

Progress Notes

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

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LVHN HOLDS FIRST-EVER “MATCH DAY”

On Friday, March 20, the first graduating class of the SELECT medical school program, a partnership of the University of South Florida (USF) Health Morsani College of Medicine in Tampa, Fla., and Lehigh Valley Health Network (LVHN) learned their residency assignments during LVHN's first-ever “Match Day.” A total of eight fourth-year medical students participated in the LVHN event, two students were unable to attend and an additional six SELECT students learned their matches at USF Health Morsani College of Medicine campus in Tampa.

Match Day is the result of months of preparation that includes applications and interviews with potential medical residency programs. Students rank their preferred programs by submitting a rank order list (ROL) to the National Resident Matching Program (NRMP). Residency program directors rank preferred candidates and also submit a ROL of students they are willing to train. The lists are aggregated by NRMP and the binding results revealed at noon on Match Day.

“Match Day is the culmination of our students’ educational journey,” said SELECT Assistant Dean of Student Affairs, Michael J. La Rock, MD. “NRMP’s residency decisions are binding, so these assignments have a big impact on the careers of these young doctors.”

With so much at stake, Match Day is a much-anticipated celebration that includes more than a few butterflies for the graduates-to-be. Students, their guests, medical school faculty, staff and leaders from LVHN pulsed to the “Rocky” theme, and ate regional favorites like Philly cheese steaks, pretzels and pierogies while waiting for the big envelope reveal. A raffle prize that included Lehigh Valley IronPigs baseball and Lehigh Valley Phantoms hockey merchandise was awarded to the last student to open an envelope in keeping with tradition.

“‘Pennsylvania’ is an appropriate theme for our first-ever Match Day,” Dr. La Rock said. “We’re committed to producing well-rounded doctors who have the intellectual perspective, empathy, creativity and passion to become the next generation of medical leaders. We’re hopeful some of them will return to Pennsylvania and the Lehigh Valley in their future careers.”

The SELECT medical school program has been hailed as the educational model of the future by leaders at The Association of American Medical Colleges (AAMC). The program emphasizes leadership, emotional intelligence and a culture of teamwork as a pathway to deliver collaborative, compassionate and patient-centered care. The innovative curriculum includes two years of classroom learning in Tampa, followed by two years of clinical training at LVHN. Students participate in integrated clerkships, research experiences and intensive small-group and one-on-one coaching from medical faculty.

“SELECT is based on the core competencies we believe our leaders of tomorrow will need to succeed,” said Associate Dean of SELECT, Robert D. Barraco, MD, MPH. “Over the past four years, these young doctors have received coaching and built the professional networks needed to drive reform in medicine and health care. Their future looks bright.”

AT-LARGE MEMBERS NEEDED FOR MEDICAL EXECUTIVE COMMITTEE

The LVHN Medical Staff Nominating Committee is currently soliciting nominations for four at-large seats on the Medical Executive Committee, each for a three-year term beginning July 1, 2015.

Nominations should be submitted in writing or by email to Joseph E. Patruno, MD, Chair of the Nominating Committee, via the Medical Staff Services office, LVHN-One City Center – 9th Floor, or to John W. Hart, Senior Vice President, Medical Services, LVHN-One City Center – 9th Floor. All nominations must be submitted by **Friday, May 8, 2015**.

If you have any questions regarding these nominations, please contact Dr. Patruno or Mr. Hart at 484-862-3223.

SENIOR MANAGEMENT TEAM RESTRUCTURING ANNOUNCED

As LVHN begins to roll out its strategic plan, several changes within the senior management structure have been made. These changes do not add new positions, nor are they adding extra layers of management. Instead, they are streamlining reporting structures and responsibilities to provide better focus and agility in leading LVHN through the challenges of health care reform.

Among the changes include:

Thomas Whalen, MD, MMM, will now hold the title of executive vice president and chief medical officer (CMO). Dr. Whalen has served as CMO since 2011. His new title best reflects his skills and position within the network.

To support Dr. Whalen, three associate chief medical officers have been appointed. These positions will have distinct but connected responsibilities in furthering our strategic vision for LVHN to become a leader in population health management.

Michael Rossi, MD, MBA, will serve as one of the associate CMOs. In this new role, he will be responsible for the Lehigh Valley Health Network Accountable Care Organization (LVHNACO) while maintaining his responsibilities with Lehigh Valley Physician Group (LVPG), where he will continue to serve as president. In addition, all of the clinical chairs will now report directly to Dr. Rossi to further enhance the alignment and operations of LVPG. The ability of any ACO to successfully accept clinical and financial risk requires leadership and engagement from its provider base. This move aligns and positions our provider infrastructure to better execute during these evolving times.

Robert X. Murphy, Jr., MD, MS, also will serve as an associate CMO. In this role, he will be appointed to the role of CMO for our new health plan company, Populytics, while maintaining his current responsibilities for medical affairs at LVH–Muhlenberg. In addition, Dr. Murphy will provide oversight of medical affairs at LVH–Hazleton, as well as other evolving inter-hospital relationships. The successful execution of new payment strategies will require aligned provider networks and strong clinical input to deliver superior health plan alternatives. This move will strengthen LVHN's position with insurers, employers and other physician networks in the region.

Debbie Salas-Lopez, MD, MPH, also will serve as an associate CMO. In her new role she will oversee LVHN's patient-centered medical homes (PCMHs), care management infrastructure, telehealth programming and community health assets and relationships. Dr. Salas-Lopez will lead LVHN's clinical integration efforts across the network and with external stakeholders to drive innovation and care delivery transformation related to LVHN's vision for leadership in population health management. Her work will occur at the intersection of population health analytics and the provider-patient interface; building a rational care management platform and customizing care pathways to improve health and reduce costs.

As Dr. Salas-Lopez moves into her new position, **Tim Friel, MD**, will become the acting chair of the department of medicine. Dr. Friel has been a trusted LVHN physician since 1999. He became clinical director of the AIDS Activities Office in 2002 and its medical director in 2009. Most recently, he served as the medical director of the Mark J. Young Community Health and Wellness Center and as the vice chair of research and the 17th Street campus for the department of medicine.

In addition, **Jeff Etchason, MD**, now will serve as president of the LVHNACO. In this role, he will report directly to Dr. Rossi. During his tenure at LVHN, Dr. Etchason established the network office of research and innovation (NORI) and successfully led LVHN's exploration of population health analytics, securing the Optum platform and leading to LVHN's founding membership in Optum Labs. Most recently, Dr. Etchason has served LVHN as senior vice president, health systems research and innovation, where he and his team successfully navigated the enormous task of having LVHN achieve the designation of Medicare Shared Savings Program ACO by the Centers for Medicare & Medicaid Services.

In addition to the changes listed above, important changes on the operations side involving the domain of the chief operating officer (COO) have been announced. Among the changes include:

Terry Capuano, RN, will now hold the title executive vice president and chief operating officer. A trusted colleague for more than 25 years, Terry has served as COO since 2010, and prior to that served as senior vice president of clinical services. Her new title best reflects her skills and position within the network.

To support Mrs. Capuano, president positions have been established at each hospital facility (LVH, LVH–Muhlenberg and LVH–Hazleton). These presidents will report directly to Mrs. Capuano and will have responsibility for all operations under those hospital licenses, including fiscal responsibilities.

Continued on next page

The president of LVH will be responsible for LVH–Cedar Crest and LVH–17th Street, as well as the women’s and children’s service line, including Children’s Hospital at LVH. This particular role is not a new position; the former senior vice president of ambulatory services position has been adapted to provide greater focus on these important assets. The president of LVH position is not yet filled. A search will be initiated in the ensuing weeks. In the interim, all operations issues will continue to be addressed to the appropriate senior vice president according to function.

At LVH–Muhlenberg, the title for **Jim Geiger** will change from senior vice president of operations to president of LVH–Muhlenberg. Mr. Geiger has been a valued leader here since 2001 and has previously served as senior vice president of operations and as the vice president of ambulatory services.

John Fletcher will continue to serve as president of LVH–Hazleton, a position he has held since last January. Prior to that, Mr. Fletcher had served as the chief operating officer of the former Greater Hazleton Health Alliance.

Also reporting to Mrs. Capuano will be **Sue Lawrence**, who will serve as senior vice president of operations. In this role, she will be responsible for post-acute care services, including inpatient and outpatient rehabilitation, home care and hospice, case management, patient access, patient logistics and guest relations. Mrs. Lawrence joined LVHN in 1985 and most recently served as senior vice president of the care continuum.

Keith Weinhold will continue to report to Mrs. Capuano as senior vice president of service lines. In this role, he will continue to be responsible for the cancer, cardiac, trauma/burn, neuroscience and orthopedic/sports medicine service lines as well as LVHN–Tilghman, LVHN’s Center for Orthopedic Medicine. Mr. Weinhold joined LVHN in 2006, serving as vice president of the cancer center before moving to his senior vice president role in 2010.

Additionally, the following senior management team members will continue to report to Mrs. Capuano:

- **Anne Panik**, senior vice president and chief nursing officer
- **Debby Patrick**, senior vice president, human resources
- **Brian Hardner**, vice president of facilities, construction and real estate
- **Glenn Guanowsky**, vice president, legal services

Following are the changes which will occur within the domain of the senior vice president of patient care services and chief nursing officer (CNO). These are not new positions; they represent streamlined reporting structures and responsibilities.

- **Anne Panik, RN**, will continue to serve as senior vice president of patient care services and chief nursing officer, a role in which she has served since 2010. Her position will continue to provide senior leadership for patient care services at all LVHN facilities.
- **Jackie Fenicle, RN**, will now hold the title of vice president of patient care services for the LVH-Muhlenberg facility. This title better reflects not only her oversight responsibility for patient care services, but also her role as a member of the LVH-Muhlenberg facility leadership team, working in collaboration with the facility’s president. She will continue to report to Mrs. Panik.
- **Marie (Kim) Jordan, RN**, will now hold the title of vice president of patient care services for the LVH-Cedar Crest facility and the 17th Street Emergency Department. This title better reflects not only her oversight responsibility for patient care services, but also her role as a member of the LVH-Cedar Crest facility leadership team, working in collaboration with the facility’s future president. She will continue to provide oversight for the medical-surgical inpatient units at Cedar Crest and for the Tilghman Inpatient Unit. She will continue to report to Mrs. Panik.

Administrators for the remaining LVH-Cedar Crest divisions (Women & Children, Cardiovascular/Respiratory, and Trauma/Burn/Neuro/ED) will now report directly to Mrs. Jordan.

- **Carolyn Davidson, PhD, RN**, will assume administrator oversight responsibility for the medical-surgical intensive care units at the Cedar Crest site (2K-MICU/SICU and 2KSouth). She will continue to report to Mrs. Panik.
- **Patient Logistics** (Bed Management and Patient Transport) will now report to Susan Lawrence, senior vice president of operations.

If you have any questions regarding these changes, please contact Marion Nole, Executive Assistant to the President, at 610-402-7505.

LVHN COMPREHENSIVE STROKE CENTER UPDATE

New Data Show Endovascular Therapy Dramatically Improves Stroke Outcomes

The Comprehensive Stroke Center is pleased to share the results of three pivotal studies on the interventional management of acute ischemic stroke that were presented at the recent International Stroke Conference. The ESCAPE, EXTEND-IA, and SWIFT PRIME studies provide overwhelming support for the use of endovascular thrombectomy procedures in the setting of acute stroke, confirming the results of the previously published MR CLEAN trial, which showed that endovascular thrombectomy significantly improves the outcome after ischemic stroke with dramatic improvements in patient outcomes.

Two of these new trials, Endovascular Treatment for Small Core and Proximal Occlusion Ischemic Stroke (ESCAPE) and EXTEND-IA, were halted early due to overwhelmingly positive results in favor of interventional therapy.

Although tPA remains the standard of care, these studies now confirm that endovascular thrombectomy should be considered in all patients with large vessel occlusions in the anterior circulation, even if tPA has been administered. Significantly more patients achieved functional independence after mechanical thrombectomy than by following the standard of care alone (ESCAPE: 53% vs. 29%; EXTEND-IA: 71% vs. 40%; SWIFT PRIME 60% vs. 36%).

Endovascular stroke therapy has been performed at Lehigh Valley Health Network since 1998 with the introduction of intra-arterial tPA, and advanced in 2004 with the introduction of the first mechanical clot retrieval device. Since that time, the practice has continued to evolve to include the latest devices and techniques available, and the stroke triage system is optimized to take patients through the appropriate diagnostic testing and treatment modalities as safely and rapidly as possible. LVH-Cedar Crest sees an average of 1,800 stroke patients per year. With these measures in place, about 70 patients receive endovascular therapy. This ranks LVH-Cedar Crest as the second highest performer of endovascular stroke treatment in the entire mid-Atlantic region.

Indeed, LVHN has been a leader in the community providing cutting edge endovascular treatment for both ischemic and hemorrhagic stroke. Members of the Comprehensive Stroke Center and Neurointerventional Radiology team are always available to discuss these new findings.

For more information or if you have any questions, please contact Kenneth Reichenbach, nurse practitioner, Stroke Center and Neurointerventional Radiology, at 610-402-9354 or via email at kenneth.reichenbach@lvhn.org.



LVHN DIGITAL LIBRARY

Natural Standard and Natural Medicine have merged and are now called *Natural Medicines*. *NATURAL MEDICINES* is now the most authoritative resource available on dietary supplements, natural medicines, and complementary alternative and integrative therapies. Following are some of the features included:

- Clinically relevant, bottom-line-focused information and ratings in our evidence-based monographs. In-depth evidence tables sourced from both databases and expert resources.
- Over 90,000+ commercial products including product data and evidence-based NMBER® rating system.
- Interaction Checker includes interactions between all drugs and 90,000+ commercial dietary supplements and natural ingredients.
- Pregnancy and Lactation Checker and Adverse Effects Checker.

- Effectiveness Checker and Comparative Effectiveness Charts.
- Patient handouts available in English, Spanish, and French.
- Free CE.
- Natural MedWatch.
- Additional databases including hundreds of topics on Health and Wellness and Sports Medicine.

Natural Medicines is accessible anywhere within the network, through WebSSO, the mobile library website, and Centricity Enterprise. To access **Natural Medicines**, go to **Find Fast/Library Services**.

If you have any questions regarding this topic or any other library resources, please contact Library Services at 610-402-8410.

MANDATORY CHILD ABUSE TRAINING FOR LICENSED STAFF

As many of you are aware, the Department of Human Services and Department of State now require mandated child abuse reporters, in accordance with Act 31, to complete child abuse recognition and reporting training.

If you are applying for or hold a current license or certification through a Department of State licensing board, you are required to complete a state-approved training program per license cycle prior to your renewal. Otherwise, the Department of State will not issue your license.

Current license holders renewing their licenses after December 31, 2014 must complete a two-hour training course. Individuals applying for a new license must complete a three-hour training course. Training courses can be either live, face-to-face education or online eLearning. The trainer provider will submit your attendance information directly to the Department of State.

There are two options for obtaining the required training:

1. Through external providers: The online training program provided by the Pennsylvania Child Welfare Resource Center through the University of Pittsburgh is **recommended**. There is no cost for the training and can be completed at any time. **Registration for the online course is available at www.reportabusepa.pitt.edu.**

- A list of other approved providers is available at <http://keepkidssafe.pa.gov/training/>. Many of these do require a fee.

2. Through Lehigh Valley Health Network: Currently, LVHN is an approved provider for the two-hour live training for current license holders. The following dates, times, and locations are currently scheduled and are available for registration in TLC.

Tuesday, April 7, 2015, 4:30-6:30 p.m. – LVH-CC Auditorium

Monday, April 13, 2015, 8-10 a.m. – LVH-Muhlenberg Banko CR1 and CR2

Thursday, April 16, 2015, 4:30-6:30 p.m. – LVH-Muhlenberg Banko CR1 and CR2

Thursday, May 14, 2015, 8-10 a.m. – LVH-CC Auditorium

Saturday, June 13, 2015, 8:30-10:30 a.m. – LVH-CC Auditorium

- Please log into TLC from your SSO toolbar, search for **Child Maltreatment Hurts Us All**, and register for the training.

- If you attend one of LVHN's live training sessions, you will receive a notification email within three days of the live training requiring you to complete a test in TLC and submit your licensing information. Please have the following information ready when you log into TLC (license number and social security number).
- LVHN's training is approved for CME and CNE credits.
- Additional monthly child abuse reporting training is currently being scheduled. Look in TLC for current dates, times and locations.

Any license holders whose renewal deadlines are coming up in the next few months should complete the training as soon as possible. These include, in order of compliance deadline:

State Board of Medicine – Residents — March 31, 2015

State Board of Dentistry — March 31, 2015

State Board of Nursing – First Cohort of Nurses — April 30, 2015

State Board of Occupational Therapy — June 30, 2015

State Board of Nursing – First Cohort of Nurses — October 31, 2015

State Board of Occupational Therapy — November 30, 2015

License holders on a two-year renewal cycle who have already completed their license renewal by December 31, 2015 (e.g., physicians licensed by the State Board of Medicine), have until their license renewal deadline in 2016 to complete the required training. A full list of state licensing boards and compliance deadlines can be found at <http://keepkidssafe.pa.gov/training/>.

IMPORTANT:

Please be aware that training providers report your information to the Department of State manually and may take several weeks or more. Please do not wait until the last minute to complete the training! Doing so may delay your license renewal and affect your ability to work at LVHN.

If you have any questions regarding the training, contact the Division of Education at 610-402-2277, option #1.

CONGRATULATIONS



Nicole L. Bendock, DO, Division of Emergency Medicine, was recently certified in Emergency Medicine by the American Osteopathic Board of Emergency Medicine. Dr. Bendock is in practice with LVPG-Emergency Medicine and has been a member of the Medical Staff since September, 2010.



Amy L. Lindmark, DO, Department of Pediatrics, Division of Critical Care Medicine, was recently certified in Pediatric Critical Care Medicine by the American Board of Pediatrics. She is also certified in Pediatrics by the same board. Dr. Lindmark is in practice with LVH Pediatric Intensive Care and has been a member of the Medical Staff since May, 2011.

ADVANCED PRACTICE CLINICIAN UPDATE



Meet the APC Staff

A member of the LVHN Allied Health Professional Staff since February, 2008, Christina (Tina) L. Felten, CNM, is this month's featured Advanced Practice Clinician.

Women often tend to care for their families and friends before they care for themselves. As a Certified Nurse Midwife, Tina loves to put women first and care for their needs at LVPG Obstetrics and Gynecology. Tina completes women's scheduled obstetric check-ups in the office, provides post-partum rounding in the hospital, and delivers infants especially during her hospital coverage on Fridays. She has extensive training to help guide women through the birth process by coaching women to listen to their bodies. Tina also assists her physician team with C-sections when needed. Additionally, as a Certified Nurse Midwife, Tina is not restricted to the care of women who are pregnant or with pregnancy issues. At the office, she completes full gynecological care visits including contraception review, skin tag removal, breast lump examination, and endometrial biopsies, to name a few.

Tina has always had an interest in medicine. She worked as a Nurse's Aide and an EMT prior to completing her Bachelors of Science in Nursing from Bloomsburg University in 2003. Upon completion of her degree, she joined the Navy and cared for wounded military personnel at the National Naval Medical Center in Bethesda, Md. During her time with the Navy, she worked to complete her Masters of Science in Nursing and received her Certificate in Nurse Midwifery from Frontier Nursing University in Kentucky.

Her focus on her career is only rivaled by her love and care of her family. Tina and her husband of 10 years, Matt, have three children – six-year-old Josh, four-year-old Molly, and two-year-old Megan. They also have a dog, a Lab mix, named Sam. The family keeps busy with swimming, biking, and other outdoor activities. Tina is currently training for a half marathon and a triathlon in the upcoming months. Her dedication to fitness and healthy eating has allowed her to lose 50 pounds recently.

CMIO UPDATE

Ordering Antibiotic Blood Levels

For several years, colleagues in Pharmacy have been assisting with timing of the blood draws of vancomycin levels. To standardize the drawing of antibiotic levels at LVHN, the following lab orders will also be entered by the pharmacy staff:

- Gentamicin Peak
- Gentamicin Trough
- Gentamicin Random
- Amikacin Peak
- Amikacin Trough
- Amikacin Random
- Tobramycin Peak
- Tobramycin Trough
- Tobramycin Random
- Vancomycin Trough-steady state level
- Vancomycin Trough-prior to next dose
- Vancomycin Random

Providers should place an electronic order that will provide direction to the pharmacist to enter the antibiotic level to coincide with the appropriate dose.

Extended Interval Aminoglycosides

- Pharmacy will enter lab orders for gentamicin, tobramycin and amikacin WITHOUT a provider order when the *extended interval dosing* option is ordered. Pharmacy will then adjust the frequency of the *extended interval aminoglycoside* based on the result obtained.
- Pharmacy will NOT make medication adjustments for traditional aminoglycoside dosing.

Vancomycin

- Pharmacy does NOT have the ability to enter vancomycin levels without a provider order.
- When possible, Pharmacy will enter vancomycin trough levels at times so the resultant level is called to the daytime provider and not the on-call provider.
- Pharmacy will NOT make medication adjustments based on vancomycin levels.

If you have any question regarding this article, please contact Jarrod W. Kile, RPh., BCPS, Clinical Pharmacy Specialist, at 610-402-3712 or via email at jarrod_w.kile@lvh.com.

Ordering Blood – No Need to Hold Crossmatched Units

As described in last month's issue of *Progress Notes*, beginning in April, 2015, the "Crossmatch" orders will be eliminated from the Blood Bank and blood ordering lists and order sets. The new order set will only contain the "Transfuse PRBC" order. This order, which will notify both Blood Bank and the Nursing Unit, will contain the detail fields that were previously found on the "Crossmatch" order. The "Type and Screen" order will continue to be found in the Blood Bank list.

These new orders will streamline the process for ordering PRBC's and will decrease the ordering of unnecessary blood products. This process change is for non-urgent elective transfusions and will not affect OR/trauma/ED and whenever urgent transfusions are needed. Your cooperation is appreciated.

If you have any questions, please contact Bala B. Carver, MD, Chief, Section of Transfusion Medicine and HLA, at bala.carver@lvhn.org, or Shuisen (Jason) Li, DO, Section of Hospital Medicine, at shuisen.li@lvhn.org.



HCAHPS UPDATE

According to results of patient surveys, LVHN is ranked nationally in HCAHPS physician communication at the 30th and 15th percentiles, respectively for LVH-Cedar Crest and LVH-Muhlenberg. In an effort to improve these percentiles, the purchase of stools for each of the private rooms at LVH-Cedar Crest, LVH-Muhlenberg, and LVH-Tilghman has been approved. The stools are meant to support your efforts to improve provider communication.

Some days it seems that there are not enough hours in the day, but sitting is one way where you can spend the same amount of time while improving the patient perception of time spent. **Sitting at eye level builds a connection that improves patient care.** So whether you want to have a better relationship with your patients, shine nationally, support network goals, or just want to take a load off your feet for a few seconds, the stools are a valuable resource. With EPIC right around the corner, a place to sit will be helpful when documenting in patient rooms.

To address concerns, stools with glides rather than wheels have been tested and are light enough to move with one hand. With labeling and the lack of a seat back, it is hoped that the stools will not be used for the storage of linens and patient belongings. The stool seat surface is non-absorbant for easier cleaning.



If you have any questions, please contact E.J. Rovella, MBA, MHA, Program Manager for HCAHPS, at Ernest_J.Rovella@lvhn.org or his cell at 610-841-6799.

THE RETAIL PHARMACY VIEW

Asthma Care

Half of all patients with Asthma have an exacerbation each year leading to ER visits, hospitalizations and even deaths. This takes on greater importance now that re-admission metrics are being examined. At the Pharmacy, we see overuse of rescue inhalers if the “Rule of Two” is to be utilized. *“Reassess controller meds if patients have Asthma symptoms or use the rescue inhaler more than twice a week or if a patient of 5 years or more wakes up more than twice a month with symptoms overnight.”* Use the following to help the patients.

- Assess Asthma control with patients who get frequent or early refills of rescue inhalers.
- Evaluate technique and adherence: Have the patient show you how they are using their inhalers. An extra dose won't hurt.
- Recommend a spacer.
- Ensure that patients understand when and why they should use their inhalers. Some patients do not understand the difference between rescue and long-acting inhalers.
- Optimize Drug Therapy: Start with a low dose inhaled steroid. If not enough, move to a medium dose or switch to a long-acting beta-agonist combo.
- Emphasize self-management: Make sure patients have an Asthma action plan and how to avoid triggers.

Generic Tip

When writing for a Hydrocodone/APAP combo, use the 325mg of APAP rather than the 300mg versions. It will save the patients money. The 325mg combos have been available longer, are used more often and are cheaper.



New Generics

- **Nexium 20 & 40mg capsules:** *Esomeprazole*
- **Tarka 2/180, 1/240, 2/240, 4/240 tablets:** *Tandolapril/Verapamil*

New Drugs

- **Belsomra 5, 10, 15 and 20mg tablets:** *Suvorexant*: An orexin receptor antagonist for treatment of insomnia.
- **Evekeo 5 and 10mg tablets:** *Amphetamine Sulfate*: An ADHD stimulant therapy with a racemic mix of Dextro- & Levo-amphetamine.
- **Glyxambi 10/5 and 25/5mg tablets:** *Empagliflozin/Linagliptin*: An adjunct to diet and exercise to improve glycemic control in adults with Type 2 Diabetes.
- **Soolantra 1% Cream:** *Ivermectin*: Topical treatment of the inflammatory lesions of Rosacea.

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

PHYSICIAN DOCUMENTATION

ICD-10 Pearls by Specialty

As you know, all U.S. healthcare organizations must begin submitting claims using the new ICD-10 code sets on October 1, 2015, otherwise claims will be rejected. Since ICD-10 includes changes to both diagnosis as well as procedure codes, *the changes will affect nearly every aspect of the healthcare system*: hospitals, physician offices, health plans and patients. Accordingly, numerous changes in documentation, reimbursement, insurance plans/coverages, and quality measures are coming.

The purpose of this and subsequent articles is to help prepare you for the top ICD-10 documentation issues by specialty. Below are a few examples of the 3" x 5" specialty cards containing the key documentation concepts you need to know. These cards will be handed out at upcoming live division ICD-10 education sessions and are available on the ICD-10 resource page on the LVHN Intranet homepage at the following link - <http://lvhwebcontent.lvh.com/?id=4386&sid=1>.

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

ICD-10 GUIDE for PULMONARY (INPATIENT) & CRITICAL CARE

AFib ➤ Acuity (Chronic or Paroxysmal)
Asthma ➤ Severity and Type
Cardiac Arrest ➤ Causal condition (ie. Underlying cardiac condition or other condition)
Coma ➤ Specify coma scale score, Type (ie. myxedema), Time of coma scale determination
Grand Mal Seizure ➤ Intractable? With status epilepticus?
Intracerebral Hemorrhage ➤ Site
Liver Necrosis ➤ With coma? Central hemorrhagic?
Lung Cancer ➤ Specific type, Primary or Secondary, Laterality
MI ➤ NSTEMI or STEMI, Artery affected, Initial or subsequent



ICD-10 GUIDE for PULMONARY (INPATIENT) & CRITICAL CARE

Pancreatitis, acute ➤ Cause/etiology
Pressure Ulcer ➤ Site and laterality
Pulmonary Insufficiency following surgery/trauma ➤ Acute or Chronic, Thoracic or nonthoracic surgery
PVT ➤ Specify if Re-entry
Respiratory Failure ➤ Type (Hypoxic or Hypercapnic)
SAH ➤ Artery, Laterality
Sepsis ➤ Causal organism
Stroke ➤ Type, Artery affected, Laterality



02/2015

ICD-10 GUIDE for CARDIOLOGY (INPATIENT)

Diagnoses:

AFib ➤ Acuity (Chronic or Paroxysmal)
AFflutter ➤ Type (Typical or Atypical)
Atherosclerosis ➤ Type of vessel (Native or Bypass) & w/angina?
Cardiac Arrest ➤ Causal condition (ie. Underlying cardiac condition or other condition)
Cardiomyopathies ➤ Type (Dilated/restrictive)
MI ➤ NSTEMI or STEMI, artery affected, initial or subsequent
PSVT ➤ Specify if Junctional premature depolarization
PVT ➤ Specify if Re-entry
Respiratory Failure, acute or chronic ➤ Type (Hypoxic or Hypercapnia)



ICD-10 GUIDE for CARDIOLOGY (INPATIENT)

Procedures:

ANGIOCARDIOGRAPHY ➤ Type of imaging (fluoro. or plain radiography), Imaging site(s), Laterality, Type of contrast (high, low, or other osmolar)
CARDIAC CATHETERIZATION (left heart, right, or both) ➤ Approach, Type of function measured (specify sampling & pressure)
CARDIAC MAPPING ➤ Approach (open, perc., perc. endo.)
CORONARY ARTERIOGRAPHY ➤ Type of imaging (fluoro. or plain radiography), Imaging site(s), Laterality, Type of contrast (high, low, or other osmolar)
DESTRUCTION/EXCISION OF HEART LESION / TISSUE ➤ Approach (endovascular), Destruction/Excision site, Laterality
PACEMAKER INSERTION (dual-chamber) ➤ Insertion site, Approach (open or perc.)
PTCA ➤ Quantity of sites, Type of device (intraluminal, drug-eluting, radioactive), Blockage site (ie. bifurcation)
STENT INSERTION ➤ Type of stent (ie. drug-eluting), Quantity of sites, Approach (open, perc., perc. endo.), Device (intraluminal or radioactive intraluminal), Blockage site (ie. bifurcation)



12/2014

ICD-10 GUIDE for CT SURGERY (INPATIENT)

Diagnoses:

AFib ➤ Acuity (Chronic or Paroxysmal)
AFflutter ➤ Type (Typical or Atypical)
Atherosclerosis ➤ Type of vessel (Native or Bypass) & w/angina?
Cardiac Arrest ➤ Causal condition (ie. Underlying cardiac condition or other condition)
Cardiomyopathies ➤ Type (Dilated/restrictive)
Hemorrhage Complicating a Procedure ➤ onset (intra- or post-op), organ/tissue involved, laterality
Lung CA ➤ Primary or secondary, lobe affected, laterality
MI ➤ NSTEMI or STEMI, artery affected, initial or subsequent
Pulmonary Insufficiency following surgery/ trauma ➤ Acute or Chronic, Thoracic or nonthoracic surgery
PVT ➤ Specify if Re-entry
Respiratory Failure, acute or chronic ➤ Type (Hypoxic or Hypercapnic)



ICD-10 GUIDE for CT SURGERY (INPATIENT)

Procedures:

CABG ➤ Approach, Bypass destination site, Laterality, Type of vessels (autologous or nonautologous and arterial, venous, or synthetic tissue)
Cardiac Catheterization, (left heart, right, or both) ➤ Approach, Type of function measured (specify sampling & pressure)
Coronary Arteriography ➤ Type of imaging (fluoro or plain radiography), Imaging site(s), Laterality, Type of contrast (high, low, or other osmolar)
LN Excision ➤ Site, Approach, Laterality
Valve Replacement ➤ Approach, Type of device (autologous, nonautologous, or zooplasmic)



11/2014

ETHICS CORNER

Comments on “Why I Hope to Die at 75” (Part One of Three)

by Joseph E. Vincent, MD, Section of Palliative Medicine and Hospice

Daniel Callahan, the first Director of the Hastings Center, published a book, *Setting Limits*, in 1995, in which he put forth a thesis that proposed limiting high technology medical treatments for the population at some nationally-agreed-upon age. He did not designate an age, but thought society should determine that after discussion and debate. He also favored limiting research for high-tech treatments and favored more research into ways to help people deal with vision, hearing, walking, continence, and thinking problems, as people age. He had been a staunch adversary of physician-assisted suicide (PAS) and an advocate of palliative care. His message was not favorably received by many ethicists, aging and disability advocates, as well as the general public. He explained that his primary reasons for this thesis, an age beyond which high-tech medical treatments would be withheld, was to help deal with the problems of limited resources and spiraling medical care costs.

Recently, Ezekiel Emanuel, an associate dean and ethicist at the University of Pennsylvania, had an article published in the “Atlantic” stating that at this stage of his life, age 57, he would not want to live beyond age 75. His rationale went beyond limited resources and cost-containment and dealt with decreased vigor, increased ailments and health problems, and waning creativity and productiveness that often accompany the aging process. It appears that he is publicly announcing this thesis to be determined by each individual, not as a policy for the whole society.

He advocates more use of advance care planning, family and societal discussions, and palliative care. He, like Dan Callahan, opposes legalization of physician-assisted suicide and says he has no plans to end his own life. He claims that at age 75, he will stop any routine healthcare except for symptom control. There will be no advanced surgery, routine colonoscopies, PSA tests, medical checkups, and no CPR, ventilators, hemodialysis, heart surgery, etc,

He cites studies that show that functioning in many areas of life declines in a high percentage of men and women as they age above 75 to 80. The years of living expand,

but so do the years living with significant impairment and disabilities. One study from Harvard is quoted as saying there is an “increase in the absolute number of years lost to disability as life expectancy rises.” Crimmins, using data from the National Health Interview Survey, after her study showing the disproportionate disability with age, says that “over the past 50 years, health care hasn’t slowed the aging process so much as it has slowed the dying process.”

Emanuel calls those of us who want to live a long time “American Immortals,” each feeling she/he will be an outlier from the statistics showing prolonged impairment and disability with aging. He goes on to present data showing how productivity, creativity, and independence dwindle with age and saps people of their vigor and vitality. He includes financial and care-giving burdens for families. The elderly need to make room for their progeny to thrive. He wants to be remembered as an active, productive, independent person when he dies, instead of “with memories framed not by our vivacity but by our frailty....” (To be continued)

If you have any questions or have any feedback or comments regarding this article, please contact Joseph E. Vincent, MD, at joseph.vincent@lvhn.org or j38vincent@gmail.com.



PAPERS, PUBLICATIONS AND PRESENTATIONS



Sigrid A. Blome-Eberwein, MD, Division of Burn/Trauma-Surgical Critical Care/Plastic Surgery, presented “Prospective Evaluation of Fractional CO₂

Laser Treatment of Mature Burn Scars” at the German Language Burn Conference DAV 2015 in Leogang, Austria, on January 17.

In addition, Dr. Blome-Eberwein presented “Burn Care: Past, Present and the Future” at the Trauma 2015: A Continuum of Care conference held at DeSales University on March 5.



Timothy M. Daly, DO, Department of Family Medicine, presented his poster – “A Multifaceted Approach to Enhancing Medical Knowledge and Improving Board Examination Scores” – at the Innovations

in Medical Education Conference held in Los Angeles, Calif., on February 21-22, 2015



Linda C. Garufi, MD, Department of Family Medicine, recently taught at a two-day course at Lancaster General Hospital in Lancaster, Pa., called Advanced Support in Obstetrics, which is an American Academy of Family Physicians sponsored CME course.



Ashwini Kamath Mulki, MD, Department of Family Medicine, presented her poster – “Enhancing Family Medicine Resident Knowledge and Care of Patient

With Low Health Literacy: An Inpatient Medicine Peer-Teaching Intervention” – at the Innovations in Medical Education Conference held in Los Angeles, Calif., on February 21-22, 2015.



Michael W. Kaufmann, MD, Chair, Department of Psychiatry, served as chairperson for the 4th Annual World Congress Summit on Integrating Behavioral Health and Primary Care Models held March 16-17, in Orlando, Fla. He was joined by **Edward R. Norris, MD,** Department of Psychiatry Vice Chair, Education and Research; **Jamie L. Bongiovi, LCSW,** and **D. James Ezrow, LCSW,** from the Department of Psychiatry, and **Valerie J. Lewis, MD, MPH,** from the Office of Health Systems Research, who presented a summary of the LVHN experience. Their presentation was titled “Explore How Behavioral Health Integration Improves Care in a Variety of Clinical Settings.”



Members of OACIS Services – **Elke H. Rockwell, PhD,** Quality Specialist, **Donna Stevens,** Program Director, and **Daniel E. Ray, MD,** Medical Director – along with **Dorothy L. Faulkner, PhD, MPH,** formerly of LVHN, co-authored an article – “Innovation in Palliative Care Delivery: A Historical Case Study Yields Key Drivers of Successful Implementation” – which was published in Issue 4: New Conversations about End-of-Life Care (January 2015) of the on-line journal, ***Nursing in the 21st Century.***



Alexander M. Rosenau, DO, Department of Emergency Medicine Senior Vice Chair, co-authored the article – “The Growing Evidence of the Value of Emergency Care” – which was published in ***Academic Emergency Medicine,*** February 2015, Volume 22, Number 2, pp. 224-226.

UPCOMING SEMINARS, CONFERENCES AND MEETINGS

Pediatric Grand Rounds

The Department of Pediatrics will hold Grand Rounds on Tuesdays at 8 a.m., in Kasych ECC Room 6, unless otherwise noted. Topics for April include:

- **April 7 – Pediatric GI Topic** – Dalya El Tawil, MD, Pediatric Resident
- **April 14 – “Primary Ciliary Dyskinesia”** – Michael S. Schwartz, MD, Division of Pediatric Subspecialties, Section of Pulmonary
- **April 21 – “Reappraising the AAP’s Urinary Tract Infection Guidelines: Results of a Clinical Research Project”** – Richard J. Mazzaccaro, MD, PhD, Division of General Pediatrics
- **April 28 – “Antimicrobial Resistance: A Journey Back to the Future”** – Tibisay Villalobos, MD, Pediatric Infectious Diseases – Location: Auditorium, LVH-Cedar Crest

For more information, contact Cari Coelho in the Department of Pediatrics at 484-862-3131.

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, April 1**, in **Kasych ECC Room 9** 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.

Stahler-Rex Grand Rounds

The Department of Surgery will host the Stahler-Rex Grand Rounds presentation on **Tuesday, April 7, at 7 a.m.**, in the **Auditorium** at LVH-Cedar Crest, and via teleconference to the **First Floor Conference Room** at LVH-Muhlenberg. “The 30 Year Disruption in American Surgical Education” will be presented by Stephen Evans, MD, Chief Medical Officer, Med Star Health.

For more information, please contact Wendy Hess in the Department of Surgery at 484-862-3265.

Stroke Conference

The April Stroke Conference – “**Race to Save Brain – Marathon of Recovery**” will be held on **Monday, April 13**, from **4 to 9:30 p.m.**, in **Kasych ECC Rooms 6, 7 and 8**. The cost of the conference is \$30.

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

Emergency Medicine Institute – Life Support Classes

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

Advanced Cardiac Life Support (ACLS)

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

- May 29, June 1, 12, 29, August 24

In addition, two-day provider courses will be held on May 7 and 8, and June 2 and 3, from 8:30 a.m. to 4:30 p.m., at the Emergency Medicine Institute.

Pediatric Advanced Life Support (PALS)

PALS renewal classes will be held from 8 a.m. to 1 p.m., at the Emergency Medicine Institute on the following dates:

- May 5, 28, June 9, 15, 16, August 4, 27

In addition, two-day provider courses will be held on May 12 and 13, and June 4 and 5, 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.

SAVE THE DATE

7th Annual Fleming Infection Prevention and Infectious Diseases Symposium

Friday, September 25, 2015
Lehigh Valley Hospital – Cedar Crest
7:30 a.m. to 4 p.m.

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



Ravindra K. Bhati, 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



Elizabeth M. Chacko, MD

LVPG Pediatric Endocrinology-17th Street

Lehigh Valley Physician Group

400 N. 17th Street

Suite 201

Allentown, PA 18104-5052

Phone: 484-664-7850 Fax: 484-664-7864

Department of Pediatrics

Division of Pediatric Subspecialties

Section of Endocrinology

Provisional Active



Patrick T. Hickey, DO

LVH Department of Medicine

Lehigh Valley Health Network

Lehigh Valley Physician Practice

17th & Chew, P.O. Box 7017

Allentown, PA 18105-7017

Phone: 610-402-5200 Fax: 610-402-1675

Department of Medicine

Division of General Internal Medicine

Provisional Limited Duty



Matthew J. Miles, DO

LVH Department of Medicine

Lehigh Valley Health Network

Lehigh Valley Physician Practice

17th & Chew, P.O. Box 7017

Allentown, PA 18105-7017

Phone: 610-402-5200 Fax: 610-402-1675

Department of Medicine

Division of General Internal Medicine

Provisional Limited Duty



Richard J. Miller, DMD

Bellefonte Family Dentistry

115 S. School Street

Bellefonte, PA 16823-2322

Phone: 814-355-1587 Fax: 814-355-2179

Department of Dental Medicine

Division of General Dentistry

Provisional Active



Cynthia A. Olenwine, DMD

Green Street Dental Associates

150 S. Green Street

Nazareth, PA 18064-2011

Phone: 610-746-0488 Fax: 610-746-9088

Department of Dental Medicine

Division of General Dentistry

Provisional Active



David A. Prager, MD

Adult & Child ENT Center

Specialty Physician Associates, LLC

2851 Baglyos Circle

Suite 201

Bethlehem, PA 18020-8033

Phone: 610-867-7134 Fax: 610-867-7108

Department of Surgery

Division of Otolaryngology-Head & Neck

Surgery

Provisional Active

Continued on next page



Robert N. Sharobiem, DDS
Aspen Dental
1856 Airport Road
Allentown, PA 18109-9545
Phone: 610-437-2211 Fax: 610-264-5798
Department of Surgery
Division of Oral and Maxillofacial Surgery
Provisional Active

Leadership Appointments

Department of Medicine

Zhe Chen, MD

Assistant Program Director
Internal Medicine and Transitional Year Residency Program

Thomas W. Doherty, MD

Internal Medicine Clerkship Director

Gretchen A. Perilli, MD

Associate Program Director
Internal Medicine and Transitional Year Residency Program

Benjamin Sanchez, Jr., MD

Associate Fellowship Director
Cardiovascular Disease

Shashin Shah, MD

Associate Chief
Division of Gastroenterology

Department of Pediatrics

Marybeth Browne, MD

Chief
Section of Pediatric Trauma

Medical Directors of Patient Care Units, Laboratories and Programs

Marybeth Browne, MD

Medical Director
Pediatric Ambulatory Surgery Center

Brian K. Civic, MD

Associate Medical Director
Advanced ICU

Suresh G. Nair, MD

Medical Director
LVHN Cancer Service Line

Raymond L. Singer, MD, MMM

Surgical Medical Director
Regional Heart Center

Status Changes

Jay E. Kloin, MD

Department of Medicine
Division of General Internal Medicine
(LVH Department of Medicine)
From: Active To: Emeritus

Leave of Absence

Anthony L. Dimick, MD

Department of Pediatrics
Division of General Pediatrics
(ABC Family Pediatricians – Pond Road)
From: Active To: Active/LOA

Address Changes

Anthony J. Ardire, MD, MPH

Lehigh Valley Hospital Quality & Patient Safety
Lehigh Valley Health Network
1251 S. Cedar Crest Blvd.
Suite 204
Allentown, PA 18103-6205
Phone: 610-402-9460 Fax: 610-402-9499

Pramila P. Gupta, MD

George M. Joseph, MD and Associates
3735 Nazareth Road
Suite 301
Easton, PA 18045-8347
Phone: 610-829-2200 Fax: 610-829-2211

Yuriy Shevtziv, MD

George M. Joseph, MD and Associates
3735 Nazareth Road
Suite 301
Easton, PA 18045-8347
Phone: 610-829-2200 Fax: 610-829-2211

Continued on next page

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Phone Number Change

Debra D. Esernio-Jenssen, MD

LVPG-Pediatrics

Lehigh Valley Physician Group

Lehigh Valley Hospital

17th & Chew, P.O. Box 7017

Children's Clinic – Child Advocacy

Allentown, PA 18105-7017

Phone: 484-633-0934 Fax: 610-969-4332

Resignations

Miriam L. Enriquez, MD

Department of Pathology & Laboratory Medicine

Division of Anatomic Pathology

Section of Bone and Soft Tissue Pathology/Breast Pathology/

Gastrointestinal Pathology/Genitourinary Pathology/

Gynecologic Pathology/Pulmonary and Endocrine Pathology/

Renal Pathology/Transplantation Pathology

(Health Network Laboratories)

Active

Haoli Jin, MD, PhD

Department of Pediatrics

Division of General Pediatrics

(Northwestern Medical Center)

Active

Lubna W. Malik, mD

Department of Pediatrics

Division of General Pediatrics

(ABC Family Pediatricians – Laurys Station)

Provisional Active

Allied Health Staff

New Appointments



Tylynn E. Cofer, MSW

Licensed Social Worker

LVPG-Pediatrics

Lehigh Valley Physician Group

Lehigh Valley Hospital

17th & Chew, P.O. Box 7017

Children's Clinic – Child Advocacy

Allentown, PA 18105-7017

Phone: 610-969-2540 Fax: 610-969-3074

Supervising Physician – Debra D. Esernio-Jenssen, MD



Amy J. DePalma, CRNP

Certified Registered Nurse Practitioner

Allentown Anesthesia Associates, Inc.

4905 W. Tilghman Street

Suite 250

Allentown, PA 18104-9131

Phone: 484-866-9581 Fax: 610-366-1147

Supervising Physician – Lisa A. Keglovitz, MD



Kelly N. Evans, PA-C

Physician Assistant-Certified

OAA Orthopaedic Specialists

250 Cetronia Road

Second Floor

Allentown, PA 18104-9168

Phone: 610-973-6200 Fax: 610-973-6546

Supervising Physician – Jeffrey R. McConnell, MD



Sandra D. Fernandez, PA-C

Physician Assistant-Certified

LVPG-Emergency Medicine

Lehigh Valley Physician Group

Lehigh Valley Hospital

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

Allentown, PA 18105-1556

Phone: 484-862-3232 Fax: 484-862-3250

Supervising Physician – Susan L. Krieg, MD



Kimberly B. Godfrey, CRNP

Certified Registered Nurse Practitioner

HealthWorks

Lehigh Valley Physician Group

1243 S. Cedar Crest Blvd.

Allentown, PA 18103-7982

Phone: 610-402-9230 Fax: 610-402-9293

Supervising Physician – Richard F. Goy, MD, MPH



Caitlyn L. Grant, CRNP

Certified Registered Nurse Practitioner

LVPG-Neonatology

Lehigh Valley Physician Group

Lehigh Valley Hospital

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

Allentown, PA 18105-1556

Phone: 610-402-7632 Fax: 610-402-7600

Supervising Physician – Wendy J. Kowalski, MD

Continued on next page



Shannon C. Husebo, PA-C

Physician Assistant-Certified
LVPG-Emergency Medicine
Lehigh Valley Physician Group
Lehigh Valley Hospital
Cedar Crest & I-78, P.O. Box 689
Allentown, PA 18105-1556
Phone: 484-862-3232 Fax: 484-862-3250
Supervising Physician – Jeanne L. Jacoby, MD



Beth A. Kepich, CRNP

Certified Registered Nurse Practitioner
LVPG Cardiology-1250 Cedar Crest
Lehigh Valley Physician Group
1250 S. Cedar Crest Blvd.
Suite 300
Allentown, PA 18103-6381
Phone: 610-402-3110 Fax: 610-402-3112
Supervising Physician – Benjamin Sanchez, Jr., MD



Nicholas J. Orlowsky, PA-C

Physician Assistant-Certified
OAA Orthopaedic Specialists
250 Cetronia Road
Second Floor
Allentown, PA 18104-9168
Phone: 610-973-6200 Fax: 610-973-6546
Supervising Physician – Paul F. Pollice, MD



Lauren E. Pristash, PA-C

Physician Assistant-Certified
LVPG Urogynecology-Muhlenberg
Lehigh Valley Physician Group
1770 Bathgate Road, Suite 401
Bethlehem, PA 18017-7302
Phone: 484-884-8840 Fax: 484-884-8827
Supervising Physician – Sarah Friedman, MD



Jordan Z. Reese, PA-C

Physician Assistant-Certified
Burn Recovery Center
Lehigh Valley Physician Group
Lehigh Valley Hospital
Cedar Crest & I-78, P.O. Box 689
Third Floor Kasych
Allentown, PA 18105-1556
Phone: 610-402-1485 Fax: 610-402-8868
Supervising Physician – Daniel D. Lozano, MD



Amanda A. VanSant, PA-C

Physician Assistant-Certified
LVPG-Emergency Medicine
Lehigh Valley Physician Group
Lehigh Valley Hospital
Cedar Crest & I-78, P.O. Box 689
Allentown, PA 18105-1556
Phone: 484-862-3232 Fax: 484-862-3250
Supervising Physician – Brian D. Lovett, MD

Change of Supervising Physician

Janet L. Ebert, RN

Registered Nurse
(The Heart Care Group, PC)
From: Martin E. Matsumura, MD
To: Sean K. George, DO

Katelyn M. Llewellyn, CRNP

Certified Registered Nurse Practitioner
(LVPG Neuropsychiatry-1250 Cedar Crest)
From: Mireille M. Meyerhoefer, MD, PhD
To: Ralph A. Primelo, MD

LaVonne N. Michalak

Pacemaker/ICD Technician
(St. Jude Medical)
From: Robert F. Malacoff, MD
To: Gregory T. Altemose, MD

Eric A. Paulson, PA-C

Physician Assistant-Certified
From: Lehigh Area Medicine Associates of LVPG-Allentown -
Anthony P. Buonanno, MD
To: LVPG Cardiology-1250 Cedar Crest – Benjamin Sanchez,
Jr., MD

Carmen J. Rocco, III

Pacemaker/ICD Technician
(Biotronik, Inc.)
From: Robert F. Malacoff, MD
To: Gregory T. Altemose, MD

Continued on next page

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Change of Practice

Lindsey R. Reyes, PA-C

From: The Heart Care Group, PC
To: LVPG Cardiology-1250 Cedar Crest
Lehigh Valley Physician Group
1250 S. Cedar Crest Blvd.
Suite 300
Allentown, PA 18103-6381
Phone: 610-402-3110 Fax: 610-402-3112

Primary Practice Change

Katelyn M. Llewellyn, CRNP

From: LVPG-MHC IP Psychiatry
To: LVPG-Psychiatry
Lehigh Valley Physician Group
1250 S. Cedar Crest Blvd.
Suite 410
Allentown, PA 18103-6224
Phone: 610-402-3500 Fax: 610-402-3505

Name Change

Jean L. D'Agostino changed to

Jean L. Reinert

SpecialtyCare, Inc./Surgical Monitoring Associates, Inc.
Department of Surgery
Division of Neurological Surgery/Spine Surgery

Resignations

Franklin M. Ammarell

Pacemaker/ICD Technician
(Medtronic USA Inc)

Laura J. Buss

Medical Assistant
(Sleepcircle)

Debra A. DeEsch, LPN

Licensed Practical Nurse
(Surgical Specialists of the Lehigh Valley)

Brenda K. DiPompeo, RRT

Registered Respiratory Therapist
(Sleepcircle)

Joseph K. Hall

Emergency Department Scribe
(eScribe Management Services)

Denise M. Jackson, RRT

Registered Respiratory Therapist
(Sleepcircle)

Nicholas J. Lumi, PA-C

Physician Assistant-Certified
(VSAS Orthopaedics)

Michael S. Martin

Anesthesia Technical Assistant
(Lehigh Valley Anesthesia Services, PC)

Raffaele V. Mirarchi, CCP

Perfusionist
(Keystone Perfusion Services, PC)

Vickey L. Russomano

Medical Assistant
(Allcare Medical)

Adam M. Schlauch

Emergency Department Scribe
(eScribe Management Services)

Traci A. Stahl, CRNP

Certified Registered Nurse Practitioner
(LVPG Neurocritical Care)

SAVE THE DATE

2015 SPECIAL EVENT DATES

MAY 18
23rd Annual Golf and Tennis Classic
Saucon Valley Country Club

AUGUST 19-22
54th Annual Summer Festival
Lehigh Valley Hospital-Muhlenberg

OCTOBER 3
20th Annual Nite Lites Gala
Coca-Cola Park

Medical Staff Services Office

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President, Medical Staff

Joseph E. Patruno, MD
President-elect, Medical Staff

Robert J. Motley, MD
Past President, Medical Staff

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

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Ronald S. Freudenberger, MD

J. Nathan Hagstrom, MD

Thomas A. Hutchinson, MD

Michael W. Kaufmann, MD

Robert Kricun, MD

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Valerie J. Lewis, MD, MPH

Patricia Martin, MD

Thomas M. McLoughlin, Jr., MD

Kevin A. McNeill, MD

Andrew C. Miller, DO

William L. Miller, MD

Timothy S. Misselbeck, MD

Robert J. Motley, MD

Brian A. Nester, DO, MBA

Michael D. Pasquale, MD

Joseph E. Patruno, MD

Jarret R. Patton, MD

Carmine J. Pellosie, DO, MPH, MBA

Debbie Salas-Lopez, MD, MPH

Thomas V. Whalen, MD

S. Clarke Woodruff, DMD

James K. Wu, MD

Joseph L. Yozviak, DO

*Access the Medical Staff Services website
via the link below:*

[Medical Staff Services](#)

***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 via email to Janet Seifert in Medical Staff Services at janet.seifert@lvhn.org by the 15th of each month.

If you have any questions about the newsletter, please contact Mrs. Seifert by e-mail or phone at (484) 862-3224.