatient Setting - Brief Interventions for Learners," at the Association for Medical Education and Research in Substance Abuse Annual Meeting which was held November 7, 8, and 9 in Reston, Va.

The paper, "Asymptomatic Carotid Endarterectomy: Patient and Surgeon Selection," was recently accepted for publication in the journal, *Stroke*. The study was authored by **Michael J. Marcinczyk, MD,** Chief Surgical Resident, **Gary G. Nicholas, MD,** Program Director, General Surgery Residency, **James F. Reed III, PhD,** Director of Research, Department of Community Health and Health Studies, and **Susan A. Nastasee, BS,** Surgical Editor, Department of Surgery. The paper has also been accepted for poster presentation at the 22nd International Joint Conference on Stroke and Cerebral Circulation in Anaheim, Calif., in February.

John F. McCarthy, DO, Chief, Division of Pre-hospital Emergency Medical Services, lectured on "Tactile Assessment" at the Second Annual Pocono Emergency Medical Services Conference held October 25 to 27.

"Twins and Preterm Labor," an article co-authored by **Orion A. Rust, MD,** Chief, Section of Clinical Obstetrics, has been accepted for publication in *The Journal of Reproductive Medicine*.

Who's New

Medical Staff

Appointments

Howard B. Altman, MD
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Division of Orthopedic Surgery
Section of Foot and Ankle Surgery
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Provisional Affiliate

Change of Status

Matthew A. Kasprenski, MD
Department of Family Practice
From Courtesy to Affiliate

Stephan R. Sher, DO
Department of Family Practice
From Courtesy to Affiliate

Leave of Absence

Joseph J. Grassi, MD
Department of Medicine
Division of Physical Medicine/Rehabilitation
One-Year Leave of Absence

Correction to Change of Status

William Gee, MD
Department of Surgery
Division of Vascular Surgery
Remains Active

Allied Health Professionals

Appointments

Nancy A. Adams, CRNA
Physician Extender
Professional - CRNA
(Allentown Anesthesia Associates - Dr. Maffeo)

Lorraine O. Dillon, PA-C
Physician Extender
Physician Assistant
(LVH Trauma Service - Dr. Pasquale)

Laurice Dunning, CNM
Nurse Midwife
Professional Category
(Center for Women's Medicine - Dr. Balducci)

Deborah J. Faust, RN
Physician Extender
Professional - RN
(Valley Sports & Arthritis Surgeons - Dr. Sussman)

Lisa Fraine, CNM
Nurse Midwife
Professional Category
(Center for Women's Medicine - Dr. Balducci)

Lisa Ledere, CNM
Nurse Midwife
Professional Category
(Center for Women's Medicine - Dr. Balducci)

Rebecca Lynn Peterson, CRNP
Physician Extender
Professional - CRNP
(LVH NICU - Dr. Gertner)

LEHIGH VALLEY

HOSPITAL

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Medical Staff Progress Notes

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Medical Staff Progress Notes is published monthly to inform the Lehigh Valley Hospital Medical Staff and employees of important issues concerning the Medical Staff. Articles should be submitted to Janet M. Seifert, Physician Relations, 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 call Mrs. Seifert at 402-8590.

**Lehigh Valley Hospital is an
equal opportunity employer.**

M/F/H/V