In last month’s column, I mentioned the strong contributions of our Administrative Partners, Technical and Support Partners, and Patient Transporters. This month, I want to acknowledge our Advanced Practice Clinicians (APCs) – Physician Assistants, Nurse Practitioners, Certified Registered Nurse Anesthetists, Chiropractors and others. These APCs – can we please delete the term mid-level provider from our collective vocabulary? – constitute an increasingly important part of our care team.

In the interest of full disclosure, my wife has been a PA with the Network since late 2000. I am not writing this column with a gun to my head (I asked her to put it away…). We presently have almost 500 APCs at LVHN. The increased role of APCs in patient care, particularly in the hospital setting, corresponds with changes in resident physician duty hours. As residents have seen their roles become more focused over the past 10 years, the responsibilities of our APC colleagues have expanded. This growth has been wonderful professionally for APCs, but has not been without its share of stressors.

As APCs continue integrating into our inpatient and outpatient practices, we must be deliberate about the parts they play. These highly skilled individuals should have clearly defined roles in the healthcare team. We must develop intentional relationships with them, identifying their professional goals and mentoring them just as we would a junior partner. I continue to talk about medicine as a team sport. APCs are a vital part of that team – let us coach them and learn from them so that the team can function at its best.
Continued from Page 1

We all seem to have difficult stretches in our lives. The life of an organization is no different and we certainly do seem to be in a rough patch. Each day brings some other news or regulatory site visit. This unabated stream of news impacts us collectively and individually. We each own a piece of that stress and it makes it difficult to remain positive.

Here’s what I know – we are a tremendous healthcare network filled with highly skilled and dedicated people. There is no place I would rather be treated if I were sick. I value our compassion and technical skill. We have achieved amazing things here and we have so much more to accomplish. We must continue working together, communicating and supporting each other. We learn and improve where we can. We must continue moving forward.

Thanks to those Medical Staff members who, at the June General Medical Staff meeting, voted to donate $2,000 toward the Hackerman-Patz House.

This lodging facility, located behind the helipad at LVH-Cedar Crest and opening in August, is designed for family members of patients admitted to LVHN for prolonged stays. Previously, family members had to find lodging at local hotels. Given the economic hardship this placed on some of our patients’ families, rooms at the Hackerman-Patz House will be offered at a discounted rate. The donation from the Medical Staff is designed to support those family members for whom even the discounted rate is difficult to afford. Thank you for your generosity and for all you do for our community.

Enjoy your summer!

Michael J. Pistoria, DO
Medical Staff President

PCE PRESCRIPTION: INVOLVING PATIENTS AND FAMILIES IN THEIR CARE

The goal of Lehigh Valley Health Network’s Patient-Centered Experience (PCE) initiative is to give patients and their loved ones the best possible health care experience. Through PCE, the health network has developed ways to involve patients and families in their care.

PCE Outcomes: In the health network’s hospitals, traditional visiting hours were eliminated, and family presence and guest visitation guidelines were established. Patients are encouraged to spend as much time with loved ones as they desire. Nurses on 19 units are conducting bedside shift reports with family members present.

Why this is important to you: “Research shows the participation of family members as ‘partners in care’ provides cost savings, improves management of chronic and acute illnesses, enhances continuity of care, prevents hospital readmissions, and enhances the patient and family’s experience” says Bruce A. Ellsweig, MD, Vice Chair, Family Medicine Community Practices, and Medical Director of Lehigh Valley Hospice.

Next step: To learn about involving patients and families, visit the PCE Sharepoint site at http://lvhsharepoint3/pcetoolkit. Under “Links,” click on “The Institute for Family-Centered Care.”

For information about PCE, contact James Geiger, Senior Vice President, Operations, at 610-969-4290; Anne Panik, Senior Vice President, Patient Care Services, at 610-402-4267, or James Prowant, Associate Executive Director, Primary Care Operations, at 610-439-7509.
MEDICAL EXECUTIVE COMMITTEE
WELCOMES NEW MEMBERS AT-LARGE

Congratulations are extended to the following members of the Medical Staff who were recently elected to serve three-year terms as members at-large of the Medical Executive Committee, beginning July 1, 2011:

Debra L. Carter, MD  
Department of Pediatrics  
Division of General Pediatrics  
*ABC Family Pediatricians*

T. Daniel Harrison, DO  
Department of Surgery  
Division of General Surgery  
*General Surgical Associates*

Michael J. La Rock, MD  
Department of Medicine  
Division of General Internal Medicine  
Section of Hospital Medicine  
*LVPG-Hospitalist Services*

Joseph E. Patruno, MD  
Department of Obstetrics and Gynecology  
Division of Obstetrics/Gynecology  
*Center for Women’s Medicine*

Pat Toselli, DO  
Department of Surgery  
Division of General Surgery  
*Toselli, Brusko, Garcia & Garcia Surgical Associates*

A special “Thank You” is extended to the members at-large, who completed their terms at the end of June, for their dedication and service to the Medical Staff as members of the Medical Executive Committee:

Paul M. Berger, MD  
Department of Surgery  
Division of Urology

Anthony P. Buonanno, MD  
Department of Medicine  
Division of General Internal Medicine  
Section of Hospital Medicine

Timothy J. Friel, MD  
Department of Medicine  
Division of Infectious Diseases

Edward R. Norris, MD  
Department of Psychiatry  
Division of Consultation-Liaison Psychiatry

Juhan Paiste, MD, MBA  
Department of Anesthesiology  
Division of Cardiac Anesthesiology
NEWS FROM HEALTH INFORMATION MANAGEMENT

Unsigned Orders – Verbal/Telephone and Physician Assistant Co-Signature

Upon accessing CAPOE (Computer Assisted Physician Order Entry), providers are immediately prompted for any unsigned orders in the Centricity Enterprise inbox which include:

- verbal/telephone orders
- co-sign orders for physician assistants

Since implementation of CAPOE, verbal/telephone orders are minimal. **The majority of the unsigned orders require co-signature from physicians who utilize physician assistants.**

Unsigned orders at the time of patient discharge become a medical record suspendable deficiency in EHMR. Signing orders in EHMR will not remove the unsigned orders from the Centricity Enterprise inbox. Orders not signed in Centricity Enterprise prior to discharge, will have to be signed in both EHMR and Centricity Enterprise to clear out the inbox.

In order to reduce the number of unsigned order deficiencies following patient discharge, please sign or co-sign unsigned orders in the Centricity Enterprise inbox when prompted. For instructions on how to sign orders from the inbox, you may refer to the Physician Resources page in Centricity Enterprise.

If you have any questions regarding this issue, please contact Zelda Greene, Administrator, Health Information Management at 610-402-8330 or by email at zelda.greene@lvhn.org.

CLINICAL DOCUMENTATION IMPROVEMENT

Postoperative Complications

It is very important to note that NOT all conditions that occur during or following surgery are classified as complications. In fact, in order for a condition to be coded and tracked as an operative complication, it must meet the following criteria:

- it must be more than a routinely expected condition or occurrence, and
- there must be a cause-and-effect relationship between the care provided and the condition, and
- there must be an indication in the documentation that it is a complication:
  - sometimes this is straight-forward as in an operative wound dehiscence.
  - other times, the complication may not be obviously apparent and must be documented as a complication of surgery.
- Also, it must modify the course of the patient’s illness or the medical care required.

According to coding guidelines, coders cannot make the determination whether something that occurred during surgery is a complication or an expected outcome. Only a physician can diagnose a condition and the physician must explicitly document whether the condition is a complication. If documentation is not clear, is nonspecific, or is conflicting, the coder will query the physician for clarification.

**Documentation Tips:**

1. Avoid using the phrase “Post-Op____”, (except perhaps “postop day #”). In coding terminology, the word “postop” may give a false impression that a condition is a complication.
2. Only state “Postop_____” if you truly mean to link a complication with your surgery.
3. Please state whether conditions occurring in the post-operative period are integral to the surgery or not.

If you have any questions regarding this issue, please contact John P. Pettine, MD, Director, Clinical Documentation Improvement Program, via email at john.pettine@lvhn.org.

Reference: Coding Clinic, Third Quarter 2009
VASCULAR SURGEON EARN TITLE OF “MEDICAL DICTATOR OF THE YEAR”

Being called a “great dictator” would be a dubious honor for most people … unless your ability to clearly and accurately dictate medical information qualified you to be named our health network’s very first “Medical Dictator of the Year.” Vascular surgeon, James J. Goodreau, MD, was recently awarded that title, and presented with the 2011 “Golden Telephone Award” trophy. Each year, the trophy will travel to the newly named Medical Dictator of the Year, who will display it proudly. The award was established to highlight superior dictation quality, which leads to accurate, timely medical reports and improved patient care.

Each year, the Medical Transcription Department staff will select the Medical Dictator who best demonstrates the seven steps to better dictation:

1. Gather pertinent patient information before you pick up the phone.
2. Choose an appropriate setting with few distractions.
3. Use the right kind of equipment. Avoid speakerphones and cell phones if you are moving while dictating.
4. Focus on using the correct Key Pad Codes when you log into the system.
5. Take time to organize your thoughts. Follow standard reports formats.
6. Speak clearly in a normal conversational tone at an even pace.
7. Provide first and last names of collaborating providers, including those that need to be carbon copied (cc’d).

Dr. Goodreau topped a strong field of 35 other practitioners who were nominated for the Golden Telephone award. This year, join the fun and jump into the competition! Try your hand at the Seven Steps to Better Dictation. Click the “Dictation Resources” link on the HIM Website to watch an interactive video featuring Dr. Pistoria, Dr. Bloomfield, Dr. Goodreau and Dr. Whalen. Perhaps next year the 2012 Golden Telephone trophy will be yours!

NEWS FROM TRANSFUSION SERVICE

Electronic Crossmatching

The Transfusion Service at LVHN is excited to announce the introduction of electronic crossmatching, approved by the FDA and AABB.

Patient eligibility requires both of the following: (1) Two separate confirmed “ABO” blood types recorded in the Lab Information System, and (2) a negative past and current antibody screen. **No change in CAPOE orders is required as all eligible patients will be automatically identified.**

Immediate benefits of electronic crossmatching include:

- elimination of the order “XMAD” and associated phone calls to crossmatch additional units (blood bank is automatically notified if additional units need to be crossmatched)
- improvement in turnaround time in the provision of red cells through the elimination of tube testing and better inventory control
- reduction in manual labor and testing consumables
- improved patient safety.

Please continue to use the comment section in CAPOE for any special instructions such as leukoreduction, irradiation or preparation of aliquots.

If you have any questions regarding this issue, please contact Bala B. Carver, MD, Chief, Section of Transfusion Medicine & HLA, at 610-402-8142.
Remember to Show Some Restraint(s)

It is very important that restraints be ordered and re-ordered in a timely manner. This is both a patient safety issue and a regulatory issue.

The “Restraint Med/Surg Initiation Orders” order set should be used to initiate Med-Surg restraints. The order set will contain the Restraint Order and a Nursing Review Order. The Nursing Review Order will appear on the Nurses’ worklist daily at 0800 to prompt the nurse to review necessity for restraints with the rounding physicians, and immediately obtain a new order for the restraint.

To reorder the restraints, the Restraint Med/Surg Daily Orders should be used. There is no need to use the Initiation Orderset; the Nurse Review order will already appear daily.

When the need for restraints no longer exists, both the restraint order and the nurse review order need to be discontinued.

Looking for CE Tutorials?

The Software Education team of Information Services has built an educational online tutorial web page for “How To” documentation for CE. On the LVHN homepage, select the Centricity Resources link then click on the Physician Resources link (on the left side) and choose any of the existing topics. If you have any suggestions for topics to be added, please call 610-402-1703.

Want Read-Only Access to CPO?

There have been several requests from inpatient physicians for access to CPO (Centricity Physician Office – the ambulatory EMR installed in many of the LVPG practices). Read-only access to CPO is now available to practitioners who request it and will allow them to review important ambulatory information for patients (of CPO practices) who are being admitted, evaluated in the Emergency Department, or those in the hospital for a procedure. Access has already been provided to the ED physicians, the LVPG Hospitalists and inpatient pharmacists.

Access to CPO will be provided via the LifeBooks and on the workstations in the Medical Staff and Operating Room lounges.

Please remember that if you access CPO, all existing policies regarding access to confidential patient information apply as they do when accessing any other system.

If you (and members of your group or Division) are interested in having access to CPO, please call 610-402-1703 to schedule a training session. It will be more efficient to train in groups; please coordinate the requests with your group or Division. Training only takes 20 minutes.

If you have any questions or concerns regarding these or any other CAPOE issues, please contact Don Levick, MD, MBA, Medical Director, Clinical Informatics, at 610-402-1426 or pager 610-402-5100 7481.
CONGRATULATIONS

Donald L. Levick, MD, MBA, Medical Director of Clinical Informatics, was re-elected to a two-year term on the Board of Directors of the Delaware Valley Chapter of the Healthcare Information and Management Systems Society (DVHIMSS).

The DVHIMSS is a chapter affiliate of HIMSS – an international, non-profit society dedicated to promoting improvement in healthcare information systems technology and to collaborating with government and regulatory bodies on policy development. DVHIMSS sponsors educational programs, meetings and events on various healthcare information technology topics, benefiting both members and the regional industry as a whole.

Dr. Levick has been a member of the Medical Staff since July, 1985. He is in the Division of General Pediatrics and is in practice with ABC Family Pediatricians.

NEW FOCUS OF CARE: ACUTE POST-OPERATIVE EPIDURAL PAIN MANAGEMENT

In an effort to improve post-operative pain management, the Department of Anesthesiology has created a new Acute Pain Service (APS) to manage epidural catheters for post-operative pain in patients who undergo abdominal and thoracic surgeries.

It has been shown that the use of epidurals in the management of acute pain:

- Decreases GI complications such as post op ileus and allows for early enteral nutrition
- Decreases pulmonary complications
- Decreases risk of development of DVT’s
- Allows the patient to have increased mobility
- Improves patient satisfaction due to better analgesia

Potential complications of epidural catheters can include hypotension, motor block, urinary retention, pruritus, respiratory depression, post dural puncture headache, bleeding, infection and inadequate analgesia. With appropriate monitoring and continued assessment of the patient, these side effects can be minimized.

Ongoing education about the care of the catheter and signs and symptoms of potential side effects are important for the benefit, safety and overall outcome of the patient.

Michael He, MD, and Cindy Wan, MD, members of the Department of Anesthesiology, have been instrumental in facilitating the new service. If you have any questions about the service, contact either Dr. He at pager 610-402-5100 7633 or Dr. Wan at pager 610-402-5100 9212.

To contact the Acute Pain Service:
- At LVH-Cedar Crest – call 610-402-2513
- At LVH-Muhlenberg – page the Anesthesiologist on call

If you have any questions regarding this article, please call Maryjane Cerrone, MSN, Pain Research and Education, at 610-402-9003.
ETHICS CORNER

Code Status and CAPOE

OLST: Orders for Life Sustaining Treatment

by Cindy Umbrell, RN, MSN, CNS

The LVHN Ethics Policy Committee recently published the policy — *Life Sustaining Treatment and Patient Centered Medical Decision* and has also developed an electronic order to document a patient’s wishes whether spoken directly or via their surrogate. The prior Withholding/Withdrawing Treatment form will be retired and will be replaced with a computerized Code Status as well as a paper version — Orders for Life Sustaining Treatment (OLST) — to be used only during Centricity downtime. The go-live date is anticipated to begin in mid-July.

Each patient will have his/her Code Status documented electronically in Centricity by the admitting Provider/APC within the specific ADMISSION Order Set you typically use. If changes to the Code Status are necessary during the patient’s hospitalization, you may access the Code Status orders via Centricity under Nursing – Procedures – Code Status.

Regardless of the manner in which you access the order Code Status, you will have two options.

- **Full Code** — which includes CPR, Intubation and Mechanical Ventilation and Aggressive Therapy appropriate to the situation. If you select the Full Code option, no other action needs to be completed other than “Process Order.”

However, if anything other than Full Code is desired, then the following order will be selected:

- **Limitations to Treatment** — The Provider/APC will be required to click on each of the items within the order to briefly document the patient’s life sustaining wishes: CPR – Intubation and Mechanical Ventilation; Medical Management (which as you recall might include very aggressive treatment but exclude CPR and Intubation); Antibiotics, and Artificial Hydration and Nutrition.

The final selection is to document whether the patient stated these wishes or if they were relayed via the patient’s surrogate, and finally the surrogate’s name and contact information can be entered via free text, when applicable.

You will note that any item that you have not discussed with the patient/surrogate should be entered as YES – Assumed to be provided – Not discussed.

All electronically entered Code Status orders will be printed and placed inside the medical record by the nursing unit staff as is currently practiced. For the rare instances that a hand written Code Status OLST form is completed, the actual OLST form will be placed inside the cover of the medical record.

**Goals of Treatment** — When Limitations to Treatment is selected, it is highly recommended that you dictate via code “58” a Goals of Treatment. Please dictate a synopsis of the discussion held between you and the patient/surrogate re: their clinical situation, the patient’s values and beliefs, etc.

The *Life Sustaining Treatment and Patient Centered Medical Decision* policy acknowledges the importance of patient and family participation in medical treatment planning. However, when a patient/surrogate requests a treatment that is not medically indicated, physicians are neither professionally nor ethically obligated to agree to provide that treatment.

The entire policy is available on the LVHN intranet. From the home page, select Resources – LVHN Policy & Procedure Manuals – Administrative Policy Manual.

If you have any questions regarding this or any other ethics issue, please contact Robert D. Barraco, MD, MPH, Chair of the Ethics Committee, at robert_d.barraco@lvhn.org.
The term Quality Improvement implies either providing care at reduced cost, providing care with better outcomes or, in the best of circumstances, delivering better results and lower cost. Valley Preferred has identified an area where we can do both, namely improving our use and utilization of imaging services.

Our data indicates that Valley Preferred spent $12,746,208 for imaging procedures in the calendar year ending in March, 2010. This amounted to $42.83 for each of our 25,000 members every month! Forty-eight percent of that total was for advanced imaging studies such as MRI, CT, and PET. For just these three studies, we spent $20.46 per member every month!

These results represent a 3.2% increase in one year. Our results compare unfavorably to similar insurance plans across all regions of the country and Pennsylvania in particular. Though I do not have data to support this, I suppose that our utilization is high across all insurance plans which is why we are often subjected to pre-authorization processes to reign in radiology costs.

There is an alternative to the preauthorization process. The alternative is for the practitioners to order the appropriate test most of the time. To do so, we need to educate ourselves in appropriate radiology ordering. Fortunately, there is a web site available at the American College of Radiology where we can find “Appropriateness Criterion” for imaging almost any body part under given clinical circumstances.

This site – www.acr.org/ac – can be consulted at the point of service in the office or in the hospital to assure the correct test will be ordered. The link is available in Centricity Enterprise on the Physician Resources page and also on the Library Resources page (which also includes a search field). The site also provides the relative radiation exposure and the journal reference citation upon which the recommendation is based. By using this web site, we can justify our orders with evidence based information. It could also support our decision to a patient if we decide a patient’s request for a particular study is not appropriate.

The possible results of widespread use of this resource would be:

- Improved efficiency by doing the best test for the problem at hand
- Probable cost saving
- Accountability
- Potential to share in any cost savings through Valley Preferred’s “Performance Based Incentive Plan” similar to how generic drug use results in rewards to doctors.

Use of this Web site does have the support of the Radiology Department.

In summary, I would hope that all of us will try to use the web site when we have any doubt as to which study to order. If you support this effort, I would welcome any ideas on how to implement it, monitor our performance, and reward those who improve their imaging ordering.

If we can do this, it will be an excellent example of clinical integration, where practitioners are rewarded for providing more efficient care – better outcomes at lower cost.

If you have any questions regarding this issue, please contact either Glenn S. Kratzer, MD, Associate Medical Director, LVPHO, at (610) 530-2290, or Jonathan J. Burke, DO, Associate Medical Director, LVPHO, at pager (610) 402-5100 1721.
UPCOMING SEMINARS, CONFERENCES AND MEETINGS

GLVIPA Quarterly Membership Meeting Change

The quarterly membership meeting of the Greater Lehigh Valley Independent Practice Association, previously scheduled for June 27, has been changed to Monday, July 11. The meeting will begin at 6 p.m., in the hospital’s Auditorium at Cedar Crest & I-78, and teleconferenced to the Educational Conference Center, Room C, at LVH-Muhlenberg.

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

Emergency Medicine Grand Rounds

Emergency Medicine Grand Rounds are held on Thursdays, beginning at 9 a.m., at various locations. Topics to be discussed in July will include:

- July 7 – LVH-M ECC Rooms B, C and D
  - Journal Club – Andy Miller, DO
  - Administrative Hour – David Burmeister, DO

- July 14
  - PGY1’s – LVH-M ECC Room A
  - Orientation to LVH-Muhlenberg
  - Baseline Testing
  - PGY2-4’s – LVH-M ECC Rooms C and D
  - Rosen’s Club – Rob Cannon, DO
  - Toxicology Series – Matt Cook, DO
  - Visiting Speaker – Brian Acunto, DO
  - M&M – Andy Miller, DO
  - Cultural Awareness – Susan Krieg, MD

- July 21
  - PGY1’s – LVH-M Banko Room 3
  - Chest Pain – Kevin Weaver, DO
  - Headache – Andy Miller, DO
  - Dyspnea – Kate Kane, MD
  - Pediatric Fever – Bryan Kane, MD
  - Abdominal Pain – Gavin Barr, Jr., MD
  - PGY2-4’s – LVH-M Banko Rooms 1 and 2
    - Physician Impairment and Substance Abuse – John W. Hart, Vice President, Medical Staff Services
    - Recruitment – Deb D’Angelo
    - How Important is the CV – Joe Sexton, MD
    - Managing Your Finances Efficiently – John Ashok

- July 28
  - PGY1’s – LVH-M ECC Room A
    - Trauma 101 – Kevin Weaver, DO, and Gavin Barr, Jr., MD
  - PGY2-4’s – LVH-M ECC Rooms C and D
    - Rosen’s – Matt Cook, DO

For more information, contact Dawn Yenser in the Department of Emergency Medicine at 484-884-2888.

Family Medicine Grand Rounds

Family Medicine Grand Rounds will be held on Tuesday, July 5, from 7 to 8 a.m., in Kasych ECC Room 9 at LVH-Cedar Crest, and teleconferenced to ECC Room A at LVH-Muhlenberg.

“Cultural Awareness” will be presented by Judith Sabino, Liaison for Cultural Awareness.

For more information, please contact Dorothy Jacquez in the Department of Family Medicine via email at dorothy.jacquez@lvhn.org or by phone at 610-969-4965.

Neurology Conference

The Division of Neurology conference scheduled for July will be held as follows:

  Location: Lehigh Neurology Conference Room, 1250 S. Cedar Crest Blvd., Fourth Floor, and videoconferenced to Lehigh Neurology’s Bathgate office.

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

Continued on next page
Nutrition Grand Rounds

Nutrition Grand Rounds will be held on the first Wednesday of each month, beginning at Noon, in the Auditorium at LVH-Cedar Crest, unless otherwise noted. The topic for July is as follows:

- July 6 – “Premature Infant” – Devayani Modak, MS, RD, CNSD

For more information, contact Kimberly Procaccino, Director of Nutrition, at 610-402-8609.

OB-GYN Grand Rounds

The Department of Obstetrics and Gynecology Grand Rounds are held on Fridays from 7 to 8 a.m., in Kasych ECC Room 8, unless otherwise noted. The topics for July will include:

- July 1 – OB/GYN Conundrums and Curiosities: Pursuing Intellectual Questions – Patricia Maran, MD
- July 8 – Clinical Practice Guidelines – How do we reach consensus? – David McLean, MD
- July 15 – State of the Department of OB/GYN – Thomas Hutchinson, MD
- July 22 – VBAC: NIH Consensus Conference Summary – John Smulian, MD
- July 29 – Department of OB/GYN Research Update – John Smulian, MD, and Anita Kurt, RN

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

Psychiatry Grand Rounds

The next Department of Psychiatry Grand Rounds presentation will be held on Thursday, July 21, beginning at Noon (registration at 11:45 a.m.) in ECC Rooms B, C and D at LVH-Muhlenberg, and teleconferenced to Kasych Room 10 at LVH-Cedar Crest.

“The Challenge of Treating Addiction in the Dually Diagnosed Population” will be presented by Michael P. Frost, MD, Director of Internal Medicine Services at The Horsham Clinic. Dr. Frost is board certified in both Addiction Medicine and Internal Medicine and is a Certified Medical Review Officer.

For more information, contact Tammy Schweizer via email at tammy.schweizer@lvhn.org or by phone at 610-402-5766.

Spine Conference

Conferences relating to interesting spine cases are held on the first Wednesday of every 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, July 6, in Kasych ECC Room 10 at LVH-Cedar Crest.

For more information, please contact James C. Weis, MD, Co-Chief, Division of Spine Surgery, or Lori Zimmerman, Nursing Manager, at 610-973-6271.

What’s New in Continuing Medical Education?

**The Learning Curve available in mid-July**

This summer, the eLearning System will be upgraded and renamed The Learning Curve (TLC). On July 8, the current eLearning system will no longer be accessible. In mid-July, you will be able to launch The Learning Curve through a NEW ICON on your SSO toolbar, which will replace the current eLearning SSO icon.

The Learning Curve will continue to be a central place for training records, and will have many of the same features as the current system. However, The Learning Curve will have a new look and feel as well as more intuitive navigation. The home page will feature easy-to-navigate links to system tutorials and other popular functions. It will provide direct access to all of your training in one place.

Supporting materials will be available through the home page of The Learning Curve. Click the TLC Help button on The Learning Curve home page to access quick reference cards, tutorials, and other training opportunities.

If you have any questions regarding CME/CNE accreditation, PI CME, or the CE Advisory Board, please contact Jane Grube, Associate Director, Continuing Education, at 610-402-2398.
PAPERS, PUBLICATIONS AND PRESENTATIONS

Nachammai R. Chinnakaruppan, MD, Division of Neonatology, was a keynote speaker at the “Working Towards a Lead-Safe Newark” conference held by the Northern New Jersey Maternal/Child Health Consortium on May 18, at Seton Hall University.

In addition, Dr. Chinnakaruppan co-authored the article – “Asymptomatic Congenital Lead Poisoning” – which was published in Clinical Toxicology, Volume 48, Number 6.

Barry H. Glassman, DMD, Division of General Dentistry, authored an article – “The Hidden Challenges of Dental Sleep Medicine” – which appeared in the May, 2011 issue of Dentaltown. He also co-authored the article – “Chronic Orofacial Pain and Headache as Trigeminally Mediated Disorders” – which was published in The Pain Practitioner, Volume 21, Spring, 2011.

In addition, Dr. Glassman presented a lecture on “The Complications of Oral Appliance Therapy for Sleep Apnea” at the Academy of Dental Sleep Medicine Annual Conference held on June 10 in Minneapolis, Minn.

Donald L. Levick, MD, MBA, Medical Director of Clinical Informatics, recently spoke at the Chief Medical Informatics Officer (CMIO) Summit – “Clinical IT Leadership Forum” – held on June 10, in Boston, Mass. His topic was “Clinical Decision Support: Where to Start.” The session was attended by CMIOs and other senior healthcare leaders.


Arnold H. Sleyper, MD, Division of Pediatric Subspecialties, Section of Endocrinology, presented two posters at the annual meeting of the Society for Pediatric Research held in May in Denver, Col. The posters were “Fatty liver disease in obese adolescents: relationship to glucose tolerance” and “A large goiter in a euthyroid child due to a thyroglobulin gene defect.”

LVHN DIGITAL LIBRARY

Scientific & Medical ART Imagebase now available

The Scientific & Medical ART Imagebase is a high quality, peer-reviewed learning objects database. It contains over 20,000 medical illustrations, 400+ medical animations with short text descriptions, web graphics, and over 250 monographs.

You can search by keyword, anatomical system, or category. There are image editing tools that allow you to add labels, leader lines, text, captions, and change the image title. The 100 most popular Anatomy and Physiology images have labels available in 13 languages. You can download the images in JPEG and PDF formats.

These images can be used within the LVHN Network for educational purposes such as:

- Research presentations
- Classroom teaching
- Presentations, lectures
- eLearning for internal audiences
- Test preparation
- Handouts
- Poster sessions
- Patient teaching handouts

AMA, APA and MLA citations are available for easy attribution. You can create your own account/folders to store images or save durable links to objects for easy access in the future.

The Scientific & Medical ART Imagebase is accessible anywhere from within the network, through WebSSO, and Centricity Enterprise. To access through the Digital Library’s Homepage, go to Find Fast/Library Services then click on Multimedia and Scientific & Medical ART Imagebase.

If you have any questions regarding the Scientific & Medical ART Imagebase, please contact Kristine Petre from Library Services at 610.402.8410.
WHO’S NEW

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

Medical Staff

New Appointments

Lucas E. Mantilla, DMD
Lehigh Valley Hospital
17th & Chew, P.O. Box 7017
Dental Clinic
Allentown, PA 18105-7017
Phone: 610-969-2245  Fax: 610-969-3084
Department of Dental Medicine
Division of General Dentistry
Provisional Active

Medical Staff Leadership Appointments

Department of Emergency Medicine
Richard S. MacKenzie, MD
Senior Vice Chair, Operations

Department of Medicine
Brian J. Costello, DO
Associate Program Director
Internal Medicine Residency Program

Jennifer L. Mariotti, DO
Associate Vice Chair (17th Street) and
Assistant Program Director
Internal Medicine Residency Program

Department of Radiation Oncology
Clinton H. Leinweber, DO
Vice Chair

Steven J. Perch, MD
Director of Education

Department of Surgery
Heiwon Chung, MD
Chief, Section of Surgical Oncology

William D. Hardin, Jr., MD
Chief, Section of Pediatric Surgery and
Chief, Section of Pediatric Trauma

Medical Directors of Patient Care Units, Laboratories and Programs

Cedar Crest & I-78 – Patient Care Units
Bolanle A. Dada, MD
Medical Director, 7B

Eric B. Lebby, MD
Medical Director, 5C

Edward J. Rosenfeld, MD
Medical Director, 6C

17th & Chew – Patient Care Units
Edgardo G. Maldonado, MD
Medical Director
Centro de Salud and Community Health and Wellness Center

LVH-Muhlenberg – Patient Care Units
John F. Wheary, DO
Medical Director, Emergency Department

The Cancer Center at Lehigh Valley Hospital
Aaron D. Bleznak, MD
Senior Medical Director, Surgical Oncology

Hospital Lab/Service Directors
Matthew W. Martinez, MD
Director, Cardiac Imaging

Status Change

Thriveni R. Vellore, MD
Department of Family Medicine
(Muhlenberg Primary Care, PC)
From: Affiliate  To: Provisional Active

Leave of Absence Extension

Kara L. Niski, DMD
Department of Dental Medicine
Division of General Dentistry

Primary Phone Number Change

Kishorkumar G. Dedania, MD
Phone: 484-894-8903

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**New Primary Address**

Lori A. Alfonse, DO  
Aaron D. Bleznak, MD  
Lehigh Valley Surgical Oncology  
1240 S. Cedar Crest Blvd., Suite 205  
Allentown, PA 18103-6264  
Phone: 610-402-7884  Fax: 610-402-8876

Ioana Nistor, MD  
Coopersburg Medical Associates  
3800 Sierra Circle, Suite 115  
Center Valley, PA 18034-8476  
Phone: 484-664-2480  Fax: 484-664-2483

Thomas V. Whalen, MD, MMM  
Lehigh Valley Hospital  
Cedar Crest & I-78, P.O. Box 689  
Management Suite  
Allentown, PA 18105-1556  
Phone: 610-402-7502  Fax: 610-402-7523

**Practice Change**

Theodore Kowalyshyn, MD  
(No longer with Muhlenberg Primary Care, PC)  
LVPG-Internal Medicine Float Pool  
1605 N. Cedar Crest Blvd., Suite 602  
Allentown, PA 18104-2351  
Phone: 610-439-7506  Fax: 484-664-2290

**Resignations**

Frank B. Moyes, DO  
Department of Emergency Medicine  
Division of Emergency Medicine  
(LVPG-Emergency Medicine)

James F. Reilly, MD, MBA  
Department of Surgery  
Division of Trauma-Surgical Critical Care/General Surgery  
(Surgical Specialists of the Lehigh Valley)

Lino Rafael O. Trinidad, MD  
Department of Medicine  
Division of General Internal Medicine  
Section of Hospital Medicine  
(LVHN Hospital Medicine at Muhlenberg)

Scott D. Winot, MD  
Department of Emergency Medicine  
Division of Emergency Medicine  
(LVPG-Emergency Medicine)

**Allied Health Staff**

**New Appointments**

Igor M. Yampolsky, MD  
Department of Psychiatry  
(The Guidance Program)

**Monet A. Ho-Sang**  
Anesthesia Technical Assistant  
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

**Jessica KT Knauss, PA-C**  
Physician Assistant-Certified  
LVPG-Psychiatry  
LVH-Muhlenberg  
2545 Schoenersville Road, Fifth Floor  
Bethlehem, PA 18017-7384  
Phone: 484-884-6501  Fax: 484-884-6504  
Supervising Physician: Laurence P. Karper, MD

**Janelle M. Sharma, CRNP**  
Certified Registered Nurse Practitioner  
Hematology-Oncology Associates  
1240 S. Cedar Crest Blvd., Suite 103  
Allentown, PA 18103-6218  
Phone: 610-402-7880  Fax: 610-402-7881  
Supervising Physician: Gregory R. Harper, MD, PhD

**Elizabeth M. VanSyckle**  
Anesthesia Technical Assistant  
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

**Dianna M. Walls, CRNP**  
Certified Registered Nurse Practitioner  
Lehigh Valley Physician Practice  
Lehigh Valley Hospital  
17th & Chew, P.O. Box 7017  
Suite 101  
Allentown, PA 18105-7017  
Phone: 610-969-4370  Fax: 610-969-3023  
Supervising Physician: Jennifer L. Mariotti, DO

Continued on next page
Additional Supervising Physician

Courtney R. Burans
Certified Genetics Counselor
LVPG-Maternal Fetal Medicine – Orion A. Rust, MD
Addition of: Pediatric Specialists of the Lehigh Valley – Philip M. Monteleone, MD

Change of Supervising Physician

Sherry L. Martin, CRNP
Certified Registered Nurse Practitioner
(LVPG-Psychiatry)
From: Muhamad Aly Rifai, MD
To: Laurence P. Karper, MD

Resignations

Kathryn J. Cooper, LPN
Anesthesia Technical Assistant
(Lehigh Valley Anesthesia Services, PC)

Scott E. Pellington, CMT
Certified Massage Therapist
(Scott E. Pellington, CMT)

Craig A. Ronco, CRNP
Certified Registered Nurse Practitioner
(Pulmonary Associates)

Mark E. Unger, CRNA
Certified Registered Nurse Anesthetist
(Lehigh Valley Anesthesia Services, PC/AnestiPlus Anesthesia Services, Inc.)
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President, Medical Staff

Michael D. Pasquale, MD  
President-elect, Medical Staff

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Past President, Medical Staff

John W. Hart  
Vice President, Medical Staff Services

Janet M. Seifert  
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Progress Notes is published monthly to inform the Medical Staff, Advanced Practice Clinicians, and employees of Lehigh Valley Health Network of important issues concerning the Medical Staff and Advanced Practice Clinicians.

Articles should be submitted by e-mail to janet.seifert@lvhn.org 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.