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NETWORK LAUNCHES CENTER FOR TREATING AORTIC EMERGENCIES

Lehigh Valley Health Network’s Regional Heart Center has established the region’s first Acute Aortic Treatment Center (AATC) to treat aortic emergencies, including aortic dissection, aortic rupture, intramural hematoma and penetrating aortic ulcerations. The LVHN AATC is similar to centers that have been created at nationally respected hospitals, including Methodist Hospital’s DeBakey Heart Center, University of Massachusetts and Brigham and Women’s Hospital.

The Center comprises a multidisciplinary team of vascular and cardio-thoracic surgeons, emergency medicine physicians, radiologists, intensivists and support personnel. They are committed to reducing the mortality rate of patients with acute aortic emergencies, which increases at a rate of 1 percent per hour in the case of a type A dissection.

The AATC partners with the local EMS community, providing education, urgent consults and intervention when an acute aortic emergency is suspected. The first responders’ role is the initial diagnosis and rapid transport to an LVHN emergency department.

The Acute Aortic Treatment Center is an extension of the network’s MI Alert program, which provides rapid diagnosis and treatment of myocardial infarction by the Emergency Department and interventional cardiology, as well as LVHN’s affiliate hospitals and EMS partners. The goal for treating aortic emergencies is 60 minutes from time of diagnosis to surgical intervention.

Physicians who have a patient with a diagnosed aortic aneurysm, or someone who experiences symptoms of an aortic emergency, are encouraged to call 9-1-1 and ask that the patient go to the Acute Aortic Treatment Center at Lehigh Valley Health Network.

To refer a patient for elective aortic aneurysm surgery, call 610-402-CARE. For more information about the Acute Aortic Treatment Center, visit LVH.org or call 610-402-CARE.
FROM THE PRESIDENT

A Passion for Better Medicine – After Dark

Recently, while working on a particularly busy Sunday, two of my Pulmonary/Critical Care partners – Rich Strobel, MD and Dan Ray, MD – joined me for a brief lunch. They commented how much busier the hospital is now compared to when they started working at LVHN 12 years ago. Both remembered when only two physicians from our practice were needed to work each weekend. Now, with three active hospital locations to cover and over 3,600 patients being admitted to one of our critical care services, we have five health care providers working each weekend – four physicians and one nurse practitioner. One of our weekend physicians, the Advanced Intensive Care Unit intensivist, is our night shift physician. It became apparent about six years ago, with the volume of patients being admitted at night, both from our own community and from the others we serve, going home at night was not practical for us or good for patient care. This brought me to the question, “How many other services provide night shift physicians at LVHN?”

On any given night at LVHN, we have attending physicians and advanced practice clinicians actively caring for patients in the areas of Anesthesiology, Maternal-Fetal Medicine, Radiology, Pediatric Intensive Care, General Pediatrics, Neonatal Intensive Care, Emergency Medicine, Trauma, employed and private practice Hospitalists, and the Pulmonary and Critical Care Service (AICU). This is in addition to the many invaluable residents who are working at night as well.

One of the first groups of physicians at LVHN to develop a night shift was the Hospitalists (both employed by the hospital and private practice). They currently account for four nightly providers spread between LVH-Cedar Crest and LVH-Muhlenberg caring for existing patients and admitting new ones from 7 p.m. to 7 a.m. A survey performed by the Society of Hospital Medicine in 2008 found six percent of Hospitalists work exclusively at night and are referred to as nocturnists.

One of our former residents and now attending physician, Paul Layden, Jr., MD, is a nocturnist for the LAMA group. Paul works 15 12-hour night shifts per month. He admits anywhere from six to 22 patients a night and fields between 30 and 60 calls on existing patients. When asked what draws him to nocturnal medicine, he shares that he enjoys the hospital at night and the predictable time off.

In the Department of Anesthesiology, there are two physicians and three CRNAs in the hospital at LVH-Cedar Crest every night. One physician and two CRNAs are responsible for the operating room and trauma calls while the other physician and CRNA cover Labor and Delivery. At LVH-Muhlenberg, there is one CRNA in the hospital each night to cover the entire site. Unlike Dr. Layden, no anesthesia provider works exclusively at night.

Our Emergency Medicine physicians are the most extensive, covering five different locations – LVH-Cedar Crest, LVH-Muhlenberg, LVH-17, Hazleton General Hospital, and Sacred Heart Hospital, with eight physicians working each night. Six of our 65 Emergency Medicine physicians are full-time and two are part-time nocturnists. Bryan Kane, MD, one of our Emergency Medicine physicians and a member of the Medical Executive Committee, is a full-time nocturnist. The other Emergency Medicine nocturnists are Joe Sexton, MD, Diane Saldokus-Mazur, MD, Steve Frei, MD, Bill Zajdel, DO, Stan Skonieczki III, MD, Mike Weigner, MD, and Mike Nguyen, MD.

Of the seven Maternal-Fetal Medicine physicians on staff at LVHN, six of them cover two-thirds of the Monday through Friday night shifts (5 p.m. to 7 a.m.) and two-thirds of the weekends (24 hours each day). They do not have any pure night shift physicians and, as of now, there are no advanced practice clinicians who work at night.

Each night, the Department of Pediatrics staffs two physicians with one covering the PICU and the pediatric floor, and another in the Neonatal Intensive Care Unit along with a neonatal nurse practitioner.

Continued on next page
The Department of Radiology has perhaps been the most creative at adapting to our patients' needs at night. In 2001, they started a single night shift from 10 p.m. to 7:30 a.m. on weekdays, shifting to start at 9 p.m. on weekends. Three radiologists rotate through this night position. Two of them – Vivien Kane, MD, and Greg Price, MD – have been nocturnists since they started the program eight years ago. In 2007, when the volume of studies to be read each night became too high for one radiologist, the department added a “remote reader” from 10 p.m. to 6 a.m. These remote readers are able to work from home by taking advantage of a complete PACS workstation and voice recognition dictation system that allows them to interpret studies and dictate and sign reports remotely. These remote readers work from their homes in Delaware, California, and Hawaii. The radiologists in California and Hawaii can take advantage of the time difference (three hours in California, and five or six hours in Hawaii depending on the time of year) so that they are not working as late into the night. Also, there is a hospital shift from 4 p.m. to midnight. The Chair of Radiology, Bob Kricun, MD, and his physicians created this structure to insure appropriate coverage throughout the entire night to support our physicians and also deliver the care our patients need.

Altogether, I count 18 attending physicians awake each night taking excellent care of our patients throughout LVHN. However, this 18 pales in comparison to the number of nursing, pharmacy and respiratory therapy staff members working at night as well as the many nocturnal members of the support staff. “Hats off” and thanks to all these dedicated people as, being one of them, I appreciate the hardships of staying up all night. In addition, I am thankful for the excellent care provided by these colleagues who are awake and ready to take care of our community at all hours of the night.

Happy Autumn!

Matthew M. McCambridge, MD
Medical Staff President

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**Medical Staff Dues**

Annual Medical Staff dues invoices (dated September 1, 2009) have been distributed to members of the Medical Staff of Lehigh Valley Health Network. Timely remittance of dues is both requested and appreciated. If your practice includes more than one doctor, one check may be issued to cover all the doctors in the group — there is no need to issue individual checks. However, to insure proper credit, please enclose the remittance part of the invoice for each doctor in the return envelope along with the check.

If you have any questions regarding Medical Staff dues, please contact Janet M. Seifert in Medical Staff Services at 610-402-8590.
JOSEPH G. FELKNER NAMED LVHN’S CHIEF FINANCIAL OFFICER

Joseph G. Felkner has joined Lehigh Valley Health Network as its new Chief Financial Officer (CFO). He replaces Vaughn C. Gower who recently retired following a 38-year career with the health network.

Mr. Felkner was most recently the Senior Vice President and Chief Strategy Officer at Baptist Health Care in Pensacola, Fla. Before that he was Senior Vice President of Finance at OhioHealth in Columbus, Ohio, and CFO of Grant/Riverside Methodist Hospitals, a member of OhioHealth. There, he successfully led the financial turnaround of a hospital near bankruptcy and developed process improvement methods to significantly improve its bottom line.

“At a time when significant changes are taking place within the health care system due to pending health care reform and our nation’s financial instability, Joe Felkner has the experience, knowledge and drive to lead our health network forward,” said Elliot J. Sussman, MD, LVHN’s President and Chief Executive Officer.

The passion of LVHN employees is what solidified Mr. Felkner’s decision to join the health network. “It takes passion to be successful,” he said. Mr. Felkner’s passion for health care began as a young, athletic boy in Columbus. While being treated at his local hospital for a sports-related injury, he was fascinated by the way patients and families received care. “It caught my attention and became my lifelong passion,” he said.

The experience inspired Mr. Felkner to earn his Bachelor’s degree in Accounting and Master’s degree in Health Administration from The Ohio State University. It also served as motivation to overcome the challenges he faced during his nearly 30-year career in health care finance.

Mr. Felkner is excited to join an organization that is a leader in discovering ways to manage costs to provide health care of a higher quality and value. That’s the goal of the health network’s System for Partners in Performance Improvement (SPPI), a long-term initiative that empowers employees to constantly improve the way health care is delivered. “If our employees continue to work together to find creative ways to eliminate waste and improve efficiency, Lehigh Valley Health Network will be even more successful in caring for our community,” Mr. Felkner said. “You can travel the nation and not find many health networks as special as this.”

Mr. Felkner and his wife, Cinda, have three daughters, all of whom either work in health care or are studying to make it a career.

PCE TOOLKIT AVAILABLE

All you need to know about Patient-Centered Experience 2016 is online

We are three years into our 10-year journey toward creating ideal experiences for our patients and their families. Patient-Centered Experience (PCE) 2016 has numerous projects underway, in which we’re exploring and implementing ideas related to cultural competency, patient navigation, family presence and more.

As part of this journey, many reference materials (articles, books, etc.) have been compiled into the PCE Toolkit, found on the Internet Sharepoint site at http://lvhsharepoint3/pctoolkit. Refer to this toolkit to enhance your knowledge of patient- and family-centered care.

Some highlights include:
- Articles about how our health network has progressed on this journey, highlighting patient-centered initiatives already in place.
- Premier writings and research that have helped bring patient-centered care to life.
- Metrics showing how we’re measuring PCE 2016’s success.
- Links to national leaders in patient-centered care, including The Institute for Family-Centered Care, Picker Institute and Planetree.

For more information about the PCE Toolkit or to provide feedback or additions to the site (helping to ensure its value), contact Mary Schoenwetter, Administrative Resident, via email at mary.schoenwetter@lvh.com or call her at 484-884-1020.
Beginning August 24, you may see or hear about a patient identification initiative called Patient Access Secured System (PASS). PASS is a new form of biometric identification system that is designed to quickly and positively identify patients at LVHN’s registration stations. The goal is to protect our patients’ identities and expedite the registration process once a patient has been enrolled in PASS. The system will be analyzed for a period of 90 days at certain registration desks around the network. For now, the focus will be on all three Diagnostic Care Centers and the Express Care emergency desk at Cedar Crest. The success of this pilot and public reaction may lead to the adoption of this technology throughout the network.

So How Does it Work?
PASS uses a palm scanning device to read and interpret the veins in a person’s hand. Once enrolled, the patient’s vein pattern is stored and linked to the patient’s medical record number as part of their confidential medical record. When the patient arrives for subsequent visits and is re-scanned, the medical record number is written directly into the LastWord registration system. This process essentially bypasses the identification process a registrar must perform with every patient arrival and should help to reduce duplicate medical record numbers.

Why Now?
The government mandated Red Flag Rules state that hospitals must actively work to prevent patient identity theft. As only the fifth hospital nationwide to use this technology in a registration setting, LVHN will have taken a step in meeting this requirement.

What Can You Do to Help?
Any biometric system pilot is contingent upon large enrollment numbers – the more enrollments, the better the test. This fact is partly why you may have seen PASS at the recent Musikfest event. It is also why we are asking you to actively participate in the PASS program. If you care to help, please stop by one of the Diagnostic Care Center desks at off-peak hours (typically 1 p.m. to 7 p.m.) with your legal photo ID (driver’s license or passport) to be enrolled. Enrollment only takes a few seconds and your participation will really help to evaluate the product.

For more information or if you have questions regarding this new technology, please contact Frederick Armbruster, SME, Information Services, at 610-402-1010.
**Clinical Documentation and Authentication of Medical Record Entries**

**Clinical Documentation:** Includes any and all documentation that relates to patient care during a visit, a stay, or an encounter.

The caregiver who assesses and/or treats a patient and/or client is responsible for legibly documenting his/her own care of the patient/client at the time of the encounter. Documentation shall be in accordance with:

- Generally accepted professional standards of documentation
- Specifically mandated legal, regulatory and/or accreditation standards
- Medical Staff Bylaws
- Departmental guidelines

**Authentication:** To prove authorship by written signature, identifiable initials, computer key or other code.

Every entry in the medical record must be authenticated by the person who is responsible for ordering, providing, or evaluating the service furnished. Authentication must be legible and include the date, time, caregiver’s name and professional credentials.

**External Medical Records**

Frequently medical records are requested from other healthcare providers while patients are hospitalized. These records become part of the patient’s legal medical record. It is each physician/provider’s responsibility to review records that are included in the inpatient medical record from external sources.

**Operative Procedure**

During the first quarter of 2009 Ongoing Medical Record Review, the compliance rate for dictation of procedures immediately following operative procedures is as follows:

- LVH - 72%
- LVH-M - 81%

An operative or high risk procedure report must be written or dictated upon completion of the operative report or other high risk procedure and before the patient is transferred to the next level of care. The following elements must be included:

- Date of procedure
- Name of the primary surgeon and assistant(s)
- Pre-operative diagnosis
- Post-operative diagnosis
- Procedure(s) performed
- Findings
- Estimated blood loss
- Description of procedure
- Specimens removed
- Disposition of specimen

When a full operative or other high risk procedure report cannot be entered immediately into the patient’s medical record after the operation or procedure, a progress note must be entered into the medical record before the patient is transferred to the next level of care. The progress note must include: the names of the primary surgeon and assistants, procedures performed and a description of each procedure finding, estimated blood loss, specimens removed and post-operative diagnosis.

For additional information or clarification, please contact Zelda Greene, Administrator, Health Information Management, at 610-402-8330.

**Physician Parking Change – Sunday, September 13**

This year’s LVHN Marathon for Via, which will take place on **Sunday, September 13**, will start at Lehigh Valley Hospital – Cedar Crest. The starting line will be on the employee/physician access road, off of Fish Hatchery Road, near the volleyball courts. To accommodate preparations and clean up of the race start, the employee/physician access road, from Fish Hatchery Road to the Daycare Center, will be closed on Sunday, September 13, from **4 to 8 a.m.** During this time period, access to the Physicians/Residents Parking Lots – Lots P, Q, R and S – will not be available from Fish Hatchery Road. **Access to these parking lots will be available from the Daycare Center side of the Campus.** In addition, Fish Hatchery Road will be closed from Cedar Crest Blvd. to Pheasant Avenue from 6:50 to 7:05 a.m., to begin the race.
WEBXCHANGE — WEB-BASED ON-CALL SCHEDULES

Beginning this month, access to on-call schedules for physicians and groups who take Emergency Department call will be available through the WebXchange program. Access to WebXchange is available through the network’s intranet at www.lvh.com by clicking on the pager icon in the upper right corner. From this page you can view the various schedules by highlighting the appropriate On-Call schedule under “Search for On-call Schedule” and clicking the “View” button.

The screen print below is a sample of what you will see when you select the ED Medicine On-Call – CC & LVHM schedule:

Some of the highlights of the WebXchange web-based on-call schedule software are as follow:

- Allows access to physician on-call schedules from any PC or Lifebook
- Permits real-time updates to schedules without hospital operator intervention
- Facilitates creation of customizable schedules to meet demands of any individual practice’s rounding patterns and call schedules
- Provides security by allowing you to limit the ability to modify schedules to a designated individual or group
- Eliminates the need for paper schedules

If you have any questions regarding WebXchange, please contact Gail Keinert, Paging System Coordinator, at 610-402-4245.
SPPI: A3 THINKING

A3 thinking paves the way toward becoming a better, more efficient health network

Have you heard other physicians talking about A3 Thinking methodology lately? “A3” is another term for an 11-by-17-inch sheet of paper (the size of these two pages). On it, you map out a problem and find a solution. The actual format isn’t crucial, but thinking through the problem and root cause, and then documenting all the elements on one page is. Read on to see how you can use A3 Thinking, part of Lehigh Valley Health Network’s System for Partners in Performance Improvement. Plus, get a sneak peek at how Emergency Department (ED) colleagues, led by David Richardson, MD, and Rick MacKenzie, MD, are using A3 Thinking.

Background

Identify and explain the reasons for the problem. Why are you talking about this issue?

In the ED: The ED has identified that approximately 25 to 30 percent of ED patients have a CT scan. They believe obtaining a CT scan adds time to length of stay, delays bed requests and increases the time it takes to get patients to surgery. They want to reduce length of stay in patients who receive CT scans, and eliminate the CT's that don’t change care (add value) because they know that increased length of stay reduces the ED’s ability to care for more patients.

Current Conditions

Describe the problem clearly (how much, how long, how many?). Go to the gemba (where the work is done) to talk with colleagues to fully grasp the current situation.

In the ED: The average ED lengths of stay for three common conditions requiring CT scans are 6.5 hours for appendicitis, 6 hours for diverticulitis and 4 hours for kidney pain. To accurately capture the current conditions, one person monitored 24 CT scans. He learned patients wait 105 minutes from the time a scan is ordered until it takes place. Preparing a patient for a scan and the actual scan takes a total of 15 minutes.

Goals/Targets

Identify the desired outcomes or target. Address why you selected those outcomes. (If the problem is fixed, how much more quickly, smoothly, etc., would your job be.)

In the ED: Ultimately, the ED would like to decrease the ED stay for patients requiring a CT scan by 30 percent. That means a kidney pain patient would stay in the ED for 2.8 hours, instead of 4 — allowing the ED to care for more patients.

Analysis

Figure out what created the gap between the current condition and the desired condition. Get to the root cause(s) of the problem. Use tools, such as the “The Five Whys,” which entails asking “why” until you get to the underlying cause. If you haven’t already done so, make sure to engage colleagues and key stakeholders to ensure you’ve painted an accurate picture so far.

In the ED: Multiple reasons could add to ED length of stay for patients who require a CT: physicians ordering too many CT scans, undefined CT scan priority, incorrect CT orders, patients not ready when transport arrives or incorrect forms for transport. They are validating they have gotten to the root cause currently.

Proposed Countermeasures

Develop proposed solutions to reach future state. How will your proposed countermeasures affect the root cause to achieve the target?

In the ED: Our ED colleagues are doing this now. They are getting feedback on what they have learned about how CT scans affect length of stay.

Plan

Having tested your proposed countermeasures, develop your plan, including what activities are needed, who will be responsible for what, and when. Include indicators of performance, and then implement your plan.

Follow Up

Regularly review the A3 and evaluate how close you are to closing the gap between the current condition and the target condition. Capture and share any learnings you have had. Remember: Ensure ongoing PDCA!

Plan: Figure out who will do what, how they will do it, when they will do it and how everything will be monitored.

Do: Try the new process.

Check: Evaluate the new process.

Act: If your new process isn’t working, tweak it with what you learned. Once it is working, standardize the process and educate everyone.

If you have any questions regarding SPPI, please contact Donna Kulp in Organizational Development at 610-402-3200.
A Quick Review of the Viewer

The Viewer in LastWord is used to display clinical information and assessments for patients. Over time, we have developed a multitude of Views (based on user requests) that drill down to specific information and improve efficiency and quality of care. These 'specialized views' display pertinent data based on conditions or specialists’ needs.

An example is the “Hypoglycemic View.” This view displays pertinent lab studies (i.e., blood glucose, HbA1c), insulin and oral hypoglycemic agent administration, and related nursing assessments (i.e., target BGM, insulin protocol). This view can quickly display the last blood sugar and associated insulin dose.

Other views include those that highlight antibiotics (VIEW Abx Info), showing temperature and other vitals, CBC and Diff results, antibiotic administration, micro results, and other pertinent information; coagulation view (VIEW Coag), and views specific for Mother-Baby Unit, Behavioral Health, and others.

Please take a minute to explore the various Views that have been created. “It’s worth a view.”

Lost LifeBooks – What to Do

If you have lost or misplaced your LifeBook, please report the incident to Security as soon as possible – LVH-Cedar Crest – 610-402-8220; LVH-M – 484-884-2946. This allows for more efficient tracking and rapid identification of the device for recovery.

Definitely Enhancing our ECHO’s with Definity®

This month, you will notice a new order located under the Heart Station button, “ECHO orders with Definity®.” Definity® (Perflutren Lipid Microsphere) has been in use at LVHN for quite a while. It is an injectable suspension indicated for use in patients with suboptimal echocardiograms to opacify the left ventricular chamber and to improve the delineation of the left ventricular endocardial border. The new order will bring you to an order set that has the Definity® injection and protocol as pre-selected orders. You need to order either the “ECHO 2D Complete” or the “Echocardiogram 2D Limited.” You will be presented with a detail screen for the Definity®, which can be clicked through.

The goal of adding this order set is to provide improved documentation of the use of Definity® and allow the nurses to chart when they administer it on the units. Nursing has been instructed on using the contrast agent and how to chart it in LastWord.

If you have any questions or concerns regarding these or any other CAPOE issues, please contact Don Levick, MD, MBA, Physician Liaison, Information Services, at 610-402-1426 or pager 610-402-5100 7481.
**NOCICEPTIVE & NEUROPATHIC PAIN**

“Pain is whatever the experiencing person says it is, existing whenever he says it does.” (McCaffery, 1968).

It can be described as “an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in such damages.” (International Association for the Study of Pain)

**Chronic pain:**

- Affects about 57% of Americans
- A leading reason people seek medical care
- The primary presenting symptom in over 80% of all physician visits
- Consumes $100 billion annually in healthcare, compensation, and litigation
- Attributed to a myriad of social, economic, political, legal, and educational factors

The two major classifications of pain include nociceptive and neuropathic pain.

**Nociceptive** pain is caused by tissue damage and is further described in two sub-classes somatic and visceral. **Somatic pain** arises from bone, joint, muscle, skin or connective tissue.

It is usually characterized as throbbing, aching and is well localized. **Visceral pain** arises from the visceral organs such as the pancreas or GI and GU tract. Most times this pain is characterized as intermittent, cramping, and poorly localized.

**Examples** of this type of pain include arthritis, sports injuries, post-operative pain, pancreatitis, sprains, and mechanical back pain. **Treatment** includes but not limited to: NSAID’s, acetaminophen, ibuprofen, tramadol, short acting opioids such as oxycodone with acetaminophen, and hydrocodone with acetaminophen.

**Neuropathic** pain is an abnormal processing of sensory input by the peripheral or central nervous system. Pain can be centrally generated or peripherally generated. **Centrally generated pain** can be associated with either injury to the central or peripheral nervous system or dysregulation of the autonomic nervous system. The pain is usually described as burning, shooting, stabbing, and can have sensory changes such as altered hair growth patterns, skin temperature and edema. **Peripherally generated pain** is felt along the distribution of many peripheral nerves or associated with a known peripheral nerve injury. The pain is usually described as burning, numbness, shooting, pins and needles, and a crawling sensation on an extremity.

**Examples** include phantom limb pain, spinal cord injury, complex regional pain syndrome (RSD), brachial plexus injury, diabetic neuropathy, peripheral vascular neuropathy, post herpetic neuralgia, trigeminal neuralgia, polyneuropathies, and spinal nerve root compression. **Treatment** includes but not limited to anticonvulsant therapy including Gabapentin and pregabalin. Multi-modal therapy can include opioids, anti-depressants, and interventional therapies.

Some of the above syndromes can also be classified as a combination of both nociceptive and neuropathic pain and includes diagnoses such as low back pain, cancer pain, and neck pain. **Treatment** considerations would be multi-modal therapies.

The patient in pain can be challenging and complex. Understanding the differences between the types of pain and treatment options lead to improved patient care, reduced length of stay, and improved outcomes, and increase the level of knowledge for health care providers.

For more information or if you have any questions, please contact Maryjane Cerrone, Team Leader, Pain Research & Education, at 610-402-9003.

**September is Pain Awareness Month**
ADVANCED PRACTICE CLINICIANS UPDATE

Quarterly Meeting Overview

The quarterly meeting of the Advanced Practice Clinicians (APC) was held on Thursday, July 23. Guest speakers included Bruce A. Feldman, DO, Division of Cardiology and Co-chair, Anticoagulation Safety Committee, who discussed Anticoagulation Therapy; and Bruce A. Ellsweig, MD, Vice Chair for Family Medicine Community Practices and Medical Director of Lehigh Valley Hospice, who discussed Hospice and End of Life Issues.

Committee Reports

The APC Community Outreach Committee held a fundraiser on August 12 in conjunction with Five Guys Burgers and Fries who donated 15% of sales from patrons with event flyers. Proceeds will be used for future community outreach events.

The Education Committee is now being led by Ryann Morrison, PA-C, and is seeking additional members. The committee is working with the Division of Education to obtain credits for attendance at the quarterly APC meetings. Additionally, the committee is planning an infectious diseases conference for next Spring.

The Professional Advancement Committee is also seeking additional members. If you would like to participate on this or one of the other committees, please call 610-402-APC1 and leave a message.

Upcoming Meetings

- Thursday, October 22 – Kasych Rooms 7 and 8 at 5:30 p.m.
- Monday, December 14 – Kasych Rooms 6, 7 and 8 at 6 p.m. (Combined with the General Medical Staff meeting)

For more information regarding the Advanced Practice Clinicians, please call 610-402-APC1 and leave a message.

LVHN DIGITAL LIBRARY

AHRQ Evidence Reports

A new link on the Digital Library website provides direct access to high quality evidence based reports from the Agency for Healthcare Quality and Research. AHRQ Evidence Reports are published by the Evidence-based Practice Centers program of AHRQ. The evidence and technology assessment reports, based on rigorous, comprehensive syntheses and analyses of scientific literature, summarize all relevant scientific literature in a variety of clinical, behavioral, and healthcare administration topics. The reports are used by Federal and State agencies, professional societies, health delivery systems, providers, payers, and others for informing and developing coverage decisions, quality measures, educational materials, guidelines, and research agendas. These scientific syntheses may include meta-analyses and cost analyses.

To get to the Digital Library homepage from the intranet, click on Find Fast and Library Services or click on the Resources tab in LastWord.

For more information or if you have any questions regarding this issue, please contact Library Services at 610-402-8410.
UPCOMING SEMINARS, CONFERENCES AND MEETINGS

General Medical Staff Meeting
The quarterly meeting of the General Medical Staff will be held on Monday, September 14, beginning at 6 p.m., in ECC Rooms 7 and 8 on the first floor of the Kasych Family Pavilion at Lehigh Valley Hospital, Cedar Crest & I-78. The meeting will be teleconferenced to the Educational Conference Center, Rooms C and D, at LVH-Muhlenberg.

All members of the Medical Staff are encouraged to attend.

GLVIPA Quarterly Meeting
The quarterly meeting of the Greater Lehigh Valley Independent Practice Association will be held on Tuesday, September 22, beginning at 6 p.m., in the hospital’s Auditorium at Lehigh Valley Hospital, Cedar Crest & I-78. The meeting will be teleconferenced to the Educational Conference Center, Room C, at LVH-Muhlenberg.

The guest presenter will be Brian A. Nester, DO, Senior Vice President, Physician Hospital Network Development, and Chair, Lehigh Valley Physician Hospital Organization. His topic will be “Clinical Integration and the LVPHO: Future Possibilities.”

For more information, please contact Eileen Hildenbrandt, Coordinator, GLVIPA, at 610-969-0423.

Upcoming Conferences
- “Obstetrics and Gynecologic Ultrasound: Hot Topics for Good Practice”
  September 12, 8 a.m. to 5 p.m., Kasych Pavilion
  For more information, please contact the Division of Education at 610-402-2277.
- “An Evening of Pain”
  September 24, 4 to 8 p.m., Kasych Pavilion, ECC Rooms 7 and 8
  For more information, please contact the Division of Education at 610-402-2277.
- “Fourteenth Annual Parkinson’s Patient and Caregiver Symposium”
  September 26, 8:30 a.m. to 2:15 p.m., Kasych Pavilion, ECC Rooms 6, 7 and 8
  For more information, please contact Sharon Bartz, Conference Coordinator, Neuroscience Research, at 610-402-9001.

- “An Update on Diagnoses and Treatment of Common Peripheral Neuromuscular Disorders”
  September 30, 4 to 8 p.m., Lehigh Valley Hospital – Cedar Crest Auditorium
  For more information, please contact the Division of Education at 610-402-2277.

- “The Fleming Infection Prevention and Infectious Diseases Symposium”
  October 2, 7:30 a.m. to 4 p.m., Kasych Pavilion
  For more information, please contact the Division of Education at 610-402-2277.

Cardiology Grand Rounds
The next Cardiology Grand Rounds will be held on Friday, September 4, from Noon to 1 p.m., in Kasych ECC Room 10 at Cedar Crest & I-78, and in ECC Room D at LVH-Muhlenberg.

“Cardiac Resynchronization Therapy 2009: Optimizing Patient Selection and Programming” will be presented by Michael R. Gold, MD, PhD, Director of Cardiology and Associate Dean, Interdisciplinary Clinical Programs, Medical University of South Carolina.

For more information, please contact Caroline Maurer in the Department of Medicine at 610-402-8215.

Medical Grand Rounds
Medical Grand Rounds will now be held twice a month on Tuesdays, beginning at Noon, in the Auditorium at LVH – Cedar Crest & I-78 and teleconferenced to the Educational Conference Center Room B at LVH-Muhlenberg, and the VPC Room on the first floor at LVH – 17th & Chew. Topics to be discussed in September will include:
- September 8 - “Update in Cardiac Imaging” – Matthew W. Martinez, MD, Division of Cardiology
- September 22 - “Update in Geriatrics” – Catherine M. Glew, MD, Chief, Division of Geriatrics

For more information, please contact Becky Sherman in the Department of Medicine at 610-402-8045.

Continued on next page
Neurology Conferences

The Division of Neurology conferences are held on Thursdays beginning at Noon. Topics to be discussed in September will include:

- September 10 – Division of Neurology meeting
- September 17 – Neurosurgery topic – P. Mark Li, MD, PhD, Chief, Division of Neurological Surgery – Videoconferenced to LVH – Cedar Crest & I-78, Kasych ECC Room 4, and LVH-Muhlenberg, Third Floor Conference Room
- September 24 – Neurosurgery topic – Stephen S. Campbell, MD, Division of Neurological Surgery/Spine Surgery, Section of Neuro Trauma – Videoconferenced to LVH – Cedar Crest & I-78, Kasych ECC Room 4

For more information, please contact Sharon Bartz, Conference Coordinator, at 610-402-9001.

OB/GYN Grand Rounds

The Department of Obstetrics and Gynecology holds Grand Rounds on Friday mornings from 7:15 to 8:15 a.m., in the locations noted. Topics to be discussed in September will include:

- September 11 – TBA
- September 18 – No Grand Rounds – Residents attending District III meeting in Philadelphia
- September 25 – No Grand Rounds – Mock Oral Boards

For more information, please contact Teresa Benner in the Department of Obstetrics and Gynecology at 610-969-4515.

Pediatric Grand Rounds

The Department of Pediatrics holds Grand Rounds on Tuesdays beginning at 8 a.m., in ECC Room 1 on the first floor of the Anderson Wing at LVH – Cedar Crest & I-78. Topics to be discussed in September will include:

- September 1 – Patient Safety topic – Georgene Saliba, Administrator, Risk Management/Patient Safety
- September 8 – Pediatric Surgery topic – William D. Hardin, Jr., MD, Vice Chair, Children’s Surgery
- September 15 – TBA
- September 22 – Pediatric Intensive Care topic – Kerrie A. Pinkney, MD, MPH, Department of Pediatrics, Division of Critical Care Medicine
- September 29 – TBA

For more information, please contact Kelli Ripperger in the Department of Pediatrics at 610-969-2540.

Psychiatry Grand Rounds

“Psychiatric Sequelae of Traumatic Brain Injury” will be presented by Mireille M. Meyerhoefer, MD, PhD, Division of Adult Inpatient Psychiatry/Psychiatric Ambulatory Care, at Psychiatry Grand Rounds on Thursday, September 17, beginning at Noon (registration at 11:45 a.m.) in the Banko Family Center on the LVH-Muhlenberg campus.

For more information, please contact Melissa Walters in the Department of Psychiatry at 610-402-5766.

Schwartz Rounds

“The Emotional Impact on Health Care Providers When Caring for a Young Mother with Advanced Cancer: A Cultural Challenge” will be presented by Shanthi P. Lewis, MD, Division of Consultation-Liaison Psychiatry, Gregory R. Harper, MD, PhD, Medical Director, Breast Health Services, and Team at the next Schwartz Rounds on Wednesday, September 2, in Kasych ECC Room 8 at Cedar Crest & I-78. Lunch will be served at 11:45 a.m., followed by rounds at Noon.

For more information, please contact Krista Hirchmann, Medical Educator in the Department of Medicine, at 610-402-1583.

Spine Conference

Conferences relating to interesting spine cases are held on the first Wednesday of every month beginning at 7 a.m. All clinicians are invited to bring interesting cases to the meeting.

The next Spine Conference will be held on Wednesday, September 2, in Kasych ECC Room 10 at Cedar Crest & I-78.

For more information, please contact James C. Weis, MD, Co-Chief, Division of Spine Surgery, or Laura Warner, Clinical Coordinator, at 610-973-6338.

Surgical Grand Rounds

Surgical Grand Rounds are held on Tuesdays, beginning at 7 a.m., in the hospital’s Auditorium at Cedar Crest & I-78, and via teleconference to the First Floor Conference Room at LVH-Muhlenberg. Topics to be discussed in September will include:

- September 15 – “Changing Views on Leadership: A Young Surgeon’s Perspective” – Jacob Moalem, MD, Assistant Professor of Surgery, University of Rochester Medical Center
- September 22 – “Carotid Surgery in the 21st Century” – James J. Goodreau, MD, Co-Director, Vascular Lab (LVH-M)
- September 29 – “Congenital Diaphragmatic Hernia” – Kevin Lally, MD, Professor and Chair, Pediatrics, University of Texas Health Science Center

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

Robert X. Murphy, Jr, MD, Division of Plastic Surgery/Hand Surgery/Burn, was the summit chair for the American Society of Plastic Surgeons (ASPS)/Plastic Surgery Educational Foundation (PSEF) Partners in Quality Leadership Summit – Assessing the Impacts of DVT and the Surgeon General’s Call to Action in Plastic Surgery, which was held July 15-16, in Chicago, Ill.

At this meeting, Dr. Murphy gave the following presentations – “Global Perspective: Including the National Patient Safety Goals and the Surgeon General’s Call to Action to Prevent DVT and PE” and “Local Perspective: Plastic Surgeon Compliance with National Quality Forum and Surgical Care Improvement Projects and the Power of Institutional System Databases.”

Shereen M.F. Gheith, MD, PhD, Section of Hematopathology & Clinical Laboratory Medicine, co-authored an article, “Percentage of Gamma Delta T Cells in Panniculitis by Paraffin Immunohistochemical Analysis,” which was published in the American Journal of Clinical Pathology 2009; 131:820-826.

Indru T. Khubchandani, MD, Division of Colon and Rectal Surgery, was Visiting Professor at the Universities of Johannesburg, Durban, Pretoria and Cape Town, South Africa, from July 1-12, 2009. He delivered nine lectures and performed colon surgery, anorectal surgery and endoscopy. During Dr. Khubchandani’s visit at the annual meeting in Johannesburg, the South African Society of Coloproctology was constituted and Dr. Khubchandani was invited to deliver the inaugural address.

William L. Miller, MD, MA, Chair, Department of Family Medicine, co-authored an article – “A Survivor’s Guide for Primary Care Physicians: Building Office Relationships and Interacting with the ‘Local Landscape’ are the Keys to Resiliency. Here’s How to do Both” – which was published in the August 2009 issue of The Journal of Family Medicine.

LEGIONELLA ADMISSIONS INCREASE AT LVHN

The Division of Infectious Diseases has noticed an increase in serious legionella pneumonia cases in 2009 compared to 2008. While the reason for the increase is currently unknown, the Antimicrobial Stewardship Committee would like to provide a quick update on testing and therapy. Legionella should be considered in any patient admitted with a severe CAP, especially in patients who are smokers. Legionella can be tested for by choosing the Legionella Ag, RDM UR under the Laboratory tab. Levofloxacin and azithromycin are both considered effective for legionella treatment for a 10-21 day course, although, levofloxacin may result in a more rapid improvement and shorter length of stay. Seriously ill or immunosuppressed patients should be treated for the full 21 days starting with IV therapy.

If you have any questions regarding this issue, please call Jarrod Kile, RPh, at 610-402-2389.
WHO’S NEW

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

Medical Staff

New Appointments

Haider Asad, MD
Health Network Laboratories
Lehigh Valley Hospital-Muhlenberg
2545 Schoenersville Road
Bethlehem, PA 18017-7384
Phone: 484-884-4267  Fax: 610-867-7318
Department of Pathology and Laboratory Medicine
Division of Anatomic Pathology
Section of Gynecologic Pathology
Provisional Active

Alex N. Benjamin, MD
Lehigh Valley Infectious Diseases Specialists
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

Paola G. Blanco, MD
Eastern Pennsylvania Gastroenterology & Liver Specialists, PC
451 Chew Street, Suite 401
Allentown, PA 18102-3492
Phone: 610-821-2828  Fax: 610-821-7915
Department of Medicine
Division of Gastroenterology
Provisional Active

Daniel J. Bowers, MD
Eyvazzadeh and Reilly Colon & Rectal Center
406 Delaware Avenue
Bethlehem, PA 18015-1472
Phone: 610-866-2600  Fax: 610-861-7640
Department of Surgery
Division of Colon and Rectal Surgery
Provisional Active

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Division of General Pediatrics
Provisional Active

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Division of General Pediatrics
Provisional Active

Valerie J. Lewis, MD, MPH
Pediatric Specialists of the Lehigh Valley
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Phone: 484-664-7850  Fax: 484-664-7864
Department of Pediatrics
Division of Pediatric Subspecialties
Section of Adolescent Medicine
Provisional Active

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**Sarang S. Mangalmurti, MD**  
The Heart Care Group, PC  
Jaindl Pavilion, Suite 500  
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Allentown, PA 18106-0880  
Phone: 610-770-2200 Fax: 610-776-6645  
Department of Medicine  
Division of Cardiology  
Provisional Active

**Nicole M. Osevala, MD**  
LVPG-Internal/Geriatric Medicine  
The Center for Healthy Aging  
17th & Chew, P.O. Box 7017, Ground Flood  
Allentown, PA 18105-7017  
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Department of Medicine  
Division of Geriatrics/General Internal Medicine  
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**Jose E. Santiago-Rivera, MD**  
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Department of Medicine  
Division of Hospital Medicine/General Internal Medicine  
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**Amit Sareen, MD**  
LVPG-Emergency Medicine  
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Department of Emergency Medicine  
Division of Emergency Medicine  
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**Priya K. Sareen, MD**  
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Phone: 610-402-0690 Fax: 610-402-0695  
Department of Radiology-Diagnostic Medical Imaging  
Division of Diagnostic Radiology  
Section of Mammography  
Provisional Active

**Ashish A. Shah, DO**  
Hematology-Oncology Associates  
LVH-M Cancer Center  
2545 Schoenersville Road, First Floor  
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Department of Medicine  
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**Mahim Shah, MD**  
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Provisional Associate

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Provisional Active

**Scott D. Winot, MD**  
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Phone: 610-402-8130 Fax: 610-402-7160  
Department of Emergency Medicine  
Division of Emergency Medicine  
Provisional Active

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**Status Changes**

**Phillip R. Bryant, DO**  
Department of Medicine  
Division of Physical Medicine-Rehabilitation  
From: Associate To: Active

**Susan J. Kucirka, MD**  
Department of Medicine  
Division of Dermatology  
From: Affiliate To: Provisional Active

**Fred Laufer, MD**  
Department of Family Medicine  
From: Active To: Affiliate

**Name Changes**

From: Jennifer L. Reif, DO  
To: **Jennifer L. Keller, DO**  
Department of Family Medicine

From: Savithi Padmanabhan, MD  
To: **Savitri P. Skandan, MD**  
Department of Medicine  
Division of Hematology-Medical Oncology

**Phone Number Correction**

**Anita Rohatgi, MD**  
Douglas F. Turtzo, MD, PC  
Phone: 610-863-6124

**Address Changes**

**College Heights OBGYN Associates**  
Joseph D. DeFulvio, DO  
Sandra C. Thomas, DO  
1665 Valley Center Parkway, Suite 130  
Bethlehem, PA  18017-2352  
Phone: 610-317-0208 Fax: 610-317-0210

**Community Physician Practice Growth Initiative**  
Michelle K. Dilks, DO  
Megan M. Gaskill, MD  
Anna B. Keane, DO  
Joseph J. Zienkiewicz, DO  
1605 N. Cedar Crest Blvd., Suite 610  
Allentown, PA  18104-2351  
Phone: 610-439-7514 Fax: 484-221-6052

**Address Correction**

**Valley Urology Group**  
Jeffrey L. Gevirtz, MD  
Joseph Pascal, MD  
5108 Medical Center Circle, First Floor  
Allentown, PA  18106-9694

**New Practice Name**

**Jose R. Garcia, MD**  
Victor J. Powers, MD  
**St. Luke's Internal Medicine-Allentown**  
1901 W. Hamilton Street, Suite 300  
Allentown, PA  18104-6461  
Phone: 610-628-7900 Fax: 610-821-2853

**Practice Changes**

**Kristin A. Bresnan, MD**  
(No longer with Community Physician Practice Growth Initiative)

**OACIS Services**  
2166 S. 12th Street, Suite 402  
Allentown, PA  18103-4792  
Phone: 610-969-0100 Fax: 610-969-0101

**Scott E. Sexton, MD**  
(No longer with OAA Orthopaedic Specialists)

**VSAS Orthopaedics**  
Center for Advanced Health Care  
1250 S. Cedar Crest Blvd., Suite 110  
Allentown, PA  18103-6224  
Phone: 610-435-1003 Fax: 610-435-3184

**Kimberly R. Sheets, MD**  
(No longer with Riverside Family Practice)

**Valley Family Medical Center**  
1040 Chestnut Street  
Emmaus, PA  18049-1903  
Phone: 610-966-5549 Fax: 610-967-0204

**Fax Number Change**

**Lehigh Valley Physician Practice**  
Cheryl A. Bloomfield, MD  
Brian J. Costello, DO  
Maria L. Jones, MD  
Wayne C. Stuart, MD  
New Fax: 610-969-3023

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Resignations

Brian A. Acunto, DO
Department of Emergency Medicine
Division of Emergency Medicine

Traci S. Anselmo, DO
Department of Emergency Medicine
Division of Emergency Medicine

Mark A. Crowell, DO
Department of Emergency Medicine
Division of Emergency Medicine

Tammy L. Dietz, DO
Department of Emergency Medicine
Division of Emergency Medicine

Farhad Elmi, MD
Department of Medicine
Division of Cardiology

Sarah J. Fernsler, MD
Department of Pediatrics
Division of General Pediatrics

John S. Jaffe, MD
Department of Surgery
Division of Urology

Sean M. Keeler, MD
Department of Obstetrics and Gynecology
Division of Obstetrics/Gynecology

Sophia J. Michailidis, DO
Department of Family Medicine

Stephen J. Miller, DO, MPH
Department of Family Medicine

Manisha D. Naik, DO
Department of Medicine
Division of General Internal Medicine

Sandeep Patel, DO
Department of Emergency Medicine
Division of Emergency Medicine

Shirpali D. Patel, DO
Department of Medicine
Division of General Internal Medicine

Karen S. Pheasant, DO
Department of Emergency Medicine
Division of Emergency Medicine

Jessica E. Pierog, DO
Department of Emergency Medicine
Division of Emergency Medicine

Joseph H. Quercia, DO
Department of Emergency Medicine
Division of Emergency Medicine

Kyle L. Walker, MD
Department of Pediatrics
Division of Critical Care Medicine

Hillel E. Wiener, DO
Department of Medicine
Division of General Internal Medicine

Allied Health Staff

New Appointments

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Certified Registered Nurse Anesthetist
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Phone: 484-884-5783   Fax: 484-884-5757
Supervising Physician: John-Paul Gomez, MD

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Supervising Physician: Daniel M. Spatz, Jr., MD

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Continued from Page 18

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Supervising Physician: Thomas M. McLoughlin, Jr., MD

Patrick S. Lynch
Pacemaker/ICD Technician
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Secaucus, NJ 07094-1804
Phone: 800-722-3423  Fax: 610-530-9875
Supervising Physician: Sultan M. Siddique, MD

Kelli M. Mikolosko, CRNA
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Phone: 610-402-1374  Fax: 610-402-4230
Supervising Physician: Thomas M. McLoughlin, Jr., MD

Cathy S. Rutman, RN
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Health Center at Trexlertown
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Trexlertown, PA 18087-0060
Phone: 610-402-6474  Fax: 610-402-0409
Supervising Physician: Michael D. Schwartz, MD

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Phone: 610-402-8130  Fax: 610-402-7160
Supervising Physician: Emily C. Barbee, MD

Kara M. Wisniewski, PA-C
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2597 Schoenersville Road
Bethlehem, PA 18017-7309
Phone: 610-691-0973  Fax: 610-691-7882
Supervising Physician: Gene V. Levinstein, MD

Shannon Woznick, CRNA
Certified Registered Nurse Anesthetist
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Phone: 610-402-1374  Fax: 610-402-4230
Supervising Physician: Thomas M. McLoughlin, Jr., MD

Change of Supervising Physician

Darci L. Brown, PA-C
Physician Assistant-Certified
From: Chand Rohatgi, MD
To: Coordinated Health – Manny S. Iyer, MD

Christina L. Felten, CNM
Certified Nurse Midwife
From: The Midwives & Associates, Inc. – Garry Karounos, MD
Secondary Supervising Physician – Thomas A. Hutchinson, MD
To: OBGYN Associates of the LV – Michael Sheinberg, MD
Secondary Supervising Physician – Lisa Baker-Vaughn, MD

Lori A. Quick, PA-C
Physician Assistant-Certified
From: Lehigh Valley Heart & Lung Surgeons – Raymond L. Singer, MD
To: Muhlenberg Primary Care, PC – Wayne McWilliams, MD
Secondary Supervising Physician – Christine Potterjones, MD

Additional Supervising Physician

Karen L. Ferrey, PA-C
Physician Assistant-Certified
Muhlenberg Primary Care, PC
Additional Supervising Physician – Larry L. Levin, MD

Resignation

Audrey E. Zimmerman, CCCSLP
Speech Pathologist
(Easter Seal Society of LV)

In Memoriam

Donna F. Connor, CRNA
Certified Registered Nurse Anesthetist
January 6, 1954 — July 5, 2009
Medical Staff Services Office
Matthew M. McCambridge, MD
President, Medical Staff
Michael J. Pistoria, DO
President-elect, Medical Staff
Linda L. Lapos, MD
Past President, Medical Staff
John W. Hart
Vice President, Medical Staff Services
Janet M. Seifert
Coordinator, Communications & Special Events
Managing Editor

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Julie A. Gubernick, MD
Thomas A. Hutchinson, MD
Bryan G. Kane, MD
Michael W. Kaufmann, MD
Robert Kricun, MD
Linda L. Lapos, MD
Richard S. MacKenzie, MD
Martin A. Martino, MD
Matthew M. McCambridge, MD
Thomas M. McLoughlin, Jr., MD
William L. Miller, MD
Suresh G. Nair, MD
Edward R. Norris, MD
Juhan Paiste, MD, MBA
Jarret R. Patton, MD
Michael J. Pistoria, DO
Debbie Salas-Lopez, MD, MPH
Elliot J. Sussman, MD
Ronald W. Swinfard, MD
John D. Van Brakle, MD
James T. Wertz, DO
Thomas V. Whalen, MD
S. Clarke Woodruff, DMD

Visit us on the new LVHN internet site at www.lvh.org
Select “Information for: Physicians” in the lower black section, then select “Medical Staff Services” and “Services for Members of the Medical Staff”

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@lvh.com 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.