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FROM THE PRESIDENT

Thoughts of Haiti

Over the past several weeks, Haiti has been in the news and on the minds of many. I have been to Haiti. When I was in the Army and stationed at Fort Bragg in Fayetteville, NC, my family and I joined First Presbyterian Church and, with a group from the congregation, I went on short-term medical mission trips to Haiti. I was there in February of 2001 and then again in April of 2003. Our team had two missions. Half of the team built huge inland fish tanks out of cinder block and rebar to farm tilapia in an area called L'Acul about 20 miles west of Port au Prince. The fish would serve as a source of protein and income for the Haitian neighborhood. The other half of the team, my half, provided medical care to remote Haitian communities. We brought our own pharmacy from the states and each morning loaded it in the back of a truck along with our team to drive up dry river beds to reach the remote villages. The team, comprised of three physicians, four nurses, and four interpreters, would see about 200 patients a day. The most common problems were worms and malnutrition in small children. We also saw a fair amount of malaria and filariasis.

The medical team stayed at the Hospital Sainte Croix in Leogane, now collapsed, about 12 miles and a two hour drive from the airport at Port au Prince. My two trips to Haiti were both life changing. Time spent there makes you reassess your values and priorities. Life in America is easy.

It is hard to describe how poor and difficult life is for most Haitians. Even before the devastating earthquake hit on January 12, the roads were old, too few, and challenging to navigate. Electricity was inconsistent. The unsafe water supply and deficient sanitation led to many water borne pandemics. Less than half the population had access to clean drinking water. When I was there in 2003, contaminated drinking water led to an outbreak of typhoid causing dozens of deaths. There were few government services such as police, emergency medical services, and trash collection. There were only two fire stations in the entire country. No Haitian city had a public sewage system. The airport at Port au Prince had only one runway. People had cut down most of the trees to make charcoal for
MEDICAL STAFF REAPPOINTMENT PROCESS TO BEGIN MARCH 3

In compliance with the regulations of the Pennsylvania Department of Health, the Medical Staff and Hospital Bylaws, and the standards of The Joint Commission, each member of the hospital’s Medical Staff must be reappointed a minimum of once every two years.

On March 3, this year’s biennial reappointment process will be put into motion when Reappointment Packets will be mailed to over 1,000 members of the Medical Staff. Each packet will contain the following items:

- a nine-page Application for Reappointment to the Medical Staff
- a copy of the addresssee's current privilege sheet
- a malpractice claims report
- a self-addressed return envelope
- a Checklist to assist in completing the information

Although much of the information on the application is preprinted for each physician, it is of paramount importance that ALL the information is reviewed, changes made where necessary, and missing data completed. Before returning the application, please take a moment to review the Checklist to make sure all the information is complete and all the required documents have been attached to the application.

Again this year, it is a requirement that all members of the Medical Staff receive annual Tuberculosis skin testing (PPD Mantoux). For those who have a history of a positive test, they must annually provide the date of screening by their private physicians for signs and symptoms of tuberculosis. Physicians will self-report compliance through directed questions on the reappointment application. The following information will be requested: the date of the test, the results, if corrective action was necessary, when the action took place, and if a positive history, the date of screening by their private physician for signs and symptoms of tuberculosis. If the physician is unable to obtain PPD testing in the private practice setting, arrangements can be made through the hospital’s Employee Health office during walk-in hours.

In addition, the Hospital Disclosure and Conflict of Interest Statement must be completed annually. Completion for Fiscal Year 2010 is required in conjunction with the Medical Staff biennial reappointment and must be completed by April 1, 2010. (Please refer to the January issue of Progress Notes for more information.)

Please Note: Associate and Affiliate members are required to provide a letter of good standing from their primary hospital. It is the physician’s responsibility to ensure that the good standing letter is received by the Medical Staff Services Office.

The deadline to return reappointment applications is March 23. Your prompt attention in facilitating the return of the application(s) is both requested and appreciated.

If you have any questions regarding the reappointment process, please contact the Medical Staff Services Office at (610) 402-8900.

ANNUAL TUBERCULOSIS SKIN TEST REMINDER

At its September 6, 2005 meeting, the Medical Executive Committee approved a requirement that all Medical Staff and Allied Health Staff members would receive annual Tuberculosis skin testing (PPD Mantoux). Since January 1, 2006, practitioners have been required to self-report compliance through directed questions on the initial and reappointment applications to the Medical Staff and Allied Health Staff.

As part of this year’s Medical Staff biennial reappointment, members of the Medical Staff are reminded that they are required to obtain an annual PPD test this year.

If you are unable to obtain PPD testing in your private practice setting, arrangement may be made through Employee Health during walk-in hours. For a list of walk-in hours, please contact the Employee Health office at 610-402-8869.
ATTENTION PRACTITIONERS WITH MODERATE SEDATION PRIVILEGES

All Medical Staff members with Adult and/or Pediatric Moderate Sedation privileges at LVHN are required to successfully complete the eLearning Adult and/or Pediatric Moderate Sedation module(s) and examination by April 2, 2010. This requirement is mandatory for continuation and maintenance of these privileges and for your 2010 Medical Staff Biennial Reappointment.

In addition, current life support certification (NRP, NAALS, ARLS/ALS, ACLS, PALS or ATLS as appropriate for patient practice population) is also required to maintain these privileges. If your life support certification will expire before June 30, 2010, please make arrangements for renewal by contacting the Emergency Medicine Institute (EMI) at 610-969-0280.

Continued from Page 1

cooking and as a result, deforestation was a significant issue as a large percentage of the topsoil had washed into the ocean. Nearly 200,000 people were living with HIV or AIDS. Just half of Haitian children were vaccinated against basic diseases like diphtheria and measles. Many people lived in crowded, small, tin-roofed shacks perched on unstable, steep ravines. The United Nations World Food Program estimated that 80 percent of Haiti’s population lived below the poverty line. Average life expectancy was only 44 years.

The hospitals and clinics were basic and too few. If a patient was admitted, the family would be responsible for purchasing medications at the pharmacy across the street and bringing them to the bedside. In addition, the families provided daily food for their hospitalized loved ones. The hospital where I stayed had, at most, a unit or two of blood. In terms of health care spending, Haiti ranked last in the western hemisphere spending only $83/person/year. In Haiti, there were 25 physicians for every 100,000 people. In contrast, in America, we spend $7,421/person/year and have 270 physicians for every 100,000 people.

On each trip, the night before we departed, we stayed in a large, 145-room hotel called the Hotel Montana, now flattened, in one of the nicer sections of Port au Prince to be close to the airport. The hotel was high on a mountain and had a verandah that overlooked the three million people of Port au Prince. The view during the day was remarkable, but the view at night was more poignant. What was striking at night was the lack of lights in a densely populated city – no electricity.

Failure to complete the appropriate eLearning programs and/or renewal of required life support certification will result in the loss of your Adult and/or Pediatric Moderate Sedation privileges.

Access to the Moderate Sedation modules is available from any Network PC by selecting the eLearning icon on your SSO toolbar. Once you have completed the appropriate module(s), Medical Staff Services will receive a notification.

If you have any questions regarding this issue, please call Kathy Schaeffer at 610-402-7846 or Ruth Davis at 610-402-8975 in Medical Staff Services.

It is hard to imagine a major earthquake happening in a worse place – incredibly densely populated, little electricity, poor water supply, little government infrastructure, little health care, and poor roads. Haiti was a nation on its knees to begin with and was then knocked to the ground. It was a county unusually ill-equipped to cope with a natural disaster.

Haitians have not had a break for 200 years - dictators, corruption, hurricanes, etc., and now a major earthquake. There is a Haitian saying – “mountains beyond mountains” – meaning once you have climbed one mountain, there is still another one in the distance. Sadly, this seems to be Haiti’s life story. Despite all this, some of the best, brightest and most positive people I have met have been Haitians. As a group, they are kind, proud, and incredibly resilient. People lined up for hours before we arrived at the clinic site, waited patiently for hours in the hot sun, and would be incredibly thankful.

So what can we do as health care providers in the Lehigh Valley for the people in Haiti? It’s hard to know where to start. Probably, initially, the best thing we can do is realize how blessed we are and make financial donations. However, hopefully, like for Hurricane Katrina, I suspect there will be opportunities in the future for more health care providers to travel to Haiti and provide care.

Have a nice month and keep the people of Haiti in your thoughts and prayers.

Matthew M. McCambridge, MD
Medical Staff President
ACCESSING OF PERSONAL OR IMMEDIATE FAMILY INFORMATION

It has always been Lehigh Valley Health Network’s policy that no one can access their own information or that of a family member unless they follow the process of completing the appropriate authorization form according to Network policy.

After a recent review of access policies, the following change has been made:

Confidential information shall be accessed only as required for performance of job, for access to your own Protected Health Information (information cannot be printed or transferred), or for access to Protected Health Information of an Immediate Family member with their permission by having a signed consent form on file (information cannot be printed or transferred).

The change only applies to those who already have access to the various clinical systems based on their job duties and responsibilities.

Important Points to Remember

➤ All individuals who presently have access to clinical systems (electronic medical records, IDX LastWord, etc.) based upon job or patient treatment responsibilities may access their own medical record. However, those individuals may not print or transfer that information.

➤ Anyone who already has access to the clinical systems may access records of an immediate family member as long as a written consent is on file documenting the patient’s consent for such access. However, those individuals may not print or transfer that information.

➤ Do not access information for other employees.

How to Obtain and File a Consent Form

The consent form can be found on the Health Information Management (HIM) website. From the Intranet homepage, go to Departments - Clinical, select A-K, then scroll down to HIM (medical records). Print and complete the form and then fax it to (610) 402-5823 or hand deliver to the HIM department.

Members of the Medical Staff and Allied Health Staff can also access the consent form on the Medical Staff Services website. From the Intranet homepage, go to Resources – Medical Staff Services – Medical and Allied Health Staff Resources (Internet). Under Documents, select “Authorization to Electronically Access Protected Health Information on Family Members.” Print and complete the form and then fax it to (610) 402-5823 or hand deliver to the HIM department.

Disciplinary Actions for Violating the Policy

Individuals who print, download, or otherwise transfer their own records out of the Network database shall receive a final warning for the first offense and termination of employment and/or Medical Staff and Allied Health Staff membership for a subsequent offense.

Access to an immediate family member’s record, without a signed consent form on file, shall result in a warning for a first offense if the family member of the individual who accesses the information verifies that there was permission to do so. If a subsequent offense occurs, then termination of employment and/or loss of Medical Staff or Allied Health Staff privileges shall take place. In the event the patient states that they did not provide consent for such access, the individual accessing the information shall be terminated for the first offense. Access of third party (non-immediate family) patient health information without a job or treatment reason for such access shall result in termination or loss of Medical Staff or Allied Health Staff privileges for the first offense. In the event a Pennsylvania licensed provider acting within the scope of their licensure represents that an undocumented treater-patient relationship exists, upon verification from the patient that the individual is a treater, that individual shall not be terminated for improper access, however, the individual may be subject to disciplinary action for violation of other policies or procedures.

For more information regarding this policy, please contact Carol Krieble, Corporate Compliance/Privacy Officer, at 610-969-0501.
JOSEPH CANDIO, MD APPOINTED CHIEF OF GIM

Joseph A. Candio, MD, a long-time member of the Medical Staff, was recently appointed Chief of the Division of General Internal Medicine.

Born in Hackensack, NJ, Dr. Candio received a Bachelor of Science degree from Fordham University, and completed medical school at Temple University School of Medicine. He completed an internship followed by a three-year Internal Medicine residency at the Allentown Affiliated Hospitals. Certified by the American Board of Internal Medicine, Dr. Candio joined the hospital's Medical Staff in July of 1980.

As a seasoned member of the Medical Staff, Dr. Candio has earned a reputation for clinical excellence, a balanced approach, and integrity. He served as President of the Medical Staff from 1993-1994 and has served as Interim Chief of the Division of General Internal Medicine. Dr. Candio has served on numerous LVHN search and leadership committees, and has been nominated as Teacher of the Year by residents and students. He is an invaluable long-standing member of the Department of Medicine and a wonderful asset to our network and community.

Dr. Candio is in practice with Internal Medicine of the Lehigh Valley and will continue to see patients in his clinical practice.

Seventh Triennial Physician Recognition Dinner

Attention: All Members of the Medical Staff – Mark your calendars! The seventh triennial Physician Recognition Dinner will be held on Saturday, March 27, at Bear Creek Mountain Resort in Macungie, Pa. Plan to attend the event to celebrate with your colleagues and recognize those who will be celebrating 25 and 50 years of service on the hospital's Medical Staff. Invitations will be mailed to your homes later this month. If you have moved recently, please notify Medical Staff Services of your new address by calling 610-402-8590. Also, if you plan to rent a tuxedo, C.E. Roth Formal Wear in Allentown is offering a special package deal for individuals attending the dinner.
NEWS FROM HEALTH INFORMATION MANAGEMENT

Unsigned Verbal/Telephone Orders

Medical Staff Rules and Regulations require that verbal/telephone orders are signed within 24 hours of the order. Over the past several months, a Medical Record Committee subgroup has been working on methods to improve compliance with unsigned verbal/telephone orders. Unsigned orders include both those originated by the provider and those requiring countersignature.

Since implementation of CAPOE, it was discovered that there are many unsigned verbal/telephone orders, the majority of which require co-signature. To facilitate compliance, all outstanding unsigned CAPOE orders prior to February, 2010 will be purged from the system. Therefore, upon accessing CAPOE beginning February 1, 2010, providers will be presented with a current list of unsigned verbal/telephone orders and are encouraged to promptly sign orders. Over the next several months (February – March), unsigned orders will be monitored with communication to non-compliant providers. After this time period, beginning with April discharges, unsigned CAPOE orders after discharge will become a medical record deficiency via the EHMR medical record deficiency system.

NEW DEATH CERTIFICATE PROCESS ON THE HORIZON

Physicians, are you tired of going to Medical Records to complete a death certificate? Over the next few months, a new process for handling death certificates will be introduced which will save you time.

Lehigh Valley Health Network will participate with eCedent, a complete on-line service for creating, processing, signing, and printing death certificates. The system was created to “end the death certificate paper chase” – saving time, eliminating frustration, and making everyone’s job easier. It is entirely web-based, which means you can log on and use it anytime, 24/7, from any computer with an Internet connection. There is no special hardware or software; all you need is a username and password, which will be provided to you in the near future.

eCedent is quick and easy to use. For physicians, eCedent will provide electronic notification when a death certificate requires your signature (via your choice of email, fax, or text message). Then you simply go to the website, log in with your username and password, and receive full access to all of your cases. Pronounce, certify and sign electronically in minutes, at your convenience, and you’re done!

Additional information regarding implementation and training will be communicated to you within the next few weeks.

For more information regarding this new system, please contact Susan Cassim, Director, HIM Operations, at 610-969-3864.
NEWS FROM CAPOE CENTRAL

More Timely Hypoglycemia Treatment As a Result of CAPOE Revisions

As part of continuous improvement to provide safe and timely care of adult patients with hypoglycemia, actual medication treatments as per the LVHN Hypoglycemia Clinical Practice Guideline will now be attached to all adult VS-BG Monitoring Order Sets (except for Q1 hr and one time orders). What does this mean for the ordering provider?

1. In addition to the “Follow Hypoglycemia CPG” that was recently added to adult VS-BG monitoring orders, three pre-selected treatments will be attached to this order set and include:
   - Glucose, Oral Liquid 15 grams
   - Dextrose 50% syringe, 25 ml IV push
   - Glucagon Inj Vial 1 mg SQ

The provider will need to complete and process order for each of these three emergency treatments so they will appear on the nurse’s PCM/PRN screen. A therapeutic duplicate screen will pop up when Dextrose is ordered; simply select “Place Order” tab to get past this screen and verify order.

It is strongly recommended that all three options are processed to allow the RN to provide the appropriate immediate treatment per patient’s condition. Being prepared for rapid treatment of a potential life-threatening situation is what this is about! Delays in treatment will happen if the order is not there for the RN. Patient safety is everyone’s concern.

2. When one of these three meds is discontinued, the user will be presented with all three medications to consider for discontinuation since they are linked in the order set.

3. For the rare case of hypoglycemic event on a patient who does not have these orders in place, an option is also now available for hypoglycemia medications to be added quick and easily. This can be accessed under: Protocol Tab/Clinical Practice Guidelines/Hypoglycemia Medications. This will present a screen with all three treatments pre-selected to allow for immediate processing and appropriate treatment by the RN as per the CPG.

For full details of the Hypoglycemia CPG, please review on the LVHN intranet. If you have any questions, please contact Joyce Najarian, Inpatient Program Coordinator, Helwig Diabetes Center at 610-402-1731.

Orders that Impact Discharge

Timely discharge of patients is critical to efficient operations and to ensuring that there are open beds for other patients awaiting admission. To facilitate optimal care for the patients, remember to use the “Impacts Discharge” priority for Consults and Diagnostic Studies. This will alert the consulting physician or the lab that the discharge of the patient is dependent upon the completion of the order. Please keep this in mind for Observation Patients.

Ordering Respiratory Treatments - it’s more than just the med

Sometimes this month, you will notice that the respiratory treatment orders have been modified to ensure that the Respiratory Treatment Order is completed along with the Respiratory Medication Order. It is important that our colleagues in Respiratory Therapy are aware of the orders to ensure appropriate evaluation and follow-up of those patients.

Viewer Tips - now online

We frequently hear questions about how best to utilize the Viewer. The most common questions refer to maximizing Viewer display speed and controlling what is displayed. A link to a PowerPoint presentation (“Viewer Tips”) showing four quick tips to improve Viewer use is available from the Physician Resources page, available from the Resources button in LastWord.

If you have any questions or concerns regarding these or any other CAPOE issues, please contact Don Leveck, MD, MBA, Medical Director, Clinical Informatics, at 610-402-1426 or pager 610-402-5100 7481.
PHYSICIAN DOCUMENTATION
Surgical Comorbidities versus Complications

There seems to be some confusion distinguishing surgical comorbidities from complications. As an example, the code (285.1) assigned for acute blood loss anemia (comorbidity) is completely different than that for post-op hemorrhage (998.11) (complication). They are completely separate entities. If ‘acute blood loss anemia’ or ‘drop in hematocrit’ was documented, but there was no documentation that a hemorrhage or hematoma complicated the procedure (as is the usual case), then acute blood loss anemia would not be considered as a complication of surgery, but rather a comorbidity.

Documenting comorbidities serves to appropriately increase your patient’s severity of illness without being seen as a “complication.” This demonstrates to all reviewers that you are taking care of a sicker patient. By not documenting comorbidities, it may appear the surgeon only cares for healthy patients and he/she will not get credit for the true severity of illness of that patient. Your statistics will show that healthy patients are dying or developing complications under your care. For the vast majority of our staff, this would not be an accurate portrayal of your skill as a clinician.

If you have any questions regarding this issue or any other issue relating to Physician Documentation, please contact John P. Pettine, MD, Lead Coach, Clinical Documentation Improvement Project, via email at john.pettine@lvh.com.

NEWS FROM THE DIVISION OF EDUCATION

Late last year, Lehigh Valley Health Network (LVHN) hosted a two-day site visit from representatives of the Medicare Payment Advisory Committee (MedPAC) and its contracted surveyors from RAND Corporation.

Medicare, the largest financial supporter of graduate medical education (GME), has charged its advisory arm, MedPAC, to examine medical education innovations that teach residents how to provide high quality and efficient health care that meets the needs of the U.S. population. MedPAC is the body that sets Medicare reimbursement rates for clinical care, and is also in a position to influence financing decisions surrounding GME at the federal level.

LVHN was identified as one of four healthcare systems selected for site visits because of ambulatory medicine innovations (e.g., Family Medicine Residency’s P4 initiative). Based upon the surveyors’ agenda, topics discussed included: achievement of diversity among trainees, community-based ambulatory care settings, incorporation of cost and cost-effectiveness data into training, and reimbursement considerations and challenges, among others. The visitors were particularly interested in factors – facilitators as well as barriers – affecting innovation. At the conclusion of day two, MedPAC representatives commented that “the quality of education at LVHN is extraordinary.”

Particular thanks go to the Departments of Medicine and Family Medicine for their work in creating presentations, and for facilitating discussions with faculty members and residents. As Medicare struggles to provide for an aging and more diverse population, with ever-increasing rates of chronic disease, LVHN will continue to provide examples of successful ambulatory care education.

For any questions on the visit, please contact William F. Bond, MD, Chief, Division of Education, at 610-402-2413.
POOL HEALTH CARE TRUST GRANTS $175,000 TO SUPPORT TELEHEALTHCARE PILOT PROGRAM

The Dorothy Rider Pool Health Care Trust recently awarded $175,000 to support Lehigh Valley Health Network’s Department of Pediatrics in the development of a telehealthcare pilot program in the Allentown School District (ASD). Telehealth services are “the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration.”

Telehealth connections will be recommended for three elementary schools – Cleveland, McKinley and Central – and at Lehigh Valley Hospital – 17th & Chew. The three schools combined have a student population in excess of 1,200 children. This partnership will immediately increase access to care, decrease “lost” time from work for parents and guardians related to taking children to a health care provider, and improve the management of chronic disease issues in a school-aged population.

Upon approval by the ASD Board of Directors Education Committee, a working team representing the partnership will work out the details that will ensure a successful pilot including a communication and education plan for parents, staff and students.

For more information regarding this program, please contact Joseph A. Tracy, Vice President for Telehealth Services, at 484-884-4030.

LVHN DIGITAL LIBRARY

Free from Library Services – DynaMed on Smartphone or PDA!

DynaMed, the premier evidence-based clinical reference tool for health professionals is now available as a free download for Smartphones as well as PDAs. Updated daily, it contains clinical summaries for over 3,000 topics culled from the content of over 500 medical journals and evidence-based databases synthesized into a one-stop resource. In addition, the content is integrated with the electronic subscriptions of Library Services so you can get to the full text of the articles cited in the references to a topic.

To install DynaMed on your Smartphone or PDA, contact Denise Parker, Library Coordinator, at 610-969-2263 for a serial number. This serial number is good for one year of access. At the end of your subscription year, simply contact Library Services for a new serial number.

DynaMed is compatible with:

- BlackBerry running OS 4.1 or higher
- iPhone and iPod Touch
- Windows Smartphone
- PALM devices running Palm OS 3.5 or higher (m500, m700, Treo, Tungsten, Zire)
- PocketPC 2000-ARM/X-Scale, 2002/2003/2003SE running Windows mobile 5.0 or higher
- PDAs using Intel StrongArm, X-Scale or Samsung processors

After obtaining the serial number as described above, visit http://www.elscohost.com/dynam/technical.php for more device specifications and installation instructions.

If you have any questions regarding this issue, please contact Linda M. Schwartz in Library Services at 610-402-8410.
Protocol and Clinical Practice Guidelines for Alcohol Withdrawal to Go Live

Alcohol and the Alcohol Withdrawal syndrome continue to be a common, under diagnosed co-morbidity in our patients.

Last year, a multidisciplinary committee was formed and developed a protocol and clinical practice guidelines for the identification of patients at risk for alcohol withdrawal. The protocol and guidelines were approved by the Medical Executive Committee in May, 2009. Over the past few months, the protocol has been piloted on medical, surgical and critical care units at the LVH-Cedar Crest and LVH-Muhlenberg sites.

On February 16, all adult units and Emergency Departments will be going live with the Alcohol Withdrawal Protocol. The protocol will be available on LastWord and utilizes the “CAGE” questionnaire and the Clinical Institute of Withdrawal Assessment of Alcohol scale, revised (CIWA-Ar) as well as built in order sets through CAPOE.

Goals of the protocol include:
- Identify the illness/safe Detox
- Decrease the frequency of progression to seizure/delirium tremens
- Decrease length of stay
- Decrease utilization and cost/case
- Improve compliance and coding

Education is available on eLearning. All physicians are encouraged to access this resource.

If you have any questions regarding this issue, please contact Ralph A. Primel, MD, Department of Psychiatry, Vice Chair, Quality Assurance, and Chair of the committee, at pager 610-402-5100 9361.

Advanced Practice Clinicians Update

Save the date . . .

"Update in Infectious Disease," a half-day conference, will be held on Monday, April 19, from 8 a.m. to 12:15 p.m., in Kasych ECC Rooms 6, 7 and 8 at LVH-Cedar Crest.

Topics will include "Seasonal Flu, Bird Flu, Swine Flu . . . What's Next?," "Update of Antimicrobials," and "Updates in Wound Care Management."

APC Quarterly Meeting

The next quarterly meeting of the Advanced Practice Clinicians will be held on Thursday, April 22, beginning at 5:30 p.m., in Kasch ECC Rooms 7 and 8 at LVH-Cedar Crest.

Election of a President-elect and two at-large members of the Executive Council will be held at the meeting. Please plan to attend.

For more information, call 610-402-APC1 and leave a message.
CONGRATULATIONS

Dale A. Dangleben, MD, Division of Trauma-Surgical Critical Care/General Surgery, was the recipient of the 2009 Penn State College of Medicine Annual Affiliate Site Teacher of the Year Award. One faculty member from each of the core clinical clerkships is chosen to receive this award in recognition of excellence and commitment to the education of medical students. Dr. Dangleben serves as the General Surgery Residency Assistant Program Director and the Medical Student Clerkship Director. Dr. Dangleben is in practice with Surgical Specialists of the Lehigh Valley. He has been a member of the Medical Staff since July, 2006.

Donald L. Levick, MD, MBA, Medical Director, Clinical Informatics, has been named to the Editorial Board of CMI Magazine. The magazine and associated website are directed toward Chief Medical Information Officers and other physicians working in the medical informatics field. Dr. Levick will review articles submitted for publication, participate in editorial content discussions, and will provide relevant comment to published articles. Dr. Levick is in practice with ABC Family Physicians. He has been a member of the Medical Staff since July, 1985.

PAPERS, PUBLICATIONS AND PRESENTATIONS

Ronald S. Freudenberg, MD, Chief, Division of Cardiology, and Matthew M. Schumaecker, MD, Division of Cardiology, were two of the co-authors of the article – “What is the Appropriate Approach to Prevention of Thromboembolism in Heart Failure?” – which was prepublished online December 18, 2009 in Thrombosis and Haemostasis.

Michael T. Hartman, CRNA, MSN, Certified Registered Nurse Anesthetist, and John B. Lang, DO, Department of Anesthesiology, co-authored the article – “Clinical Benefits of Visualization of Airway Anatomy and Manipulation of the Endotracheal Tube Cuff with the GlideScope in the Morbidly Obese Patient During Tracheotomy” – which was published in the December 2009 issue of the AANA Journal (Volume 77, Number 6).

John J. Hong, MD, Chief, Section of Trauma Research, and Michael M. Badellino, MD, Department of Surgery Vice Chair for Education, and General Surgery Residency Program Director, co-authored the article – “Intraperitoneal Administration of a Synthetic Monoacylglyceride Improves Survival in a Murine Model of Abdominal Sepsis” – which was published in the January 2010 issue of The Journal of Trauma: Injury, Infection, and Critical Care (Volume 68, Number 1).

Sweety Jain, MD, Department of Family Medicine, authored the article – “Building a Medical Home for Patients with Disabilities: Our Blueprint” – which appeared in the Fall/Winter 2009 issue of Keystone Physician, a publication of the Pennsylvania Academy of Family Physicians.

Rovinder S. Sandhu, MD, Division of Trauma-Surgical Critical Care/General Surgery, as part of the Eastern Association for Surgery of Trauma Practice Management Workgroup, co-authored the article – “Clinical Practice Guideline: Red Blood Cell Transfusion in Adult Trauma and Critical Care” – which appeared in the December 2009 issue of The Journal of Trauma: Injury, Infection and Critical Care (Volume 67, Number 6).

Brian Stello, MD, Department of Family Medicine, authored two book chapters – Pneumonia (Mycoplasma) and Fibromyalgia – which were published in Essential Evidence Plus.

Prodromos A. Ververeli, MD, Chief, Division of Orthopedic Surgery; Eric B. Lebby, MD, Associate Chief, Division of Orthopedic Surgery, and Cheryl A. Tyler, RN, co-authored the article – “Evaluation of Reducing Postoperative Hip Precautions in Total Hip Replacement: A Randomized Prospective Study” – which appeared in the December 2009 issue of Orthopedics.
MEDICAL STAFF SERVICES WELCOMES NEW MEMBER

Trent Smith, who many of you know from Information Services, recently joined the Medical Staff Services team as Coordinator of Information Technology.

In his new position, Trent will be responsible for support of credentialing activities through the design of merged forms and reports. In addition, he will assist in maintaining LastWord provider records for medical staff, allied health staff, residents, and community physicians. In cooperation with Information Services, Trent will also be responsible for researching new technologies and trends applicable to the Medical Staff.

Trent has been a member of the hospital's staff since 2007. Since that time, he worked in the Information Services Department with a strong emphasis on customer service and support. Prior to joining the Medical Staff Services team, Trent was a Senior I/T Technician responsible for the Cedar Crest & I-78 location.

Outside of work, Trent enjoys teaching and judging competitive high school marching bands. He also plays five instruments. Trent resides in Tobyhanna with his wife, Anita, and their son, Jacob.

Trent's office is located in the Medical Staff Services Department on the first floor of the hospital at Cedar Crest & I-78. He can be reached via email at trent.smith@lvh.com or by phone at 610-402-1291.

The first of three 2010 eLearning Core Curriculum “bundles” will be released in early February and must be completed by March 31, 2010. This bundle, sponsored by The Joint Commission and Regulatory Excellence Department, includes courses designed to align with The Joint Commission 2010 regulations. Subsequent eLearning bundles pertaining to OSHA and Corporate Compliance are scheduled for release in the second and third quarters of 2010.

eLearning Core Curriculum courses are mandatory for all network-employed physicians, however, private practitioners are also encouraged to complete them.

If you have any questions regarding eLearning, please call the I/S Help Desk at 610-402-8303.
Communication – Installment 1: What we have here is a failure to . . . communicate.

One of the most common reasons for an Ethics consultation here at Lehigh Valley Health Network is communication failure. This is a well recognized issue. According to Jay Katz, a Yale professor and expert in medical ethics, “What has been true for the evolution of mankind has been equally true for the progress of medicine: We have spared no effort to make better tools but we have paid little attention to learning how to communicate better with one another.”

Communication is not only the cornerstone of the doctor-patient relationship but all of society as well. As Robert Buckman, palliative care expert and oncologist said, “Almost invariably, the act of communication is an important part of therapy; occasionally it is the only constituent. It usually requires greater thought and planning than a drug prescription, and unfortunately it is commonly administered in sub-therapeutic doses.”

Communicating in medicine involves two basic elements: Transmitting medical information and engaging in a therapeutic dialogue. Simply talking is not communicating. It is well known that the most common contributing factor in ethics consults and malpractice suits is faulty communication.

There are several types of communication in medicine that are particularly sensitive and difficult. They include delivering bad news, goals of care discussions, especially those involving CPR status, and family meetings, which will be addressed in future installments in this series. However, in this first installment, some basics to all communication will be reviewed.

So what are some strategies for effective communication? The use of non-verbal communication is important. One can speak volumes with simply a nod of the head and body language. The conveyance of an empathic presence is vital. Be sure to sit down at eye level with the patient/family and as close as the relationship dictates. Leaning in to the patient also adds to the perception of being truly interested in what the patient has to say. Show that you are paying attention with accurate following, such as nodding and short affirmations such as “Oh” and “Uh-huh.” Do not lead the patient. Gentle confrontation of issues with honest labeling is useful where appropriate. For instance, “When you talk about your wife, you say that you understand why she doesn’t visit more often, but there are tears in your eyes. Can you tell me more about how you feel when she doesn’t visit?” Notice the use of open-ended questions. Be certain to clarify responses and integrate and summarize what has been said periodically and at the conclusion of the discussion.

So what gets in our way of effective communication? There can be many reasons – personal, psychological, cultural and organizational. According to Robert Buckman, “In general, the most common problems are caused by relatively simple errors – faults in common courtesy, failures in listening or in acknowledging the patient’s needs.” Barriers to good listening include prejudging and evaluating the situation and the content of the discussion. Making assumptions can be damaging as well. Even more basic are the many interruptions we are subject to such as beepers and cell phones. All of these must be kept to a minimum so the patient perceives they are important.

Good communication is the most cost-effective tool we have at our disposal. In the coming segments, we will learn more about how to use this tool and overcome the barriers that exist.

If you have any questions regarding this issue, please email Robert D. Barraco, MD, MPH, Chair of the Ethics Committee, at robert_d.barraco@lvh.com.
Approved Changes to the Medical Staff Bylaws and Rules and Regulations

The following revisions to the Medical Staff Bylaws and Rules and Regulations were approved at the General Medical Staff meeting on December 14, 2009, and by the Boards of Trustees of the Lehigh Valley Hospital and Lehigh Valley Hospital-Muhlenberg on January 6, 2010.

Changes to the Medical Staff Bylaws

Revision to ARTICLE V – ALLIED HEALTH PROFESSIONALS – Section D, E, and F.

Due to the increase in Allied Health Professionals on our Staff as well as recent experiences with practitioners exercising these portions of the Bylaws, the following sections were revised:

SECTION D – PROCEDURAL RIGHTS

1. Any affected allied health professional shall be provided with written notice of a negative recommendation by the Credentials Committee or the Medical Executive Committee, as applicable, relating to appointment, reappointment, or reduction or termination of clinical privileges. When the negative recommendation is related to the allied health professional’s professional competence or professional conduct and may require a report to the National Practitioner Data Bank, the affected allied health professional shall have thirty (30) days from receipt of the notice to request a hearing and reconsideration of the negative recommendation (the “Review”) by filing a written request for a hearing Review with the Vice President, Medical Staff Services. The Medical Executive Committee shall act as the hearing panel and undertake the Review at the first or second regularly scheduled monthly meeting of the Medical Executive Committee immediately following the receipt of the request. The affected allied health professional and the Medical Staff shall have the opportunity to present written information to the panel Medical Executive Committee. The hearing panel Medical Executive Committee will render a decision, issue a final report after review of the written information or appoint an ad hoc committee to further investigate the matter. The ad hoc committee (if any) will submit its written report to the Medical Executive Committee hearing panel for action by the hearing panel Medical Executive Committee. Upon conclusion, the recommendation will be forwarded to the Governing Bodies for final action.

SECTION E – PRECAUTIONARY SUSPENSIONS

1. Whenever immediate action must be taken in the best interest of patient care or whenever the failure to take immediate action may result in imminent danger to the health of any individual, the President of the Medical Staff, the Chair of any Department, the Chief Medical Officer, the Chief Executive Officer, or the Medical Executive Committee shall each have the authority to impose a precautionary suspension of the employment and/or clinical privileges of an allied health professional, and such precautionary suspension shall become effective immediately upon imposition.

2. When a precautionary suspension has been imposed by any individual or entity other than the Medical Executive Committee, the Medical Executive Committee shall review the suspension at the next regularly scheduled monthly meeting of the Medical Executive Committee within fifteen (15) days. Upon completion of the review, the Medical Executive Committee shall continue, modify or terminate the precautionary suspension.

3. When the Medical Executive Committee imposes a precautionary suspension, the affected allied health professional shall be entitled to the Procedural Rights Section of this Article.

Continued on next page
SECTION F – AUTOMATIC SUSPENSION/REVOCATION PROCEDURE – all mention of employment in this section has been deleted.

Revision to ARTICLE XII – DEPARTMENTS – Section A

Department of Emergency Medicine – Request to create the Section of Medical Toxicology

Department of Pathology and Laboratory Medicine – Request to create the Sections of Molecular Pathology and Transplantation Pathology

SECTION A - DEPARTMENTS, DIVISIONS AND SECTIONS

The Departments of the Medical Staff shall be organized as follows:

3. Department of Emergency Medicine which shall include the following Divisions: Emergency Medicine and Emergency Medical Services.

   a. The Division of Emergency Medicine shall include the Section of Medical Toxicology.

7. Department of Pathology and Laboratory Medicine which shall include the Division of Anatomic Pathology.

   a. The Division of Anatomic Pathology shall include the Sections of Breast Pathology, Cytopathology, Dermatopathology, Forensic Pathology, Gastrointestinal Pathology, Genitourinary Pathology, Gynecologic Pathology, Hematopathology and Clinical Laboratory Medicine, Molecular Pathology, Neuropathology, and Transfusion Medicine and H1.A, and Transplantation Pathology.

Changes to the Rules and Regulations

H. RECORDS

II. Completion of Medical Records

   (b) Cardiac Catheterization Laboratory Procedure Reports shall be dictated within 48 hours of the performance of the study in the medical record immediately after the procedure.

   (e) Discharge Summaries shall be dictated within fifteen (15) seven (7) days after the date of discharge.

A copy of the revised Medical Staff Bylaws and Rules and Regulations may be found on the Medical Staff Services website on the LVHN Intranet.

If you have any questions regarding these changes, please contact Kathy Schaeffer in Medical Staff Services at 610-402-7846.
UPCOMING SEMINARS, CONFERENCES AND MEETINGS

Cardiology Grand Rounds
The next Cardiology Grand Rounds will be held on Friday, February 5, from Noon to 1 p.m., in Kasyech ECC Room 6 at LVH-Cedar Crest and in ECC Room B at LVH-Muhlenberg.

“Adult Congenital Heart Disease – A New Horizon in Cardiology” will be presented by Jorge R. Alegría, MD, Director, Adult Congenital Heart Disease Program, University of Kentucky.

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

Family Medicine Grand Rounds
The next Family Medicine Grand Rounds will be held on Tuesday, February 2, from 7 to 8 a.m., in Kasyech ECC Room 9 at LVH-Cedar Crest, and teleconferenced to ECC Room A at LVH-Muhlenberg.

“Understanding Thyroid Disease, Testing and Treatments” will be presented by Larry N. Merkle, MD, Chief, Division of Endocrinology.

For more information, please contact Dorothy Jacquez in the Department of Family Medicine at 610-969-4965.

Medical Grand Rounds
Medical Grand Rounds will be held on the second and fourth Tuesdays of February, beginning at Noon, in the Auditorium at LVH-Cedar Crest and teleconferenced to ECC Room B at LVH-Muhlenberg and the VTC Room at LVH-17th Street.

Topics to be discussed in February include:

- February 9 – “Personalized Cancer Care” – Eliot L. Friedman, MD, Chief, Division of Hematology-Medical Oncology, and Usman Shah, MD, and Savitri P. Skandlan, MD, Division of Hematology-Medical Oncology
- February 23 – “Update in Hospital Medicine – Outdoor Medicine” – Eugene P. York, MD, Division of Hospital Medicine/General Internal Medicine

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

Neurology Conferences
The Division of Neurology conferences are held on Thursdays beginning at Noon in the locations listed. Topics to be discussed in February include:

- February 4 – “Paroxysmal Headache and its Classifications” – James E. Redenbaugh, MD, Division of Neurology – Location: Lehigh Neurology Conference Room, 1250 S. Cedar Crest Blvd., 4th Floor, and videoconferenced to Lehigh Neurology at Bathgate
- February 11 – “Epilepsy Update” – Christopher T. Skidmore, MD, Department of Neurology, Thomas Jefferson University – Location: Auditorium, LVH-Cedar Crest, and videoconferenced to Lehigh Neurology at Bathgate
- February 18 – Division Meeting – Lehigh Neurology Conference Room, 1250 S. Cedar Crest Blvd., 4th Floor, and videoconferenced to Lehigh Neurology at Bathgate

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

OBGYN Grand Rounds
The Department of Obstetrics and Gynecology holds Grand Rounds on Fridays from 7:15 to 8:15 a.m., in Kasyech ECC Room 8. Topics to be discussed in February include:

- February 5 – “Training to be a Gynecologic Surgeon” – Mitchell S. Hoffman, MD, Chair, Department of OB/GYN, University of South Florida
- February 12 – “Team STEPPS” – Kristin S. Friel, MD, Division of Obstetrics/Gynecology
- February 19 – “Update on Quality Assurance” – Fran Miranda, Manager, Risk Management and Quality Assurance, Department of Obstetrics and Gynecology
- February 26 – No Grand Rounds – Mock Oral Boards

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

Continued on next page
Pediatrics 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. Topics to be discussed in February include:

- February 2 – “Celiac Disease Among Lehigh Valley Children and Treatment Update” – Naser Tolaymat, MD, Section of Pediatric Gastroenterology
- February 9 – “GME Annual Report” – Thomas V. Whalen, MD, Chair, Department of Surgery, and J.P. Orlando, Director of Medical Education
- February 16 – “Infant and Early Childhood Dental Care” – Marsha A. Gordon, DDS, Chief, Division of Pediatric Dentistry
- February 23 – “Management of Difficult Behaviors in the Teenager with Autism” – Karen E. Senft, MD, Section of Pediatric Developmental-Rehabilitation

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

Psychiatry Grand Rounds

The next Department of Psychiatry Grand Rounds will be held on Thursday, February 18, beginning at Noon (registration at 11:45 a.m.) in ECC Rooms C and D at LVH-Muhlenberg.

“Legal Issues in Psychiatry” will be presented by Georgine A. Oleza, Director of Risk Management

For more information, please contact Tammy Schweizer at tammy.schweizer@lvh.com or by phone at 610-402-5766.

Schwartz Center Rounds

An all-day 5th Anniversary Celebration of Schwartz Rounds will be held on Wednesday, February 10, in Kasch ECC Rooms 7 and 8. “Quiet Mind, Open Heart: Experience a walk through a portable Labyrinth” will be presented by Lynne Texter, PhD, and Janine Mariscotti, MSW, LCSW.

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

Spine Conference

Conferences relating to interesting spine cases are held on the first Wednesday of each month beginning at 7 a.m. Clinicians are invited to bring interesting cases to the meeting. The next Spine Conference will be held on Wednesday, February 3, in Kasch ECC Room 8 at LVH-Cedar Crest.

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 Auditorium at LVH-Cedar Crest and via teleconference in the First Floor Conference at LVH-Muhlenberg. Topics to be discussed in February include:

- February 2 – “GME Annual Report” – Thomas V. Whalen, MD, Chair, Department of Surgery, and J.P. Orlando, Director of Medical Education
- February 9 – “National Models to Monitor and Improve the Quality of Cancer Care” – Stephen B. Edge, MD, Chair, Department of Breast Surgery, Roswell Park Cancer Institute
- February 16 – “A Brief History of Transplantation” – Carlton J. Young, MD, Director of Pancreas Transplantation, University of Alabama at Birmingham
- February 23 – “Thomas Eakin's Clinic Paintings” – Michael Leja, MA, PhD, Professor, Department of the History of Art, University of Pennsylvania

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

Daniel G. Kiefer, MD
Department of Obstetrics and Gynecology
Lehigh Valley Hospital
17th & Chew, P.O. Box 7017
OB-GYN Administration
Allentown, PA 18105-7017
Phone: 610-969-4504  Fax: 610-969-3088
Department of Obstetrics and Gynecology
Division of Obstetrics/Gynecology
Provisional Active

Monika Mahajan, MD
Community Physician Practice Growth Initiative/LVPG-Floating Pool
1605 N. Cedar Crest Blvd., Suite 610
Allentown, PA 18104-2351
Phone: 610-439-7514  Fax: 484-221-6052
Department of Medicine
Division of General Internal Medicine/Hospital Medicine
Provisional Active

Mythili Seetharaman, MD
OAA Orthopaedic Specialists
250 Citronia Road, Second Floor
Allentown, PA 18104-9168
Phone: 610-973-6200  Fax: 610-973-6546
Department of Medicine
Division of Rheumatology
Provisional Active

Sreedevi K. Shck, DDS
Department of Dental Medicine
Lehigh Valley Hospital
17th & Chew, P.O. Box 7017
Allentown, PA 18105-7017
Phone: 610-969-3036  Fax: 610-969-3084
Department of Dental Medicine
Division of Pediatric Dentistry
Provisional Active

Change of Address

Manu P. Vachhani, MD
(Solo Practice)
3729 Easton-Nazareth Highway
Suite 101
Easton, PA 18045-8339
Phone: 610-253-1994  Fax: 610-253-8184
Department of Medicine
Division of General Internal Medicine
Provisional Active

Gavin C. Barr, MD
John P. Pettine, MD
Muhlenberg Primary Care, PC
2649 Schoenersville Road
Suite 100
Bethlehem, PA 18017-7236
Phone: 610-868-6880  Fax: 484-895-4740

Brian A. Nester, DO
LVPG-Emergency Medicine
Lehigh Valley Hospital
Cedar Crest & I-78, P.O. Box 689
Management Suite
Allentown, PA 18105-1556
Phone: 610-402-7544  Fax: 610-402-7523

Miriam Shustik, MD
Ofer J. Shustik, MD
Shustik Family Practice
2101 Irwin Blvd.
Suite 201
Bethlehem, PA 18020-8000
Phone: 610-868-1836  Fax: 610-868-1784

Change of Practice

Jennifer L. Dupre, DO
The Welcare Center
1108 N. Bethlehem Pike
Spring House, PA 19477-1602
Phone: 215-793-9999  Fax: 215-793-9972

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Ramesh P. Kadewari, MD
Palmer Pediatrics, PC
21 Corporate Drive, Suite 4
Easton, PA 18045-2664
Phone: 610-252-4220 Fax: 610-258-2553

In Memoriam
John G. Steciw, DMD
Department of Dental Medicine
Division of Orthodontics
June 13, 1947 – December 20, 2009

Allied Health Staff
New Appointments

Kristen M. Adamchik
Anesthesiology Technologist
Lehigh Valley Anesthesia Services, PC
1210 S. Cedar Crest Blvd., Suite 1100
Allentown, PA 18103-6241
Phone: 610-402-1374 Fax: 610-402-4230
Supervising Physician: Thomas M. McLoughlin, Jr., MD

Frank A. Bruno, CRNA
Certified Registered Nurse Anesthetist
Lehigh Valley Anesthesia Services, PC
1210 S. Cedar Crest Blvd., Suite 1100
Allentown, PA 18103-6241
Phone: 610-402-1374 Fax: 610-402-4230
Supervising Physician: Thomas M. McLoughlin, Jr., MD

Debra A. Dudeck, CST
Certified Surgical Technician
OAA Orthopaedic Specialists
250 Cetronia Road
Second Floor
Allentown, PA 18104-9168
Phone: 610-973-6200 Fax: 610-973-6546
Supervising Physician: Thomas D. Meade, MD

Deirdre A. Lenahan, PA-C
Physician Assistant-Certified
VSAS Orthopaedics
1250 S. Cedar Crest Blvd., Suite 110
Allentown, PA 18103-6224
Phone: 610-435-1003 Fax: 610-435-3184
Supervising Physician: Dale J. Federico, MD

Anna L. Mickela, PA-C
Physician Assistant-Certified
VSAS Orthopaedics
1250 S. Cedar Crest Blvd., Suite 110
Allentown, PA 18103-6224
Phone: 610-435-1003 Fax: 610-435-3184
Supervising Physician: Yuri J. Bykov, MD

Jody L. Smith, RN
Pacemaker/ICD Technician
Boston Scientific
4100 Hamline Avenue N.
St. Paul, MN 55112-5798
Phone: 800-227-3422 Fax: 651-582-5543
Supervising Physician: Korosh Khalighi, MD

Daniel R. Tillman
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Phone: 610-402-1374 Fax: 610-402-4230
Supervising Physician: Thomas M. McLoughlin, Jr., MD

Change of Supervising Physician
Nicholas E. Fusco, PA-C
Physician Assistant-Certified
From: VSAS Orthopaedics – Mitchell E. Cooper, MD
To: OAA Orthopaedic Specialists – Kevin K. Anbari, MD

Jennifer A. Rauch, CST
Certified Surgical Technologist
From: OAA Orthopaedic Specialists – Paul F. Pollice, MD
To: VSAS Orthopaedics – Prodromos A. Ververeli, MD

Change of Secondary Supervising Physician
Aimee R. Kessler, CNM
Certified Nurse Midwife
Supervising Physician - Bonnie F.B. Osterwald, MD
Secondary Supervising Physician – From: Garry C. Karounos, MD
To: Thomas A. Hutchenson, MD
Medical Staff Services Office
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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
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Managing Editor

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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. Noeris, MD
Juhua Paiste, MD, MBA
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Michael J. Pistoria, DO
Debbie Salas-Lopez, MD, MPH
Elliot J. Sussman, MD
Ronald W. Swinfard, MD
John D. Van Braak, MD
James T. Wertez, DO
Thomas V. Whalen, MD
S. Clarke Woodruff, DMD

Visit us on the new LVHN internet site at www.lvhn.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@lvhn.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.