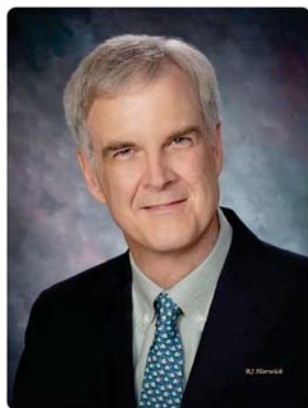


# Progress Notes

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

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## FROM THE PRESIDENT



The month of June brings transitions for many: USF students on their first rotations at LVHN, graduations, children beginning their summer vacations (and parents beginning their summer routines!), residents finishing their training here, while another cohort begins later in the month.

Our family had the pleasure of watching our son, Phil, graduate from medical school in mid-May. Despite the high ticket price (\$280,000 of educational debt) and the current challenges within health care, he's excited to be entering one of the "helping professions." The event caused me to reflect on many of the things I had learned over the last 30 years. I shared some of these with my son in the following letter. I hope some of them are helpful in the conversations you may be having with aspiring physicians.

Dear Phil,

*Didn't this day seem so far away just a little while ago? Congratulations on arriving at this milestone moment of your life – and there will be many more to come! While you are savoring this experience, Mom and I want to share how proud we are of you and this accomplishment. We know that you have entered the profession of medicine thoughtfully and with humility. You have worked hard with your studies and have still found time to enjoy playing baseball and to relax and spend time with your friends. Try to maintain that sense of balance between "work" and "fun" as you progress through the years.*

*I'm not sure who shared this wisdom with me, but it has proven true: "Medicine is a marathon, not a sprint." There may be several phases to your career. Some may be uphill. Others may move very fast. There will be twists and turns, as our culture still has unrealistic expectations about health care, and there will always be those who won't appreciate the balance between the caring embedded in our profession and the financial opportunities available in our health care system. Despite your debt load, try to keep your head and your heart connected.*

*Continued on next page*

Over the years, a variety of sages and mentors have shared their insights and advice with me. I'd like to pass some of these on to you, as you begin your journey as diagnostician, healer, team player, manager, steward of your patients' trust and of our health system's resources, husband, parent, friend – and colleague. May you enjoy this moment. May you be able to live faithfully and joyfully in every moment, as you devote your skills and compassion to the service of others.

### Shared Words of Wisdom

- *Attributes for a doctor: humility, curiosity, assertiveness, advocacy, gratitude, balance. Strive to practice these virtues and skills daily.*
- *A profession is different than a career. By nature, the call to medicine is "other centered" and will, at times, require sacrifice...and...you can't give what you don't have. Take time to recharge and renew.*
- *Keep your focus on the patient.*
- *Cure sometimes, comfort frequently, care always – patients don't care how much you know until they know how much you care.*
- *A doctor without compassion is no more than a technician. Compassion without competence is quackery. The doctor who integrates both is one who patients and colleagues value.*
- *Don't rush to judge – be aware of the power of the social determinants of health. We don't really know what challenges our patients face until we walk a mile in their shoes.*
- *Try to see things "through the patient's eyes." Ask them to share their experience as a patient with you.*
- *Don't run away from tensions you may experience with patients (or colleagues). Listen for understanding. Work patiently.*
- *Enjoy the challenge of diagnosis and treatment – and the challenges of delivering that care in ways that are meaningful to the patient. Both are important.*

- *Health care is a participatory sport – and a team sport. Check in with the members of your team every day. Ask for what you need. Give generously of yourself for the common good.*
- *Keep it fresh – look to develop yourself in new ways – and also be content to be of service in "routine" ways. The mark of a professional is to be able to do something well over time, with consistency and devotion to his/her craft.*
- *Push yourself to stay current with medical knowledge and to maintain a broad scope of practice. Complacency is a slippery slope to mediocrity.*
- *How health care is structured and delivered will continue to change. The doctor-patient relationship needs protection from these "transactional" forces.*
- *Insurance companies are in the business of making money...they provide just one of many platforms for health care delivery.*
- *Medicine is more than a commodity or a business enterprise. While you must be attentive to the financial realities of practice, remain passionate about your mission and commitment to patients and communities.*
- *Accept setbacks graciously. You're never as bad as your worst day, never as good as your best day.*
- *And, as St. Paul shares with the community in Colossus... "Above all these put on love, which binds everything together in perfect harmony."*

*With our love and appreciation,*

*Dad and Mom*

May you enjoy the celebrations you have planned for this month!



Robert J. Motley, MD  
Medical Staff President

# LVH AND LVH-M EXCEL IN PATIENT SAFETY

## Both are again awarded an “A” in The Leapfrog Group’s Spring 2014 Hospital Safety Score

Designed to rate how well hospitals protect patients from accidents, errors, injuries and infections, the latest Hospital Safety Score honored Lehigh Valley Hospital (LVH) and Lehigh Valley Hospital-Muhlenberg (LVH-Muhlenberg) with an “A” – its top grade in patient safety. The Hospital Safety Score is compiled under the guidance of the nation’s leading experts on patient safety and is administered by The Leapfrog Group, an independent industry watchdog. The first and only hospital safety rating to be peer-reviewed in the *Journal of Patient Safety*, the Score is free to the public and designed to give consumers information they can use to protect themselves and their families when facing a hospital stay. Both hospitals also received “A” grades in last fall’s Hospital Safety Score.

Calculated under the guidance of Leapfrog’s Blue Ribbon Expert Panel, the Hospital Safety Score uses 28 measures of publicly available hospital safety data to produce a single “A,” “B,” “C,” “D,” or “F” score representing a hospital’s overall capacity to keep patients safe from preventable harm. More than 2,500 U.S. general hospitals were assigned scores in spring 2014, with about 32 percent receiving an “A” grade. The Hospital Safety Score is fully transparent, and its website offers a full analysis of the data and methodology used in determining grades.

To see how scores for LVH and LVH-M compare locally and nationally, and to access safety tips for patients and their loved ones, visit the Hospital Safety Score website at [www.hospitalsafetyscore.org](http://www.hospitalsafetyscore.org). Consumers can also go to [www.hospitalsafetyscore.org](http://www.hospitalsafetyscore.org) for a free download of the Hospital Safety Score app.

The Hospital Safety Score is an initiative of The Leapfrog Group, a national non-profit organization using the collective leverage of large purchasers of health care to initiate breakthrough improvements in the safety, quality and affordability of health care for Americans. The flagship Leapfrog Hospital Survey allows purchasers to structure their contracts and purchasing to reward the highest performing hospitals. The Leapfrog Group was founded in November 2000 with support from the Business Roundtable and national funders and is now independently operated with support from its purchaser and other members.

## JOHN FLETCHER NAMED PRESIDENT OF LVH-HAZLETON



Early last month, John Fletcher was named President of Lehigh Valley Hospital-Hazleton (LVH-Hazleton).

Mr. Fletcher served as interim President since January 1, 2014, when he was appointed to replace former Greater Hazleton Health Alliance (GHHA)

President and CEO, Jim Edwards, who announced he would resign at the end of January.

“John brings strategic and operational experiences to the role of president,” said Terry Capuano, Chief Operating Officer, Lehigh Valley Health Network (LVHN). “He has demonstrated a deep commitment to LVH-Hazleton and to the greater Hazleton area. His vision is one of growth and access to quality care for the community.”

Mr. Fletcher served as Chief Operating Officer of the former GHHA since 2004. He has more than 20 years of experience in healthcare primarily in operations and finances including previous positions with Community Health Systems (CHS) and Berwick Hospital Center. His successes at Hazleton include: overseeing the renovation and expansion of the ER; renovations to the OR, patient units and the hospital lobby; improving access and delivery of outpatient care through the completion of the Health & Wellness Center at Hazleton; and developing partnerships with LVHN for emergency care, MI Alert, and Teleburn.

“These are exciting times for health care in Hazleton,” Mr. Fletcher said. “I’m very pleased Lehigh Valley Health Network has the confidence in me to move health care forward in our community.”

# EPIC SUPER HEROES: THE SUPER USERS FOR WAVE 1 AMBULATORY GO-LIVE



With only eight months to go until the Epic electronic medical record (EMR) is launched in [wave 1 areas](#) (ambulatory), the Epic team is going to need its share of super-skilled super users prior to go-live on February 18, 2015. Maybe you are one of them.

As we move closer to go-live, plans are in place to develop a corps of Epic super users here at LVHN for wave 1. “Adjusting to a new system will be challenging, but super users should make the transition easier,” says Deborah Creggan, LVHN senior eLearning designer. “Super users will provide ‘at-the-elbow’ support when we ‘go-live’ with Epic, helping colleagues make a smooth and successful transition to the EMR while minimizing patient impact.”

So are you a [super user](#)? Are your senses tingling? They should be! “We need a lot of super users,” Ms. Creggan says. Some qualities required to be a super user include: an interest in developing expertise in the Epic EMR applications for your particular area, and a desire to assist and teach others in your practice or department when they begin using Epic.

Training for wave 1 super users will begin as early as this summer. Super users can self-identify themselves as candidates for this important role, or may be recommended for the role. The first step is to familiarize yourself with the [Epic super user program document](#), which outlines the role and responsibilities. After reviewing the program document, fill out and submit an [online application](#) expressing interest in the super user program.

When the super users are identified, they will participate in training conducted by [LVHN Epic instructional designers \(ID\)](#). This training will prepare super users to assist fellow colleagues.

After the initial go-live period, super users will continue to be key liaisons between their practice or department and Epic project team. They will participate in regularly scheduled meetings and will also utilize the [tiered communication structure](#) that the Epic Readiness team is implementing so they can share issues, gaps and tips in a timely manner.

The role of super users is critical to the success of the Epic EMR transformation. “I encourage you to explore the super user program,” Ms. Creggan says. “Together, we will make the transition to the Epic EMR successful here at Lehigh Valley Health Network.”

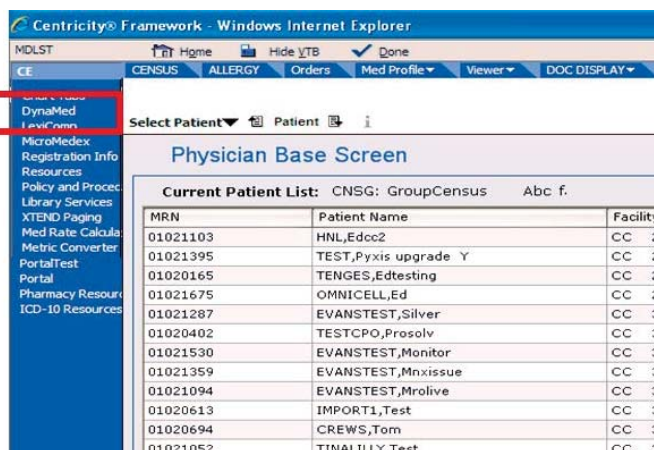
For more information regarding Epic super users, please contact Deborah Creggan, Senior eLearning Designer, via email at [deborah.creggan@lvhn.org](mailto:deborah.creggan@lvhn.org) or at 610-402-2591



# CMIO UPDATE

## DynaMed – Easy to Use, and Now – Easier to Find

DynaMed is an evidence based resource that provides many tools to assist clinical staff. To facilitate using DynaMed, a direct link has been added from the Vertical ToolBar (VTB) on the left side of the Centricity Enterprise screen (see below). DynaMed provides an excellent alternative to UpToDate (the LVHN subscription to UpToDate will end June 30). DynaMed is available at all LVHN sites (hospital and ambulatory), is easy to use, and utilizes higher levels of evidence. If you have any questions about DynaMed, please contact Library Services at 610-402-8410.



## Chronic Kidney Disease (CKD) Order Set

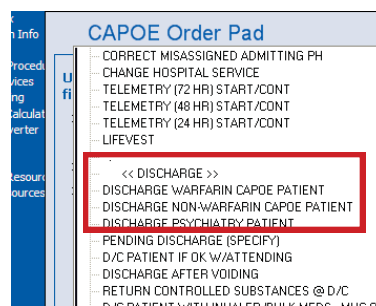
The CKD order set was developed by Hospital Medicine and Nephrology, and will be useful for all providers who treat patients with Chronic Kidney Disease.

The Order Set is accessible through the Diagnosis Specific Order Sets and Nephrology Order Sets (both located under the CAPOE Order Sets button), and as part of Internal Medicine Standard Order Set (under Admitting Order Sets). The CKD order set contains orders specific for this patient population, including diet, medication and diagnostic orders. The order set also contains an order set for treatment of anemia in patients with CKD.

## Sending a Patient Home on Warfarin – There's an Order for That

To facilitate the discharge care for patients on Warfarin, there will now be two discharge orders as shown below. For patients on Warfarin, the order set contains orders for patient education, an attestation regarding post D/C follow-up (as required by regulations), and an option to refer the patient to the LVH-M Anticoagulation Service for outpatient management of Warfarin dosing. There is also an order to provide rationale (through a standard dropdown) for patients that are not being discharged on overlap anti-coagulation therapy (i.e., bleeding complications, patient with AFIB, etc.).

Providers who are discharging patients on Warfarin are strongly encouraged to utilize this order.



**DNAV, Mike**  
MRN: 01021103 DOB: 12/12/1934 AGE: 79 Sex: M  
Adm Proc: 30073788 Service: EDH Room: 2409  
ADN Date: 105: 2-Aug2013-204 DNA: Y

**Place a Nursing Care Order**

**Order Details**

Order: Warfarin Communication Attestation

Frequency: ONCE Priority: R

Initials of Provider Obtaining Consent: \_\_\_\_\_

START: 13May2014 10:35 END: \_\_\_\_\_

Ordered By: LEVICK, DONALD P0563 Order Mode: W  
Signed By: LEVICK, DONALD P0563

Dept: NURS  
Ord Location: 15

**Order Reference**

I attest that I communicated with the outpatient warfarin provider the following information:

1. warfarin dosing, timing of F/U INR, indication and suggested duration,
2. Fax DCI
3. Fax coag record
4. RN anticoag teaching
5. Follow up Anticoag provider notified

If you have any questions or need more information, please contact Don Levick, MD, Chief Medical Information Officer, through email at [donald.levick@lvhn.org](mailto:donald.levick@lvhn.org).

# NEW PATIENT EDUCATION TOOL PAVES WAY FOR EPIC

To streamline patient education across the care continuum and to prepare for the rollout of EPIC, a new Krames On-Demand Outpatient tool for patient education is now available.

This tool is for use by LVHN outpatient units, practices, and service lines that do not have access to Krames On-Demand through Centricity Enterprise (CE). The hospital and inpatient units use a separate account of Krames On-Demand that functions differently.

This new web-based application contains more than 4,000 single topic health information sheets. These sheets are available in English and Spanish. Certain sheets also are available in up to 10 different languages. If you used Krames Online in the past, you will note this new system has improved functionality that makes it easier to select and print the educational materials you need for your patients.

While it is important to note that Krames On-Demand Outpatient is not currently able to interface or document into the electronic medical record, it is anticipated that it will be embedded into EPIC systems moving forward. For now, please continue to use your current EMR or paper record to document patient education. Also, if your outpatient area uses EMMI or another approved patient education system exclusively, please continue to follow your area's best practice for patient education. Krames On-Demand Outpatient is just another tool for you to use.

To access Krames On-Demand Outpatient, log onto the LVHN Patient Education website (on the Find Fast dropdown menu on the LVHN intranet site) and click on the Krames On-Demand Outpatient button.

If you have any questions about Krames On-Demand Outpatient, please call the Patient Education department at 610-402-2484.

## C.A.R.E. CHANNEL, QUIET TIME IN HOSPITAL PATIENT ROOMS



### Quiet Time

Two initiatives aimed at maximizing patient comfort during hospital stays were implemented in early May at some of Lehigh Valley Health Network's hospital campuses.

The C.A.R.E. (Continuous Ambient Relaxation Environment) channel – featuring therapeutic television programming designed to reduce anxiety, alleviate pain, assist with sleep and restfulness, and limit the effects of noise – will occupy channel 57 in all patient rooms at LVH-Cedar Crest, LVH-Muhlenberg and LVH-17.

Additionally, Quiet Time, where patient visitors will be limited to one designated family support person after 9 p.m. to reduce noise as much as possible and promote rest for all patients, was implemented at LVH-Cedar Crest and LVH-Muhlenberg.

The plan is to extend both initiatives to other facilities.

The C.A.R.E. channel will provide relaxing nature imagery during the day and star-filled sky scenes at night, accompanied by soothing instrumental music 24/7. The C.A.R.E. channel has an extensive library of offerings to cover even prolonged stays in the hospital. The overnight programming specifically supports circadian rhythms and helps patients sleep.

The purpose of Quiet Time is to promote rest as well. The presence of a family member can have a positive impact on the healing process, and while LVHN officially has an open visitation policy for family, eliminating as much noise as possible overnight will allow patients to rest undisturbed. Therefore, an announcement will be made at 9 p.m. every night to declare that Quiet Time has begun and guest visitation hours have ended. As part of that announcement, one supporting family member will be invited to remain.



# LVHN DIGITAL LIBRARY

## DynaMed™

In last month's issue of *Progress Notes*, you were informed that the subscription to the UpToDate clinical decision support system will expire on June 30. Those who previously used this system are now encouraged to utilize the DynaMed™ product. Following is an overview of the key features and benefits of the DynaMed™ system:

### Summary:

- DynaMed™ rated as most current and rapidly updated point-of-care resource in two successive KLAS Reports (2011 and 2013).
- Evidence-based clinical summaries for nearly 3,200 topics, updated daily.
- Systematic literature surveillance conducted on over 500 journals.
- Rating of evidence based on the Strength Of Recommendation Taxonomy (SORT).
- Drug information from American Hospital Formulary Service, The Prescriber's Letter, and FDA.
- Links to full text journal resources in LVHN's Digital Library.
- Coding information (DSM, ICD-9, ICD-10).
- Integration with EPIC (pending).

### Access:

- On-site and remote access to all LVHN hospitals, health centers, and providers.
- Internal links available from:
  1. Clinical Services page
  2. Physician Base page
  3. Library Services Home page
  4. Library Services Mobile website
  5. Downloadable App
  6. Centricity (pending)

### CME integrated in the TLC Transcript:

- Accreditation: AMA, AAFP, AANP.
- AMA Physicians: Maximum of 20 AMA PRA Category 1 credits (0.5 credit hour per search).
- AAFP Physicians: Maximum of 20 AAFP credits (0.5 credit hour per search).
- AANP Nurse Practitioners: Maximum of 20 AANP contact hours (0.5 contact hour per search).
- Nurses/Physician Assistants/Pharmacists: Certificates of Attendance: Maximum of 20 contact hours (0.5 contact hour per search).
- Please note: CE credit is not available through the DynaMed™ mobile app.

To access DynaMed™ from the Digital Library's Homepage, go to **LVHN Intranet > FIND FAST > Library Services** and click on **DynaMed™**.

For more information or to discuss how to conduct searches in DynaMed™, contact Library Services via email at [LibraryServices@lvhn.org](mailto:LibraryServices@lvhn.org) or at 610-402-8410

## INFUSION SERVICE EXPANSION

Many patients with cancer receive chemotherapy and other treatments in one of Lehigh Valley Health Network's three locations that provide infusion services. Other patients also utilize infusion services for treatment of conditions such as multiple sclerosis, Crohn's disease and osteoporosis. These locations were becoming so busy that patients could not get the timely care they needed. In response to this need, LVHN has expanded infusion services throughout the health network. At LVH-Cedar Crest, 13 new treatment bays have been added,

bringing the total to 38. At LVH-Muhlenberg, nine bays have been added, bringing the total to 24. Plus, the Health Center at Bangor, with 12 infusion bays, became the first of LVHN's health centers to provide infusion services when it opened in February.

If you have any questions regarding infusion services, contact Amy Levan, Director of Infusion Services, at 484-884-1212.

# HCAHPS UPDATE

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) has an important role in understanding the patient perspective and care quality within the hospital. Below are the year-to-date scores and percentile rankings for LVH-Cedar Crest and LVH-Muhlenberg within the Press Ganey national database.

## LVHN HCAHPS - FY14 YTD (April)

| Domain                        | LVH-CC | LVH-CC FY14 Target | %ile | LVH-M | LVH-M FY14 Target | %ile |
|-------------------------------|--------|--------------------|------|-------|-------------------|------|
| Rate Hospital                 | 74.7   | 67.96              | 69   | 73.1  | 67.96             | 61   |
| Communication with Nurses     | 79.6   | 75.56              | 55   | 78.2  | 75.56             | 43   |
| Response of Hospital Staff    | 64.4   | 63.17              | 47   | 55.9  | 63.17             | 13   |
| Communication with Doctors    | 78.3   | 79.88              | 29   | 74.5  | 79.88             | 10   |
| Hospital Environment          | 61.3   | 64.07              | 30   | 62.0  | 64.07             | 33   |
| Cleanliness                   | 71.1   | 73.17              | 42   | 74.1  | 73.97             | 57   |
| Quietness at night            | 51.5   | 54.87              | 25   | 49.8  | 54.17             | 20   |
| Pain Management               | 72.5   | 69.46              | 57   | 69.3  | 69.46             | 34   |
| Communication about Medicines | 63.1   | 60.89              | 47   | 61.1  | 60.89             | 33   |
| Discharge Information         | 86.9   | 83.54              | 58   | 85.5  | 83.54             | 44   |

Most areas of HCAHPS within the network have shown a positive trend, but that is not the case with physician communication. The good news is that it does not take much to make a huge difference for the patient. These simple things may seem obvious, but you probably do them only half as often as you think you do. Below are some pointers from the Agency for Healthcare Research and Quality.

- Review the patient's chart before entering the room.
- As soon as you enter, make eye contact with the patient (not a machine or colleague).
- Smile, if appropriate. Be genuine.
- Introduce yourself by name and explain your role.
- Introduce any new people in the room and their roles.
- Converse with the patient at their eye level.
- Ask how the patient prefers to be addressed. (This will be on the new Communication Boards coming out this summer.)

More than likely, making a difference for your patients is why you went into healthcare. Something simple can make their day and yours.

Quietness at night is another area of opportunity in the network. LVHN began quiet hours officially on May 1 with a slight change in visiting hours. At 9 p.m., there is an overhead announcement to begin "Quite Time." Nursing is empowered to encourage family presence, but also invite guests to return the next day to promote a restful environment. (For more information, refer to the article on page 6.)

For more information or if you have any questions, please contact E.J. Rovella, Program Manager for HCAHPS/Patient Experience, at 610-969-4230 or via email at [ernest.j.rovella@lvhn.org](mailto:ernest.j.rovella@lvhn.org).



# CONGRATULATIONS



**Jessica Boehmler, MD**, Division of Pulmonary/Critical Care Medicine, was recently certified in Critical Care Medicine by the American Board of Internal Medicine (ABIM). She is also board certified in Internal Medicine and Pulmonary Disease by the ABIM. Dr.

Boehmler has been a member of the Medical Staff since August, 2013. She is in practice with Pulmonary Associates of LVPG.



**Brian K. Civic, MD**, Division of Pulmonary/Critical Care Medicine, was recently certified in Critical Care Medicine by the American Board of Internal Medicine (ABIM). He is also board certified in Internal Medicine and Pulmonary Disease by the ABIM. Dr.

Civic has been a member of the Medical Staff since August, 2013. He is in practice with Pulmonary Associates of LVPG.



**Diana E. Drogalis-Kim, DO**, Division of General Pediatrics, was recently certified in Pediatrics by the American Board of Pediatrics. Dr. Drogalis-Kim has been a member of the Medical Staff since July, 2013. She is in practice with LVPG-Pediatrics.



**Geoffrey G. Hallock, MD**, Division of Plastic Surgery/Hand Surgery/Burn, was the recipient of this year's Fu-Chan Wei Award for Excellence in Reconstructive Surgery in recognition of his lifelong contribution to the field of reconstructive surgery. The award was presented to Dr.

Hallock at the Chang Gung Mayo Clinic Symposium in Reconstructive Surgery, which was held May 7-10, in Taipei, Taiwan. Dr. Hallock has been a member of the Medical Staff since July, 1982, and has a solo private practice in Allentown.



**Drew M. Keister, MD**, Department of Family Medicine, recently received the USF Morsani College of Medicine (MCOM) 2014 Educational Excellence Award for Innovation in Teaching. Competing against faculty from all USF MCOM campuses, Dr. Keister was

recognized for his work in creating the longitudinal primary care clerkship. Dr. Keister has been a member of the Medical Staff since September, 2008. He is in practice with Lehigh Valley Family Practice Associates, LLP.



**Carmine J. Pellois, DO, MPH, MBA**, Chief, Section of Occupational Medicine, was named to Fellowship status in the American College of Occupational and Environmental Medicine (ACOEM) at the College's annual membership meeting held April

30, in San Antonio, Texas. Fellow is the highest class of membership within ACOEM. It recognizes physicians who have been engaged in the full-time practice of occupational and environmental medicine and who have exhibited significant leadership in ACOEM – at both the component society and national level. Dr. Pellois has been a member of the Medical Staff since November, 1993. He is in practice with HealthWorks.



**Usman Shah, MD**, Division of Hematology-Medical Oncology, was the recipient of the Professional Excellence Council Physician Friends of Nursing Award, which was presented at LVHN's Friends of Nursing Celebration held on May 7, at

SteelStacks in Bethlehem, Pa. Dr. Shah has been a member of the Medical Staff since July, 2009. He is in practice with Hematology-Oncology Associates.

# ETHICS CORNER

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

Several issues ago, we discussed in a general way some of the ethical considerations with the use of technologies in medicine. Given the limitations of space, we could not point to issues that arise in a discussion of a particular technology. In this edition of “Ethics Corner,” we would like to take up the matter of technology and medicine and use an “old” and “new” technology as an example, specifically ECMO. By doing this, we will be highlighting questions that arise in the use of this particular technology as a way of pointing to ethical/medical questions that arise in the use of almost any technology. In later issues, we will do this with other new technologies so that as a learning community we become comfortable with raising and discussing questions of ethical importance as we care for our patients.

ECMO (extracorporeal membrane oxygenation) is a procedure used to oxygenate the body when the lungs, because of an underlying pathology, are unable to do so effectively. Blood is removed from the body by tubes and transported to the machine. An artificial membrane oxygenates the blood of a patient outside the body and the blood is then returned to the patient through another tube. When this technology works, and often it does, it has shown remarkable results.

Potential questions/concerns to consider when using this technology:

1. Has there been a detailed, informative discussion with patients and families to explain this technology and its potential benefits and complications before its use?
2. What is the probability that the underlying pathology can be improved?
3. Has there been consideration as to how long a patient or family would find it acceptable to remain on ECMO?
4. What is the patient’s overall prognosis from other potentially life threatening comorbidities?
5. How do we approach the patient and/or family if there is failure of other organ systems while on ECMO (renal failure, liver failure)? Ex: Would dialysis be acceptable?
6. Has there been an advanced directive, and/or an end of life discussion with patient or family to guide the team and providers in regards to patient wishes if it is determined later that the patient is not going to survive?



There are other questions that arise that are not directly related to patients and families but are real questions nevertheless. For example, does this technology raise any new or different issues for the nursing staff? Is there a venue for a discussion of these concerns?

Further, since this is a new use of an old technology, what is our responsibility to keep track of when it helps our patients and when it does not? How long is it appropriate to track outcomes? When and how do we relate this to our medical peers and how and when do we inform our patients and their families?

As should be clear by now, like many other new technologies in medical care, ECMO raises important questions as well as offers important benefits. In future “Ethics Corners,” we will talk about some of these questions that arise in the context of other technologies.

If you have questions regarding this article, please contact Jennifer E. Allen, MD, at [jennifer\\_e.allen@lvhn.org](mailto:jennifer_e.allen@lvhn.org) or Stephen E. Lammers, PhD, at [stephen.lammers@lvhn.org](mailto:stephen.lammers@lvhn.org).

# ADVANCED PRACTICE CLINICIANS UPDATE



## Meet the APC Staff

A member of the LVHN Allied Health Professional Staff since February, 2013, **Lindsay C. Neville, CRNP**, is this month's featured Advanced Practice Clinician.

Every day brings a variety of patient care experiences for Lindsay as a family practice nurse practitioner with Muhlenberg Primary Care (MPC). Lindsay usually begins her day caring for patients at Gracedale Nursing Home located in Northampton County. Along with another nurse practitioner and two physicians, she completes sick patient visits and regularly scheduled rounds on patients every 30-60 days depending on their acuity. Over time at this 650-bed facility, she has become familiar with many of the patients and, with the help of the nursing staff, has been able to recognize many subtle behavior changes which trigger evaluations for early signs of potential illness. MPC has a dynamic approach to their geriatric care and partakes in committees at the facility that review individual patients to reduce falls and polypharmacy.

Depending on her Gracedale responsibilities, in the afternoon, Lindsay often holds office hours at MPC's Schoenersville Road office. These office hours include sick patient visits, new patient appointments, and some hospital follow-ups. In the late afternoon, she also sees patients at the group's Coumadin clinic. This clinic is located within MPC's office and allows patients to be evaluated with a finger-stick check of their INR and receive instructions regarding their continued Coumadin dosing.

Lindsay completed both her nursing and nurse practitioner degrees at DeSales University. Prior to becoming a nurse practitioner, she worked for several years as a critical care nurse and also was a member of the float pool at LVH-Muhlenberg.

In her spare time, Lindsey enjoys spending time at the new home she recently purchased with her husband, Tom. They are working hard to make it their own with improvements and painting. When she is not working on the house, she loves to paint on canvas with many different mediums, but prefers acrylics. She also enjoys crocheting blankets, especially baby blankets for her close friends.

## APC Quarterly Meeting

The Advanced Practice Clinicians Quarterly meeting will be held on Thursday, June 26, at 5:30 p.m., in Kasych ECC Room 8 at LVH-Cedar Crest. The meeting will also be teleconferenced to ECC Room B at LVH-Muhlenberg.

All members of the Advanced Practice Clinician staff are encouraged to attend. Join your colleagues for light refreshments, updates, and educational presentations.

## THE RETAIL PHARMACY VIEW

### Insulin Storage – Rule of Thumb

Insulin vials and pens not in use should be kept in the refrigerator. The expiration date printed on the vial or pen should then be followed. The American Diabetes Association (ADA) recommends a **30-day** expiration date on opened/utlized vials and pens whether the vial or pen has been kept in the refrigerator or not. According to the manufacturers, a loss of potency may be observed after **28 days**. However, manufacturers have not published how much potency loss there is after 28 days, so the 30-day model is much more convenient. For some diabetics, keeping vials or pens unrefrigerated limits their injection site irritation and it does not affect the potency. Extreme temperatures below 36° or above 85°, and excessive agitation should be avoided. Visual examination of the vial should be done to look for clumping, frosting, precipitation or change in clarity or color indicating a loss of potency.

### New Drugs:

- **Anoro Ellipta Inhalation Powder:**  
*Umeclidium/Vilanterol 62.5mcg/ 25mcg:*  
Once a day anticholinergic/LABA inhaler for COPD.
- **Ragwitek Sublingual tablet:** *Short ragweed pollen allergy extract:*  
Immunotherapy for ragweed induced allergic rhinitis without conjunctivitis in adults.



### New Generics:

- **Eszopiclone 1, 2 and 3mg Tablets:** Lunesta: For sleep.
- **Fenobibrate 50 and 100mg Cap:** Lipofen: For cholesterol.
- **Xulane Transdermal System:** *Norelgestromin and Esthinyl Estradiol*  
Ortho Evra: Oral contraceptive.

If you have any questions or need additional information, contact Jay Needle, RPh, Manager, Health Spectrum Pharmacy, LVH-Muhlenberg, via email at [jay.needle@lvhn.org](mailto:jay.needle@lvhn.org).

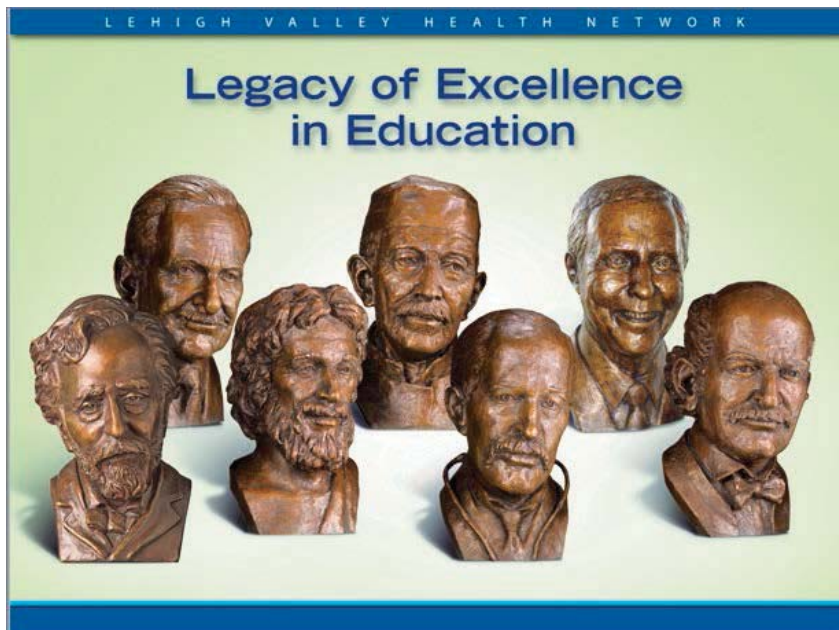


# UPCOMING SEMINARS, CONFERENCES AND MEETINGS

## General Medical Staff Meeting

The quarterly meeting of the General Medical Staff will be held on **Monday, June 9**, beginning at **6 p.m.**, in the **Auditorium at LVH-Cedar Crest**. The meeting will be videoconferenced to the Educational Conference Center, **Rooms C and D, at LVH-Muhlenberg**.

A highlight of the meeting will be the presentation of the Teachers of the Year Awards.



The agenda for the meeting will include:

- Review and approval of changes to the Bylaws and Rules and Regulations
- Election of five At-Large Members of the Medical Executive Committee
- Review and approval of the Medical Staff Budget for FY'15

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** will be held on **Monday, June 23**, beginning at **6 p.m.**, in the hospital's **Auditorium at LVH-Cedar Crest**, and teleconferenced to **ECC Room B at LVH-Muhlenberg**.

**"Progress Toward the Triple Aim"** will be presented by Ronald W. Swinfard, MD, LVHN's President and CEO.

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

## Cardiology Grand Rounds

Cardiology Grand Rounds will be presented on **Friday, June 6**, at Noon in the Auditorium at LVH-Cedar Crest and videoconferenced to ECC Room D at LVH-Muhlenberg.

**"The Many Faces of Pulmonary Hypertension: How to use logic, imaging, hemodynamics, and exercise"** will be presented by Paul R. Forfia, MD, Associate Professor of Medicine, and Director, Pulmonary Hypertension and Right Heart Failure Program, Temple University Hospital.

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

## Family Medicine Grand Rounds

Family Medicine Grand Rounds will be held on **Tuesday, June 3**, at 7 a.m., in Kasych ECC Room 10 at LVH-Cedar Crest and videoconferenced to ECC Room A at LVH-Muhlenberg.

**"Fertility Awareness-Based Methods and NaPro Technology: Newer Approaches for Family Planning and Gynecologic Treatment"** will be presented by Robert J. Motley, MD, Medical Staff President, and Department of Family Medicine Vice Chair, Network Collaboration.

For more information, please contact Tammy Winterhalt in the Department of Family Medicine at 610-969-4950.

*Continued on next page*



*Continued from Page 12*

## Neurology Conferences

The Division of Neurology conferences will be held on Thursdays from Noon to 1 p.m., in the Lehigh Neurology Conference Room, 1250 S. Cedar Crest Blvd., Fourth Floor, and videoconferenced to Lehigh Neurology's Bathgate Office as well as Kasych ECC Room 4. Topics for June include:

- June 5 – **“Lumbar Radicular Pain – A Physiatry Perspective”** – Jeffrey Radecki, MD, Chief, Division of Physical Medicine-Rehabilitation
- June 12 – **“Epilepsy Update”** – Clarissa J. Liew, MD, Division of Neurology
- June 26 – **Multiple Sclerosis topic** – Jawad F. Kirmani, MD, Director, Comprehensive Stroke Center, JFK Medical Center

For more information, contact Angeline Regis, Coordinator, Comprehensive Stroke Center and Neuroscience, at 610-402-9008.

## Pediatric Grand Rounds

The Department of Pediatrics will hold Grand Rounds on Tuesdays at 8 a.m., at the location noted. Topics for June include:

- June 3 – **NICU topic** – Erika M. Yench, MD, Division of Neonatology – Location: Auditorium
- June 10 – **Neurology topic** – Elizabeth T. Corbo, MD, Division of Pediatric Subspecialties, Section of Neurology – Location: Kasych ECC Room 8
- June 17 – **Pediatric Inpatient topic** – Timothy J. Yeager, DO, Division of General Pediatrics – Location: Auditorium
- June 24 – **“Updates to the Care of Children with Down's Syndrome”** – Donald L. Levick, MD, MBA, Chief Medical Information Officer and Division of General Pediatrics – Location: Kasych ECC Room 8

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

## Spine Conference

Conferences relating to interesting spine cases are held the first Wednesday of each month beginning at 7 a.m. Clinicians are invited to bring interesting cases to the meeting.

The next Spine Interesting Case Conference will be held on **Wednesday, June 4**, in Kasych ECC Room 6 at LVH-Cedar Crest.

For more information, please contact James C. Weis, MD, Co-Chief, Division of Spine Surgery, or Wanda J. McCardle, Clinical Coordinator, at 610-973-6343.

## 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. 12<sup>th</sup> Street, Allentown, on the following dates:

- June 12, 13, 30
- August 25
- September 5, 8, 15

In addition, two-day provider courses will be held on September 22 and 23, and November 5 and 6, 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:

- June 10, 16, 17
- August 5, 28
- September 12, 25

In addition, two-day provider courses will be held on September 3 and 4, and October 6 and 7, 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.

# PAPERS, PUBLICATIONS AND PRESENTATIONS



Sponsored by two primary academic centers, Lehigh Valley Health Network and Yale University, the Academic Emergency Medicine 2014 Consensus Conference on Gender-Specific Research was held on May 13, in Dallas, Texas. The research agenda from the conference proceedings will be published in the December issue of *Academic Emergency Medicine*.

**Marna R. Greenberg, DO, MPH**, Director of Research for the Department of Emergency Medicine, was co-chair of the event which focused on seven clinical domains as key to gender-specific emergency care: cardiovascular, neurological, trauma/injury, substance abuse, pain, mental health and diagnostic imaging.

A number of attendees from LVHN were team members or leaders of these groups who worked together over a two-year process to bring the conference to fruition. Members of the Department of Emergency Medicine included: **Gavin C. Barr, Jr., MD**, Emergency Medicine Residency Associate Program Director; **David B. Burmeister, DO**, Chair; **Robert D. Cannon, DO**; **Elizabeth M. Evans, DO**; **Bryan G. Kane, MD**; **Kathleen E. Kane, MD**; **Richard S. MacKenzie, MD**, Senior Vice Chair, Operations; **Andrew C. Miller, DO**, Chief, Division of Pediatric Emergency Medicine; **Michael C. Nguyen, MD**; **Alexander M. Rosenau, DO**, Senior Vice Chair; **Kevin R. Weaver, DO**, Emergency Medicine Residency Program Director, and **Michael B. Weigner, MD**. From the Division of Trauma-Surgical Critical Care: **Robert D. Barraco, MD, MPH**, Chief, Section of Geriatric Trauma. Emergency Medicine Residents included: John Ashurst, DO, Alan Cherney, MD, Suprina Dorai, MD, Alyssa Moore, DO, Shaheen Shamjii, DO, and Jessica Weiland, MD. From Emergency Department Research: Anita Kurt, PhD, RN.



**Julie A. Dostal, MD**, Vice Chair, Department of Family Medicine, co-authored the article – “Innovating Within the ACGME Regulatory Environment Is Not an Oxymoron” – which was published in the April, 2014 issue of *Family Medicine*, Volume 46, Number 4.



**Indru T. Khubchandani, MD**, former member of the Division of Colon and Rectal Surgery with Honorary Status, gave the State of the Art address on “World Hemorrhoidal Summit” at the 9<sup>th</sup> Annual Meeting of the Mediterranean Society of Pelvic Floor Disorders held April 24-26, in Cairo, Egypt. Dr. Khubchandani also performed live surgery on his technique of closed hemorrhoidectomy with local anesthesia which was telecast to the audience.



**Donald L. Levick, MD, MBA**, Chief Medical Information Officer, is a co-author of the recently published book, *Clinical Decision Support: The Road to Broad Adoption, 2nd edition*, edited by Robert Greenes. The book is a detailed “how-to” and roadmap on the technology development and successful integration of clinical decision support systems into the point-of-care and national regulatory frameworks.



**Martin A. Martino, MD**, Division of Gynecologic Oncology/Gynecology, co-authored the article – “Validity and Reliability of the Robotic Objective Structured Assessment of Technical Skills” – which was Epublished ahead of print on May 6, in *Obstetrics & Gynecology*.



On March 22, **Michael F. Szwerc, MD**, Chief, Section of Thoracic Surgery, moderated a session at *Chest Medicine – The Art of Minimally Invasive Thoracic Surgery and Pulmonary Medicine*, sponsored by North Shore LIJ, Lenox Hill Hospital in New York, NY. On April 30, Dr. Szwerc served as a visiting professor at the University of North Carolina at Chapel Hill where he presented “Utilizing robotic techniques to improve the options for minimally invasive lung, esophageal and mediastinal surgery.” In addition, he presented “Robotic technology in lung cancer management” at the 12<sup>th</sup> Annual Simon Kramer Cancer Institute Oncologic Symposium held May 3, in New Philadelphia, Pa.



**Kevin A. Vrablik, MD**, Section of Occupational Medicine, had two abstracts accepted for poster presentations at the 2014 American Occupational Health Conference held April 27-30, in San Antonio, Texas. The titles of the abstracts are: “The Relationship of Body Mass Index on Lehigh Valley Health Network Primary Care Physician Practice Behaviors with Their Overweight and Obese Patients” and “A Potential Source of Ozone and its Affects in the Healthcare Environment.”

# 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



**Erin R. Deihl, DO**

LVH Department of Medicine  
*Lehigh Valley Health Network*  
Lehigh Valley Physician Practice  
17<sup>th</sup> & 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



**Avinash Kambhampati, DO**

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



**Christopher T. Miller, MD**

Lehigh Valley Infectious Diseases Specialists  
*Lehigh Valley Physician Group*  
Center for Advanced Health Care  
1250 S. Cedar Crest Blvd.  
Suite 200  
Allentown, PA 18103-6271  
Phone: 610-402-8430 Fax: 610-402-1676  
Department of Medicine  
Division of Infectious Diseases  
Provisional Active



**Roje Saleet, MD**

LVPg Hospital Medicine at Cedar Crest  
*Lehigh Valley Physician Group*  
Lehigh Valley Hospital  
Cedar Crest & I-78, P.O. Box 689  
Third Floor Anderson Wing  
Allentown, PA 18105-1556  
Phone: 610-402-5369 Fax: 610-402-5959  
Department of Medicine  
Division of General Internal Medicine  
Section of Hospital Medicine  
Provisional Active



**Jatinder P. Singh, MD**

LVHN Hospital Medicine at Muhlenberg  
*Lehigh Valley Physician Group*  
Lehigh Valley Hospital - Muhlenberg  
2545 Schoenersville Road  
Second Floor, Tower  
Bethlehem, PA 18017-7384  
Phone: 484-884-9677 Fax: 484-884-9297  
Department of Medicine  
Division of General Internal Medicine  
Section of Hospital Medicine  
Provisional Active



**Douglas A. Sturm, DO**

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

### Medical Staff Leadership Appointments

#### *Department of Anesthesiology*

**Debra M. Fullan, DO**

Chief  
Division of Pediatric Anesthesiology

*Continued on next page*

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***Medical Directors of Patient Care Units,  
Laboratories and Programs***

**Timothy S. Misselbeck, MD**

Medical Director

Mechanical Circulatory Support

***Status Change***

**Scott J. Lipkin, DPM**

Department of Surgery

Division of Podiatric Surgery

From: Medical Administrative

To: Honorary Status

***Change of Practice***

**Basil S. Ahmed, MD**

**Dan Popescu, MD**

**Surendra S. Shah, MD**

From: Drs. Shah, Giangiulio and Ahmed

To: LVPG Oncology & Hematology Specialists

Lehigh Valley Physician Group

1240 S. Cedar Crest Blvd.

Suite 305

Allentown, PA 18103-6218

Phone: 610-402-9050 Fax: 610-402-9081

**Zhe Chen, MD**

From: Community Physician Practice Growth Initiative

To: LVPG Hospital Medicine at Cedar Crest

*Lehigh Valley Physician Group*

Lehigh Valley Hospital

Cedar Crest & I-78, P.O. Box 689

Third Floor Anderson Wing

Allentown, PA 18105-1556

Phone: 610-402-5369 Fax: 610-402-5959

**Dennis J. Giangiulio, MD**

From: Drs. Shah, Giangiulio and Ahmed

To: St. Luke's Hematology Oncology

*St. Luke's Physician Group*

South Building

240 Cetronia Road

Suite 225

Allentown, PA 18104-9701

Phone: 610-628-7000 Fax: 610-628-7001

***Change of Primary Practice***

**Vipul D. Makwana, MD**

From: Lehigh Area Medical Associates of LVPG Allentown

To: LVPG Family and Internal Medicine – Bath

*Lehigh Valley Physician Group*

6649 Chrisphalt Drive

Suite 103

Bath, PA 18014-8500

Phone: 484-287-1111 Fax: 484-287-1117

***Change of Primary Address***

**Bruce G. Thorkildsen, MD**

Northern Valley Primary Care

St. Luke's Physician Group

2490 Schoenersville Road

Allentown, PA 18109-9501

Phone: 484-526-7255 Fax: 610-261-2187

***Resignations***

**Bryan T. Burke, MD**

Department of Medicine

Division of General Internal Medicine

Section of Hospital Medicine

(LVPG Hospital Medicine at Cedar Crest)

Provisional Active

**Michelle L. Gardecki, MD**

Department of Medicine

Division of Neurology

(Lehigh Neurology)

Active

**Puneet Gupta, MD**

Department of Pediatrics

Division of Pediatric Subspecialties

Section of Gastroenterology

(Pediatric Specialists of the Lehigh Valley)

Active

**Peter F. Rovito, MD**

Department of Surgery

Division of General Surgery

Active

**Annette Vazquez-Aran, MD**

Department of Pediatrics

Division of General Pediatrics

(ABW Pediatric Associates)

Active

*Continued on next page*



**Resignations – Effective 6/30/2014**

**Rajeev K. Arora, MD**

Department of Surgery  
Division of Colon and Rectal Surgery  
(Rajeev K. Arora, MD, FASCRS, PC)  
Active

**Frank G. Baloh, MD**

Department of Surgery  
Division of Ophthalmology  
(Lehigh Valley Eye Center, PC)  
Active

**J. Alberto Bastidas, MD**

Department of Surgery  
Division of Plastic Surgery/Hand Surgery  
(Amin-Bastidas Center for Plastic & Cosmetic Surgery)  
Active

**Jaime A. Bastidas, MD**

Department of Surgery  
Division of Plastic Surgery  
(Amin-Bastidas Center for Plastic & Cosmetic Surgery)  
Active

**Charles E. Campbell, MD**

Department of Surgery  
Division of Ophthalmology  
Active

**Thomas J. Czajkowski, MD**

Department of Family Medicine  
Active

**William T. DeFeo, DPM**

Department of Surgery  
Division of Podiatric Surgery  
(DeFeo and Lilly, PC)  
Active

**Dennis J. Giangiulio, MD**

Department of Medicine  
Division of Hematology-Medical Oncology  
(St. Luke's Hematology Oncology)  
Active

**Stephen J. Ksiazek, MD**

Department of Medicine  
Division of Cardiology  
(Coordinated Health)  
Active

**Howard J. Kushnick, MD**

Department of Surgery  
Division of Ophthalmology  
(Lehigh Valley Eye Center, PC)  
Active

**Frank P. Matrone, DO**

Department of Family Medicine  
Affiliate

**Antoine J. Panossian, DMD, MD**

Department of Surgery  
Division of Oral and Maxillofacial Surgery  
(Panossian Facial and Cosmetic Surgery, LLC)  
Active

**Maria A. Ramos, MD**

Department of Pediatrics  
Division of General Pediatrics  
(ABW Pediatric Associates)  
Active

**Iqbal Sorathia, MD**

Department of Medicine  
Division of General Internal Medicine  
(Northern Valley Primary Care)  
Active

**Bruce G. Thorkildsen, MD**

Department of Medicine  
Division of General Internal Medicine  
(Northern Valley Primary Care)  
Active

**Eric A. Wolfe, DPM**

Department of Surgery  
Division of Podiatric Surgery  
(Hellertown Family Foot Care)  
Active

*Continued on next page*

## Allied Health Staff

### New Appointments



**Diane E. Knudsen, CRNP, DHA**

*Certified Registered Nurse Practitioner*  
LVPG Family and Internal Medicine - Bath  
*Lehigh Valley Physician Group*  
6649 Chrisphalt Drive  
Suite 103  
Bath, PA 18014-8500  
Phone: 484-287-1111 Fax: 484-287-1117  
Supervising Physician – Patricia A. deAngelis, MD



**Nicholas R. Lambros, CRNA**

*Certified Registered Nurse Anesthetist*  
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



**Michael S. Martin**

*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



**Joseph P. Petzold, CCP, MHA**

*Perfusionist*  
Keystone Perfusion Services, PC  
P.O. Box 161  
Mountain Top, PA 18707-0161  
Phone: 800-407-1198 Fax: 888-290-7095  
Supervising Physician – Timothy S. Misselbeck, MD



**Kelly L. Schillinger, CRNP**

*Certified Registered Nurse Practitioner*  
Hamburg Family Practice  
*Lehigh Valley Physician Group*  
700 Hawk Ridge Drive  
Hamburg, PA 19526-9219  
Phone: 610-562-3066 Fax: 610-562-3125  
Supervising Physician – Michelle Henning, DO

### Changes of Practice

**Michael D. Figard, PA-C**

Health Information Management/CDIP  
Health Information Management  
Cedar Crest & I-78, PO Box 689  
Allentown, PA 18105-1556  
Phone: 610-402-5809 Fax: 610-402-8322

**Courtney L. Smith, CRNP**

From: Internal Medicine of the Lehigh Valley  
To: Careworks  
*Lehigh Valley Physician Group*  
365 S. Cedar Crest Blvd.  
Allentown, PA 18103-3600  
Phone: 484-664-2046 Fax: 484-664-2047

### Correction to Change of Practice

**Brenda B. Martin, CRNP**

(Incorrectly reported change to LVPG Primary Care – Lehigh Valley)  
Will remain: Moorestown Family Medicine  
*Lehigh Valley Physician Group*  
586 Moorestown Drive  
Bath, PA 18014-9713  
Phone: 610-746-2010 Fax: 610-746-2060

### Additional Supervising Physicians

**Deborah R. Miller, CRNP**

Certified Registered Nurse Practitioner  
(ABC Family Pediatrics – Moshe K. Markowitz, MD)  
Addition of: Scott A. Rice, MD Pediatrics – Scott A. Rice, MD  
ABC Family Pediatrics – Debra L. Carter, MD

**Kathryn A. Sumner, CRNP**

Certified Registered Nurse Practitioner  
(Lehigh Neurology – Gary W. Clauser, MD)  
Addition of: Pulmonary Associates of LVPG – Matthew M. McCambridge, MD

Continued on next page

*Continued from Page 18*

**Michelle M. Trzesniowski, CRNP**

Certified Registered Nurse Practitioner

(Muhlenberg Primary Care – James T. McNelis, DO)

Addition of: Pulmonary Associates of LVPG – Matthew M. McCambridge, MD

**Change of Supervising Physician**

**Susan A. Dreher, RN**

Registered Nurse

(LVPG-Pediatric Surgery)

From: Chris CN Chang, MD

To: Anthony J. Georges, MD

**Michael D. Figard, PA-C**

Physician Assistant-Certified

From: Allentown Anesthesia Associates, Inc. – Lisa A.

Keglovitz, MD

To: Health Information Management/CDIP – John P. Pettine, MD

**Removal of Supervising Physician and Group**

**Carol K. Carbone, CRNP**

Certified Registered Nurse Practitioner

(Anticoagulation Management Service – Bruce A. Feldman, DO)

Removal of: Lehigh Neurology – John E. Castaldo, MD

**Randi L. Shupp, PA-C**

Physician Assistant-Certified

(LVPG-Emergency Medicine – Jacob N. Erickson, MD)

Removal of: OAA Orthopaedic Specialists – Jeffrey R. McConnell, MD

**Resignations**

**Ann Marie Miller**

Certified Genetic Counselor

(Cancer Risk and Genetic Assessment Program – Nicole M. Agostino, DO, Philip M. Monteleone, MD, and Matthew W. Martinez, MD)

**Krystle M. Wood, PA-C**

Physician Assistant-Certified

(Northern Valley Primary Care – Iqbal Sorathia, MD)

## CHANGES TO MEDICAL STAFF BYLAWS AND RULES AND REGULATIONS

*The following revisions to the Medical Staff Bylaws received approval by the Medical Executive Committee on January 7, 2014, the General Medical Staff on March 10, 2014, and the Boards of Trustees of Lehigh Valley Hospital and Lehigh Valley Hospital-Muhlenberg on May 7, 2014.*

**ARTICLE II - PURPOSES AND RESPONSIBILITIES**

**SECTION B - RESPONSIBILITIES**

**2. Each member of the Medical Staff shall:**

~~(c) Participate in an organized health care arrangement through the Medical Staff with Lehigh Valley Hospital and Lehigh Valley Hospital-Muhlenberg and adopt a single notice of privacy practices to cover the use and disclosure of protected health information while a patient is treated on the premises of the hospitals.~~

~~(h)~~ (g) At all times act in accordance with the Hospitals' safety plan(s).

~~(h)~~ (h) Participate and cooperate with the Hospital's charitable mission and to reasonably attend to patients who do not have the ability to pay for their medical care.

**ARTICLE XI - OFFICERS AND COMMITTEES**

**SECTION B - COMMITTEES**

**3. Purposes, Duties, and Membership:**

**c. Cancer Committee:**

**(ii) Duties:**

I. Conduct business meetings **quarterly each**  
~~at least six times a year.~~

**n. ~~Medical Advisory Committee~~ Network Priorities Performance & Improvement Committee:**

(i) Purpose: ~~Provide liaison between the Lehigh Valley Health Network and those members of the Medical Staff whose primary clinical activity takes place~~ **To identify and intercede, as necessary, in matters impacting patient care, professional staff, quality issues and performance at the LVH-M site.**

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(ii) Duties:

- A. Evaluate issues of concern ~~relating to those members of the Medical Staff whose primary clinical activity is at the LVH-M in any of the areas cited above and effect appropriate intervention through the empowerment of multidisciplinary teams.~~

(iii) Membership:

- A. The composition of this Committee shall include: **Assistant Chief Medical Officer; ~~Medical Director LVH-M; Chief Medical Officer; Senior Vice-President Operations; Senior Vice President Physician Network Development; Vice-President Medical Staff Services; Administrator Patient Care Services; Senior Vice President Quality and Patient Safety; Vice Chair of Department of Medicine LVH-M; Vice Chair Department of Surgery LVH-M; Unit Directors from Department of Nursing and additional representatives appointed by the Assistant CMO as deemed appropriate for the good of the order. Director of Case Management LVH-M; Administrator of Clinical Services LVH-M. Additionally, representatives with major clinical activity at LVH-M shall be selected by the President of the Medical Staff following consultation with the Medical Director and the Chair of the Department.~~**

*The following revisions to the Medical Staff Bylaws received approval by the Medical Executive Committee on February 4, 2014, the General Medical Staff on March 10, 2014, and the Boards of Trustees of Lehigh Valley Hospital and Lehigh Valley Hospital-Muhlenberg on May 7, 2014.*

ARTICLE IV - CATEGORIES OF THE MEDICAL STAFF

SECTION A - THE MEDICAL STAFF

1. The Medical Staff consists of the following categories: Active, Affiliate, **Emeritus**, Limited Duty, and Medical Administrative. The Active, Affiliate, **Emeritus**, Limited Duty and Medical Administrative categories shall have a Provisional status. Appointment to each category of the Medical Staff will be made by the Governing Bodies based on the recommendations of the Credentials Committee and the Medical Executive Committee. All members of the Staff shall be assigned to a specific department, and where appropriate, to a division and/or section.

2. PROVISIONAL STATUS

- (a) All new appointments to the Active, Affiliate, **Emeritus**, Limited Duty and Medical Administrative categories shall be placed in a Provisional status for a minimum period of twelve (12) months. During the Provisional period, the member's performance and clinical competence shall be evaluated by the Chair of the Department and the Chief of the division or section to which the member is assigned. All members with Provisional status, regardless of specialty, shall be proctored. Each department, division or section shall establish proctoring protocols. Based upon this evaluation, and upon the recommendation of the Chair of the Department, the Provisional period of any practitioner may be extended to a maximum period of twenty-four (24) months. The decision to extend a practitioner's Provisional status shall not entitle the member to the provisions of the Fair Hearing and Appellate Review Process.
- (b) At least two (2) months prior to the end of the Provisional period, the member will receive a reminder from the Office of Medical Staff Services in the form of a reappointment application that his or her Provisional status is coming to an end. The member shall be instructed that he or she must request Active, Affiliate, **Emeritus**, Limited Duty and Medical Administrative status, as appropriate. Such request shall be made by the submission of a reappointment application to the Credentials Committee through the Office of Medical Staff Services. A request for movement from Provisional status shall be considered by the Credentials Committee only after receiving a recommendation from the Chair of the department to which the practitioner is assigned.

SECTION F – THE EMERITUS STAFF

1. The Emeritus Staff shall be appropriate for those practitioners who have been long-standing members of the Active Staff of the Hospitals and/or have made other significant academic or other contributions to the Hospitals. Emeritus Staff members are appointed to the Emeritus Staff and to a specific Department by recommendation of the Department Chair and Medical Staff President to the Medical Executive Committee with final approval by the Boards of Trustees. These individuals will not be permitted to treat patients or otherwise provide services except as specifically set forth in an applicable Volunteer Clinical Services Agreement.

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2. Emeritus Staff Members shall:
  - (a) Have malpractice insurance coverage provided by LVHN.
  - (b) Have a current Pennsylvania medical/dental license.
  - (c) Be subject to the Hospital Staff Development Plan and not be permitted to move into any other category of the Medical Staff without reapplying de novo.
3. Emeritus Staff members may:
  - (a) Not serve on any Committee of the Medical Staff but may be appointed as an adjunct without vote at the discretion of the President.
  - (b) Not vote at Medical Staff meetings (including Department, Division, etc.).
  - (c) Not hold office on the Medical Staff.
4. Emeritus Staff members are exempt from the dues and board certification requirements of these Bylaws.
5. Departmental/Divisional annual activity requirements may be waived or modified by the Department Chair as described in the Volunteer Clinical Services Agreement.
6. Emeritus Staff members will voluntarily relinquish their membership upon termination of an applicable Voluntary Clinical Services Agreement. That relinquishment shall not be subject to review under the Fair Hearing and Appellate Review Process.

*The following revisions to the Medical Staff Bylaws received approval by the Medical Executive Committee on March 4, 2014, the General Medical Staff on March 10, 2014, and the Boards of Trustees of Lehigh Valley Hospital and Lehigh Valley Hospital-Muhlenberg on May 7, 2014.*

## MEDICAL STAFF BYLAWS

### PREAMBLE

~~WHEREAS, Lehigh Valley Hospital is a non-profit corporation organized and existing under the laws of the Commonwealth of Pennsylvania with its principle offices located at 1200 S. Cedar Crest Boulevard, Allentown, PA 18103,~~

~~WHEREAS, Lehigh Valley Hospital-Muhlenberg is a non-profit corporation organized and existing under the laws of the Commonwealth of Pennsylvania with its principle offices located at 2545 Schoenersville Road, Bethlehem, PA 18017,~~

WHEREAS, Lehigh Valley Hospital and Lehigh Valley Hospital-Muhlenberg are non-profit subsidiaries of Lehigh Valley Health Network;

WHEREAS, as of January 6, 1999, the Medical Staffs of Lehigh Valley Hospital and Lehigh Valley Hospital-Muhlenberg have established a Medical Staff in order to ~~encourage~~ **establish** a uniform and consistent standard of credentialing and care throughout Lehigh Valley Health Network;

~~WHEREAS, Fairgrounds Surgical Center is an ambulatory surgical center organized and existing under the laws of the Commonwealth of Pennsylvania with its principle office located at 400 North 17<sup>th</sup> Street, Suite 300, Allentown, PA 18104,~~

WHEREAS, the Medical Staff of Fairgrounds Surgical Center has converged with and has been subsumed by the Medical Staff of Lehigh Valley Health Network in order to ~~achieve~~ **further support** a uniform and consistent standard of credentialing and care ~~to meet the overall health and medical needs of the patients and communities, which they serve,~~ **throughout Lehigh Valley Health Network;**

WHEREAS, it is understood that any member of the Active Staff of Fairgrounds Surgical Center, who is not already a Member of the Medical Staff of Lehigh Valley Health Network, on November 3, 2011, shall also be considered an Active Member of the Medical Staff of Lehigh Valley Health Network as of November 3, 2011;

WHEREAS, it is recognized that the Medical Staff of Lehigh Valley Health Network is, in part, responsible for the quality of health care in the Hospitals and must accept and discharge this responsibility, subject to the ultimate authority of the Hospitals' Governing Bodies, and that the cooperative efforts of the Medical Staff, the Chief Executive Officer, and the Governing Bodies of each Hospital are necessary to fulfill the Hospitals' obligations to their patients; and

NOW, THEREFORE, the physicians, dentists and podiatrists practicing in the Hospitals hereby organize themselves into a common medical staff in conformity with these Bylaws, Rules and Regulations. Except as otherwise noted in these Bylaws, any decision or recommendation made pursuant to these Bylaws which could have an affect on the Medical Staff membership or privileges of a practitioner shall be considered to affect the practitioner's Medical Staff membership and privileges at both Lehigh Valley Hospital and Lehigh Valley Hospital-Muhlenberg. In that regard, the Board of Trustees of Lehigh Valley Hospital and the Board of Trustees of Lehigh Valley Hospital-Muhlenberg shall both address any issue involving the membership, credentialing or privileges of any practitioner governed by these Medical Staff Bylaws.

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## DEFINITIONS

- J. The term **“Hospital”** or **“Hospitals”** means **one or more of Lehigh Valley Hospital and Lehigh Valley Hospital-Muhlenberg, providing hospital services at 2545 Schoenersville Road, Bethlehem, PA.** The term **“Hospital”** means either one of these Hospitals: **(and in some instances and contexts Fairgrounds Surgical Center and LVHN Surgery Center - Tilghman).**
- L. The term **“Lehigh Valley Hospital”** or **“LVH”** means the hospitals located at 1200 S. Cedar Crest Boulevard, Allentown, PA 18103 and 17th and Chew Streets, Allentown, PA 18102 **and Lehigh Valley Hospital - Tilghman** and other healthcare facilities related to that Corporation.
- N. The term **“LVHN Surgery Center - Tilghman”,** means the ambulatory surgical center located at **4825 West Tilghman Street, Allentown, PA 18104.**
- ~~NO.~~ The term **“Fairgrounds Surgical Center”** or **“FSC”** means the ambulatory surgical center located at 400 North 17<sup>th</sup> Street, Suite 300, Allentown, PA 18104.
- ~~OP.~~ The term **“Medical Record”** means the electronic and paper documentation pertaining to the medical services rendered to a patient on an inpatient or outpatient basis.
- ~~PQ.~~ The term **“Medical Staff Year”** means the twelve (12) month period beginning July 1 and ending June 30 of the following calendar year.
- ~~QR.~~ The term **“Organized Health Care Arrangement”** means a clinically integrated care setting in which individuals typically receive health care from more than one health care provider, i.e., a hospital and members of its medical staff. Participants in an organized health care arrangement may develop a joint privacy notice as mandated by the Health Insurance Portability and Accountability Act’s Standards for Privacy of Individually Identifiable Health Information (45 CFR Parts 160 and 164).
- ~~RS.~~ The term **“Incident”** means an event, occurrence or situation involving the clinical care of a patient in a medical facility which could have injured the patient but did not either cause an unanticipated injury or require the delivery of additional health care services to the patient. The term does not include a serious event (for purposes of Rules & Regulations).
- ~~ST.~~ The term **“Serious Event”** means an event, occurrence or situation involving the clinical care of a patient in a medical facility that results in death or compromises patient safety and results in an unanticipated injury requiring the delivery of additional health care services to the patient (for purposes of Rules & Regulations).

- ~~TU.~~ The term **“Resident”** means individuals in programs approved by the Division of Education serving in a medical, dental or osteopathic residency or fellowship programs approved by the Accreditation Council for Graduate Medical Education (ACGME), American Osteopathic Association or the American Dental Association.
- ~~UV.~~ The term **“written notice”** means notification sent by one (1) of the following four (4) methods: in person; fax; U.S. Mail; or LVHN Electronic Mail.
- ~~VW.~~ The term **“LVHN Electronic Mail”** means any electronic mail in which the sender is identified as **“Medical Staff Services”**.

## ARTICLE XI – OFFICERS AND COMMITTEES

### SECTION B - COMMITTEES

- w. Therapeutics Committee:
- (i) Purpose: Serve as a policy making group with regard to all aspects of the medication use ~~at within the Network LVHN and it also serves to maintain the Formulary.~~
  - (ii) Duties:
    - A. Develop or approve policies and procedures relating to medication use and therapeutics.
    - B. **Manage** Hospital Formulary ~~Management.~~
    - C. Review all significant adverse drug reactions **and develop actions if necessary.**
    - D. Monitor and evaluate drug usage for the purpose of identifying opportunities to improve use, ~~prevent problems,~~ and provide safe and effective therapy at the lowest reasonable cost (~~pharmacoeconomics~~).
    - ~~E. Participate, as appropriate, required in the quality assessment and credentialing processes.~~
    - ~~EF.~~ Prepare and submit written reports of the committee’s findings, conclusions, recommendations and actions to the Medical Staff through the Medical Executive Committee as well as directly to the Medical Staff and others via the Therapeutics Committee Newsletter (**Therapeutics at a Glance**).
    - ~~G. Represent specific areas of interest, specialty and expertise.~~
    - ~~FH.~~ Review decisions at ~~Section and Department subcommittee~~ meetings.
    - ~~GI.~~ Declare potential conflict of interest issues which could unduly influence decision making.

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- ~~HJ~~ Insure that processes related to the use of blood and blood components are designed well, measured and improved over time. Blood use processes related to ordering, distributing, handling, dispensing, administering, and blood and blood components effects on patients are measured and results are reported through the Therapeutics Committee on a quarterly basis.
- (iii) Membership:
- A. **Members of the Committee and Subcommittees represent specific areas of interest, specialty and expertise.** Membership ~~will~~ includes a sufficient number of physicians representing key specialties to assure broad representation of the Medical Staff, **LVPG Medication Safety Team member, Medical Residents, Pharmacy Administration and Pharmacy Practice Residents (non-voting), Clinical Pharmacy Specialist, Health Spectrum Pharmacist, Clinical Dietitian, Risk Management, Advanced Practice Clinician, Pharmacy Informatics (non-voting), Information Services, a Nursing Director** (liaison to Pharmacy), and ~~other appropriate disciplines~~ **Members from each of the following subcommittees: Transfusion, Nutrition Quality Control Counsel, Antimicrobial Stewardship, Anticoagulation Stewardship, Pharmacy Infusion, and Quality Assurance in Radiation Medicine (QARM).** The Chair/Co-Chair person shall be **appointed by the President of the Medical Staff, and approved by the Medical Executive Committee.** ~~a physician and~~ **The** Secretary shall be the Pharmacy Administrator/**Director.** The Chief Medical Officer, the **Hospital** CEO, Senior VP of Patient Care Services and the President of the Medical Staff shall be Ex-Officio members.

*The following revisions to the Medical Staff Rules and Regulations received approval by the Medical Executive Committee on March 4, 2014, the General Medical Staff on March 10, 2014, and the Boards of Trustees of Lehigh Valley Hospital and Lehigh Valley Hospital-Muhlenberg on May 7, 2014.*

## Part II

### MEDICAL STAFF RULES AND REGULATIONS

#### H. RECORDS

##### I. General

##### 2. (a) History and Physical Examination Reports

- (iv) **Criteria for Performance of Ambulatory Surgery at Fairgrounds Surgical Center and LVHN Surgery Center - Tilghman** on Pediatric Patients – The medical record shall include documentation that the child's primary care provider was notified by the surgeon in advance of the performance of a procedure in an ambulatory surgical facility. Documentation should also show that an opinion was sought from the primary care provider regarding the appropriateness of the use of the facility for the proposed procedure. When such an opinion from the child's primary care provider is not obtainable, the medical record shall include documentation which explains why such an opinion could not be obtained.

## *Medical Staff Services Office*

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*President, Medical Staff*

Jarret R. Patton, MD  
*President-elect, Medical Staff*

Matthew M. McCambridge, MD  
*Past President, Medical Staff*

John W. Hart  
*Vice President, Medical Staff Services*

Janet M. Seifert  
*Coordinator, Communications & Special Events*  
*Managing Editor*

## *Medical Executive Committee*

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Anthony G. Auteri, MD

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Ravindra Bollu, MD

Daniel F. Brown, MD, MBA

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Carmine J. Pelloso, DO, MPH, MBA

Debbie Salas-Lopez, MD, MPH

Ronald W. Swinfard, MD

Pat Toselli, DO

Thomas V. Whalen, MD

S. Clarke Woodruff, DMD

James K. Wu, MD

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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](mailto: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.*