We need to speak a language our patients understand.

I'm not talking about cultural competence, although that is incredibly important. Rather, I'm talking about speaking in plain language to our patients about their diseases and treatments. We also need to ensure those in our care understand the information we've shared with them.

While watching the show, my wife and older daughter began talking about the various piercings and tattoos of some of the contestants. On one level, the conversation completely freaked me out because, you know, my 13 year old daughter is discussing this stuff! On another level though, I simply listened. I quickly realized their knowledge of this stuff was way beyond mine. They were basically talking another language and I was just along for the ride.

That moment made me think about some of the conversations we have with our patients and their families. Too often, we use language and terms familiar to us but completely foreign to those in our care. We talk at patients, rather than with them and then wonder why our patients do not adhere to the plans we outlined.

Continued on next page
We are slowly working to change this at LVHN. A project led by Paula Robinson (Division of Education) and Deb Peter (5K) is changing how we talk with our patients. Using simple questions, ‘teach back’ allows a provider to ensure the patient (or family member) truly understands their disease process, treatments and follow-up plans. The lead-in is simple, but the questions are powerful – “To be sure I did a good job of explaining your medications to you, it will be very helpful to have you describe to me why you take your Lasix – your water pill.” We change the dynamic, giving the patient permission to say they do not understand what we tell them. We subtly increase the likelihood that patient will view the relationship as a partnership where we are all working toward the same goal – the patient’s continued health.

I encourage you to contact Paula or Deb to learn more about ‘teach back.’ Focus on speaking at the patient’s level of understanding – change your language as the situation warrants. I would describe heart failure very differently to a patient who worked as a nurse for 20 years than I would to my parents. It is not difficult – it simply takes practice and making a mental note to do it. It works. We have seen a marked decrease in heart failure readmissions in those patients who have had teach back.

Let us begin speaking a common language. Let us communicate with our patients.

“The single biggest problem with communication is the illusion that it has taken place.” – George Bernard Shaw

Michael J. Pistoria, DO
Medical Staff President

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**Nominations Being Taken for Medical Staff President-elect and Medical Executive Committee At-Large Member**

Due to his recent appointment as Chair of the Department of Surgery, Dr. Michael Pasquale has vacated his role as President-elect of the LVHN Medical Staff. Therefore, nominations are now being accepted for President-elect of the Medical Staff to complete the two-year term previously held by Dr. Pasquale.

Although the term of Medical Staff President-elect is for two years, the individual elected to this position will complete the two-year term which began in January, 2011. In addition, this individual must be willing to make a commitment for an additional four years – two years as Medical Staff President and two years as Medical Staff Past President.

In addition, the LVHN Medical Staff Nominating Committee is currently soliciting nominations for an at-large seat on the Medical Executive Committee to fill the vacancy left by the resignation of Dr. Aaron Bleznak. The term of this at-large seat will end on June 30, 2012.

Nominations for either of these positions should be submitted in writing or by email to Michael J. Pistoria, DO (michael.pistoria@lvhn.org), Medical Staff President, via the Medical Staff Services office, Cedar Crest & I-78, or John W. Hart (john.hart@lvhn.org), Vice President, Medical Staff Services. All nominations should be submitted by **Monday, August 15, 2011**.

If you have any questions regarding these nominations, please contact Dr. Pistoria or Mr. Hart at 610-402-8980.
CHIEF OF TRAUMA APPOINTED NEW CHAIR OF SURGERY

Michael D. Pasquale, MD, who has served as Chief of the Division of Trauma-Surgical Critical Care since 1996 and Senior Vice Chair of the Department of Surgery since 2007, was recently appointed Chair of the Department of Surgery. He is a professor of surgery at the University of South Florida and is a visiting research scientist at Lehigh University.

Dr. Pasquale joined the hospital’s Medical Staff in August of 1993. He is a graduate of Bethany College and received his medical degree from Georgetown University School of Medicine. He completed his internship and general surgery residency at George-town University Hospital followed by a surgical critical care fellowship at the University of Minnesota Hospital and Clinics.

Dr. Pasquale is certified by the American Board of Surgery in general surgery and surgical critical care. In addition, he is a member of the American College of Surgeons Committee on Trauma, where he serves as Chief of Region III; the American Association for the Surgery of Trauma, where he serves on the Outcomes Committee; the Pennsylvania Committee on Trauma, where he chairs the Ad Hoc Committee on Site Survey Outcomes Measurements; and the Eastern Association for the Surgery of Trauma, where he serves as a past president and member of the foundation board.

Dr. Pasquale and his wife, Mae Ann, live in Orefield with their children – Lauren, Caitlin, Madison, David, Abby, Justin and Joey.

To fulfill his duties as Chair of the Department of Surgery, Dr. Pasquale has vacated his role as President-elect of LVHN’s Medical Staff. A new president-elect will be elected in the coming weeks.

PCE PRESCRIPTION: HELPING PATIENTS NAVIGATE LEHIGH VALLEY HEALTH NETWORK

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 help patients and families navigate hospital campuses, and continues to investigate methods to enhance wayfinding throughout the health network.

PCE Outcomes: Way-finding maps in English and Spanish were created for each hospital campus. Valet parking is available at each campus and was established at the Center for Advanced Health Care.

Why it’s important to you: “Lowering the anxiety level of patients and families improves their health care experience,” says Bruce Ellsweig, MD, Vice Chair of Family Medicine for Community Practices and Medical Director of Lehigh Valley Hospice. “Every positive experience adds to the level of trust and confidence patients and families have in our care, increasing their likelihood of returning for future care.”

Next step: Call 610-402-CARE to request hospital maps you can distribute to your patients.

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.
This September, 2011, Lehigh Valley Health Network will introduce Hyperbaric Medicine Services for patients in the Lehigh Valley community. Hyperbaric oxygen therapy will be provided on a non-emergent outpatient referral basis in the Wound Healing Center located on the third floor in the Kolb Pavilion of Lehigh Valley Hospital-Muhlenberg. The program will operate from 8 a.m. to 4:30 p.m., Monday through Friday.

Indications for referral for hyperbaric oxygen therapy include, but are not limited to:

- Diabetic foot ulcers
- Chronic refractory osteomyelitis
- Soft tissue radio necrosis
- Compromised skin grafts or flaps
- Crush injury or compartment syndrome
- Necrotizing infections

Robert X. Murphy, Jr., MD, will serve as the program’s first Medical Director.

Ginger Holko, RN, CWS, Director of LVHN Comprehensive Wound, Skin and Ostomy Services, will have clinical and administrative responsibility for the Hyperbaric Medicine program. Both Dr. Murphy and Ms. Holko have completed the Primary Training in Hyperbaric Medicine educational course required by the Undersea and Hyperbaric Medical Society (UHMS). Elizabeth Stanton, MD, and Afifi Khoury, CRNP, have also completed training in order to supervise hyperbaric oxygen therapy treatments. Additional LVHN physicians, CRNPs and clinical staff will complete training prior to program opening.

For additional information regarding Lehigh Valley Health Network’s Hyperbaric Medicine program, please contact Ginger Holko, Director, LVHN Comprehensive Wound, Skin and Ostomy Services, at 484-884-2989 or e-mail ginger.holko@lvhn.org.
LVH CITED FOR THE 16TH CONSECUTIVE YEAR AMONG BEST IN U.S.

Lehigh Valley Hospital (LVH) ranks as one of the nation’s top hospitals in *U.S. News & World Report’s* 2011-12 Best Hospitals list.

The 2011-12 list recognizes Lehigh Valley Hospital among the nation’s leading hospitals in three categories: diabetes and endocrinology (#40), gastroenterology (#48) and geriatrics (#47).

LVH has made the *U.S. News* national rankings 16 consecutive years with a total of 34 specialty category listings over the past eight years including cardiology and heart surgery, cancer, gastrointestinal disorders, gynecology, orthopedics and respiratory disorders.

This year, in addition to the Best Hospitals national rankings, *U.S. News* ranks “high-performing” hospitals in each region for the 51 largest metro areas in the country. Lehigh Valley Hospital and Lehigh Valley Hospital-Muhlenberg rank one and two respectively in the Allentown, Bethlehem and Easton region.

Lehigh Valley Hospital is cited as a high-performer in nine areas: cancer care; cardiology and heart surgery; ear, nose and throat; gynecology; nephrology; neurology and neurosurgery; orthopedics; pulmonology and urology. Lehigh Valley Hospital-Muhlenberg is listed as a high-performer in seven categories including diabetes and endocrinology; gastroenterology; geriatrics; neurology and neurosurgery; orthopedics; pulmonology and urology.

According to *U.S. News & World Report*, the Best Hospitals 2011-12 national rankings include 140 medical centers in 16 specialties. Another 2,056 hospitals qualified for national ranking but did not score high enough to be ranked. In order to be considered, a hospital must meet at least one of four standards: 1) be a teaching hospital; 2) be affiliated with a medical school; 3) have at least 200 beds; 4) have 100 or more beds plus four or more of eight key medical technologies, such as a PET/CT scanner or certain precise radiation therapies.

In each specialty, a hospital must perform a certain number of specified procedures on Medicare inpatients, or be cited by at least one physician in the past three years as among the best in that specialty by the *U.S. News* survey.

*U.S. News* says the high-performance rankings were created for the majority of patients, whose care may not demand the special expertise found at a nationally ranked Best Hospital. The added centers boast a strong record of high performance for most conditions and procedures in one or more specialties. The new rankings derive from the Best Hospital’s methodology and data that produced the 2011-12 national rankings.

“I am extremely proud of our clinicians, educators, researchers and staff for their dedication and commitment because they are the ones responsible for providing the quality care that in turn is recognized nationally by *U.S. News* and others,” said Ronald W. Swinfard, MD, LVHN’s President and CEO.

The complete list of the 2011-12 *U.S. News & World Report* Best Hospitals is available at [www.usnews.com/besthospitals](http://www.usnews.com/besthospitals) and will also be featured in the *U.S. News Best Hospitals* guidebook, which will go on sale August 30.
NEWS FROM HEALTH INFORMATION MANAGEMENT

Unsigned Verbal/Telephone Orders and Orders Requiring Co-Signature

Beginning in August, 2011, you MUST sign your verbal/telephone orders and co-sign physician assistant orders within 24 hours.

Regulatory agencies require that:
- verbal/telephone orders are signed within 24 hours of the order
- physician assistant orders are co-signed within 24 hours by the supervising physician

Beginning in August, any outstanding unsigned orders in Centricity Enterprise (CE) at the time of discharge will be assigned a medical record deficiency by Health Information Management (HIM). Those non-compliant with signing or co-signing their orders will have privileges suspended.

To facilitate compliance, all outstanding unsigned CAPOE orders prior to July 29, 2011 will be removed from the system. Therefore, upon accessing Centricity Enterprise beginning August 1, 2011, providers will be presented with a current list of unsigned verbal/telephone orders and orders requiring co-signature in their INBOX, and are encouraged to promptly sign orders.

You are encouraged to make it a habit to check the InBox and sign/co-sign your orders on a daily basis. If you are going to be away and will be unable to sign your orders, please let the HIM Department know by calling 484-884-3826.

If you have any outstanding unsigned orders in EHMR, you are encouraged to sign them prior to August 1, 2011 in order to avoid suspension for these old signature requirements. As a courtesy, HIM will contact individual physicians with outstanding unsigned orders in EHMR.

If you are unfamiliar with the process to identify and sign/co-sign orders, instructions can be found on the upper left of the Physician Resources page. The link is titled “Online Order Signing Tips.” It includes instructions on how to re-assign orders that were incorrectly assigned to you. There is also an eLearning module that focuses on the InBox. The eLearning modules are also found in the upper left of the Physician Resources page – “Centricity Enterprise eLearning.”

If you have any questions regarding this issue, contact Susan Cassium, Director, HIM Operations, at 610-969-3864, or Karen Haley, Manager, HIM Incomplete Chart Completion, at 484-884-3826. Your cooperation is expected and greatly appreciated.
CLINICAL DOCUMENTATION IMPROVEMENT

Post-Operative Ventilator Dependent Respiratory Failure (VDRF)

Documentation DO’s and DON’Ts

FACTS

- “VDRF” is coded as Acute Respiratory Failure.
- In the post-operative setting, “VDRF” (Acute Respiratory Failure) may be coded as a surgical complication whether intentional or unintentional, as coders must code directly from physicians’ documentation and may not make any assumptions.

KEY DOCUMENTATION TIPS

1. **DO NOT** document “VDRF” when a patient is only on the vent for a brief time. <24 hours post-op OR is within the expected amount of time for surgery for airway protection or due to sedation/anesthesia effects only. In these instances, please clarify in documentation why they are on a vent (i.e., for airway protection, etc.). Also, in the specific slow-to-wean cases who are not really having Acute Respiratory Failure, consider documenting “Acute Respiratory Distress” or “Acute Respiratory Insufficiency” instead of “VDRF.” Acute Respiratory Distress and Acute Respiratory Insufficiency do not track to Patient Safety Indicator (PSI) #11 (Post-operative Respiratory Failure). PSI #11 is one of several common quality metrics used by the Agency for Healthcare Research and Quality (AHRQ) to determine surgical complication rates nationally.

2. **DO** document “VDRF” or “Acute respiratory failure” if patient is on a vent for > or = 24 hours postoperatively (OR > expected amount of time for surgery postoperatively) to capture appropriate severity of illness, risk of mortality and resource utilization.

3. **DO** document “POSTOP VDRF” if you truly mean to link the complication to the surgery.

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

LVHN DIGITAL LIBRARY

Natural Standard is Back

Once again, Library Services is pleased to be able to provide you access to the Natural Standard database. Natural Standard contains high quality, evidence-based information on dietary supplements, herbs, vitamins, minerals, functional foods, diets, complementary practices, exercise, and medical conditions. It also includes drug/supplement interaction checker and depletion checker for drug effects on specific nutrients.

The Natural Standard is accessible from anywhere 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 **Complementary-Alternative Medicine**/ and then click on **Natural Standard**.

If you have any questions regarding this issue, please contact Kristine Petre from Library Services at 610-402-8410.
OPPE—MOVING REGULATION TO RESULTS

The Joint Commission requires evidence of ongoing proficiency evaluation in the credentialing process for hospital staff membership. This process is known as OPPE (Ongoing Professional Practice Evaluation). For physicians whose primary practice focus is in the inpatient arena, existing data collection and recording satisfies this requirement. For those in the outpatient arena, data collection representing standards of care are difficult to obtain. A working group in primary care has collaborated with LVHN Medical Staff Services to develop an OPPE process for staff recredentialing. This process satisfies the Joint Commission’s ongoing requirements and is approved by the Network.

The OPPE process is required for all providers; however, this column will highlight the primary care (Internal Medicine/Family Medicine) ambulatory providers. Each provider completes a brief questionnaire, developed to enable our members to demonstrate commitment to key standards. It is distributed twice a year, and completion is required in order to maintain Medical Staff privileges.

This column will occur monthly and provide information related to this OPPE process and the results obtained from our primary care providers. In addition, it is hoped that through this process we can achieve tangible and positive outcomes from completion of a regulatory requirement. We look forward to communicating the work being done in primary care and welcome questions or comments for future focus.

If you have any questions regarding this issue, please contact Bruce A. Ellsweig, MD, Vice Chair, Department of Family Medicine Community Practices, at 610-969-0300, or Jennifer L. Mariotti, DO, Department of Medicine Associate Vice Chair (17th Street), at 610-969-2255.

LVHN GOVERNMENT AFFAIRS POLICY

Federal and state law regulates lobbying activity. Lobbying includes any effort intended to influence legislation or administrative action. It also includes efforts to get others to influence legislation through grassroots activities. IRS regulations forbid the support of political candidates or partisan activity by Lehigh Valley Health Network (LVHN) as an organization. LVHN’s Political Activity, Lobbying and Government Contact administrative policy ensures the health network is in compliance with these regulations. Nothing in this policy is intended to limit one’s personal right to engage in political activity or civic engagement utilizing one’s own resources. This policy governs activity intended to represent LVHN’s interest and consumption of LVHN resources and salaries.

Health network policy states that if you are considering any political activity, government contact or lobbying on behalf of LVHN, you must first contact the health network’s office of government and legislative affairs. Such activities could include:

- Participating in a professional association’s advocacy days
- Supporting a political candidate
- Letter writing to an elected official
- Responding to an e-mail call to action
- Statements to a media outlet about an elected official or government policy
- Hosting a government visit
- Providing a gift, hospitality or entrance to a sporting event to a government official

In addition to complying with regulations, by contacting government affairs, you are ensuring your actions do not interfere with the health network’s overall government and legislative affairs strategies. A strategic approach allows the health network to work with government officials on the projects that are most important to the success of the organization rather than confusing them with numerous communications and requests.

If you choose to engage in lobbying activity after consulting with government and legislative affairs, you may be required to complete a report of your activity. The report will include the value of resources you used to conduct the activity in terms of compensation and materials.

If you have any questions or for more information, contact Mary Ensslin, Vice President of Government and Legislative Affairs, at mary.ensslin@lvhn.org or by phone at 484-884-0817.
CONGRATULATIONS

Several members of the Medical Staff have recently become board certified or recertified in their specialty. These individuals include:

**Christina M. Black, MD**, Division of Obstetrics/Gynecology, was recently certified in Obstetrics and Gynecology by the American Board of Obstetrics & Gynecology. Dr. Black joined the Medical Staff in August, 2008. She is in practice with College Heights OBGYN Associates.

**Gregor M. Hawk, MD**, Division of Orthopedic Surgery, Section of Ortho Trauma, was recently recertified in Orthopedic Surgery by the American Board of Orthopaedic Surgery. Dr. Hawk is also certified in Orthopaedic Sports Medicine. A member of the Medical Staff since March, 1999, Dr. Hawk is in practice with OAA Orthopaedic Specialists.

**Vito A. Loguidice, MD**, Division of Orthopedic Surgery/Spine Surgery, was recently recertified in Orthopedic Surgery by the American Board of Orthopaedic Surgery. Dr. Loguidice has been a member of the Medical Staff since June, 1989. He is in practice with Orthopedic Associates of the Greater Lehigh Valley.

**Thomas D. Meade, MD**, Division of Orthopedic Surgery, Section of Ortho Trauma, was recently recertified in Orthopedic Surgery by the American Board of Orthopaedic Surgery. A member of the Medical Staff since July, 1989, Dr. Meade is in practice with Coordinated Health.

**Jay E. Melman, DPM**, Division of Podiatric Surgery, was recently recertified in Foot Surgery by the American Board of Podiatric Surgery. Dr. Melman has been a member of the Medical Staff since January, 1986, and is in private practice in Allentown.

**Robert J. Tomsho, Jr., DO**, Division of Emergency Medicine, was recently certified in Emergency Medicine by the American Osteopathic Board of Emergency Medicine. Dr. Tomsho, who joined the Medical Staff in November, 2008, is in practice with LVPG-Emergency Medicine.

HEARTAWARE
LVHN to offer online cardiovascular risk screening

Lehigh Valley Health Network will launch a free, online cardiovascular risk assessment screening program in September called HeartAware. Initially, HeartAware will be offered to health network employees, with plans to offer it to the public at a later date. All primary care physicians and cardiologists at LVHN are invited to be providers for HeartAware.

To access the HeartAware screening, an employee will visit the LVHN intranet (lvh.com) and click on the HeartAware logo. Each person will receive a customized report to learn how to become more heart healthy. At-risk individuals will be offered a free appointment with a health network nurse that includes a finger-stick cholesterol measurement, blood pressure screening and risk-factor education.

Depending on the results of this appointment, a person with a moderate or high Framingham, or high Lifetime cardiovascular risk, will be given the option of either following up with his/her primary care provider, or, if he/she wishes, be referred through 402-CARE to a member of the HeartAware program.

A person with low Framingham and low Lifetime risk will receive a HeartAware education packet. A letter will be sent to his/her primary care provider outlining the screening results.

“The goals of HeartAware are to identify persons with cardiovascular disease who don’t know it, educate people and reduce the incidence of cardiovascular disease,” says cardiologist Andrew Sumner, MD, medical director for HeartAware. “Ultimately, we hope to improve the heart health of our employees and our community.”

For more information on HeartAware, please visit lvhn.org/heartaware. If you have any questions about this program, contact Dr. Sumner at andrew.sumner@lvhn.org.
A TINY DRAMA
by Susan D. Wiley, MD, Department of Psychiatry Vice Chair (LVH)

I was walking along the driveway, my mind drifting, when I noticed a moth fluttering on the pavement, in its last desperate moments of life. The apparent movement of the wings and the micro-drama of the moment caught my attention, yanking me from my reverie. I bent down to get a closer look and discovered that actually the moth was already dead. The movement I had spied was actually caused by a small ant that was struggling to move the moth.

The moth dwarfed the ant. Maybe the moth was 50 times its size. The ant was pulling it along the asphalt. First by the leg of the moth…, then the ant dropped that and grabbing hold of the head, pulled it some more. I imagined the feast the ants would enjoy upon its arrival at the colony. The commitment was amazing. It appeared to be exhausting work. The ant would periodically drop the moth and continue on its way. Then, perhaps thinking the better of it, would madly retrace its steps to reclaim its prize. Then, picking up a new aspect of the moth, begin again to drag it along. The asphalt, apparently flat and smooth to my foot, was a formidable obstacle to the ant, with lumps and bumps like dry canyons. The ant was undaunted. It figured out that if it lifted the moth’s wings up off the trail, he could sail along relatively easily. It was still rough going though and his trial seemed to go on for a long time. I held my breath, riveted to the scene.

After a while, I left the ant but I felt oddly changed. I was awake! What is this? What is there to be seen and known? What surprise is unfolding here?

The ant had shaken me from the mindless drift of my mind and transformed me. I felt more alive, bearing witness to this bit of life unfolding before me. I was inspired by the ant’s apparent determination. I could see no evidence of the self-doubt that so often accompanies my own arduous efforts. “Life shouldn’t be this way.” “I can’t do this.” “Why bother? It all comes to naught.”

There was no drama, except that which I was adding. The ant was just doing what ants do. I marveled at the grace of this little being; just doing what it does, without worrying over the outcome.

I had not planned this encounter. I held no expected outcome for it. There was simply surprise and delight: A feeling of opening to something larger than myself, larger than just what is known or believed. I wondered, how often do I miss the mystery that surrounds me?

I was grateful to the ant for the gift of awakening. I felt inspired by the magic, humbled by his focus, awed by his determination. The tiny drama I witnessed reminds me that mindfulness training cultivates the capacity to be fully present in one’s life for the mysteries that unfold around us in every moment.

The LVHN Center of Mindfulness is celebrating its 10th anniversary with a series of programs exploring mindfulness, medicine and professionalism for the hospital and community.

Continued on next page
“Mindful practitioners attend in a nonjudgmental way to their own physical and mental processes during ordinary, everyday tasks. This critical self-reflection enables physicians to listen attentively to patients’ distress, recognize their own errors, refine their technical skills, make evidence-based decisions, and clarify their values so that they can act with compassion, technical competence, presence, and insight.” – Ron Epstein, MD – JAMA. 1999: 282(9):833-839.

Ronald M. Epstein, MD is Professor of Family Medicine, Psychiatry, Oncology and Nursing at the University of Rochester School of Medicine and Dentistry, and board certified in Family Medicine and Hospice and Palliative Medicine. He authored “Mindful Practice” (JAMA, 1999), more than 160 articles and book chapters, and pioneered integrating mindfulness and medicine.

Dr. Epstein will present three lectures on **Tuesday, September 27**, in Kasych ECC Rooms 6, 7 and 8. Both Grand Rounds presentations will be telecast to LVH-M ECC Rooms C and D.

- **7 to 8 a.m.** – Grand Rounds for the Department of Family Medicine, the Department of Surgery, the Department of Obstetrics and Gynecology, and the Department of Pediatrics – “How Doctors Think, and What to Do About It”
- **9:30 to 11 a.m.** – Teaching Leaders Series – “Mindfulness and the Teaching of Professionalism”
- **Noon to 1:30 p.m.** – Grand Rounds for the Department of Psychiatry and the Department of Medicine – “Medical Errors and Physician Self-Monitoring”

**Mindfulness Courses:**

“**The Power of Kindness**” – Saturday, September 17, from 9:30 a.m. – 3:30 p.m.
Join us for a day of meditation practice. We will focus on the cultivation of compassion through meditation, reflection and poetry. The program will be led by Diane Reibel, PhD, meditation teacher, founder and director of Mindfulness Institute of Myrna Brind Center for Integrative Medicine of Jefferson University. The program is designed for both new and more experienced meditators. For more information or registration, call 610-402-CARE.

“**Mindfulness Training for Medical Professionals**” will be offered again this Fall. This experiential program teaches participants to meditate while exploring the benefits of mindfulness training on both professional and personal life. Co-led by Susan D. Wiley, MD, and Larry Silberstein, PhD, the program meets in seven 2.5 hour sessions and a 4.5 hour Saturday retreat starting **Tuesday, October 4, 2011**. The cost of the program is $495. Participants may earn up to 22 hours of category 1 CME credits. The Office of Medical Staff Services will refund $100 to participants who attend at least five of the seven sessions.

**“Mindfulness & Medicine,” a free eLearning program, offers up to 1.5 CME credits.**

**“Mindfulness-Based Stress Reduction,” our flagship program, is offered each quarter.**

For more information, please refer to the Mindfulness website at: [www.lvhn.org/MINDFULNESS](http://www.lvhn.org/MINDFULNESS), or contact Susan D. Wiley, MD, at 610-402-5900.
50th Annual

Muhlenberg Summer Festival

Aug. 17-20, 2011
Lehigh Valley Hospital-Muhlenberg
Schoenersville Road, Bethlehem

Wednesday-Friday
5-10:30 p.m.
Craft tents open at 3 p.m.

Saturday
3-10:30 p.m.
Craft tents open at 12 p.m.

Proceeds will benefit Lehigh Valley Hospital-Muhlenberg

Free admission and free parking on hospital grounds

Special Attractions
Crafts, KiddieLand, attic treasures, MOPA Club book sale, plant sale, bake booth, cash raffle, festival foods, rides and games, 2-penny candy, bingo

Free entertainment nightly 7-10 p.m.
Wed., Aug. 17  King Henry and the Showman
Thu., Aug. 18  The Cramer Brothers Band
Fri., Aug. 19  Crazy Heart
Sat., Aug. 20  The Jesse Wade Gang

Pay-one-price ride specials
Wed., Aug 17, 5-9 p.m. $18*
Thurs., Aug 18, all rides are $2 each
Sat., Aug 20, 3-5 p.m. $12* plus an entry for a bike drawing
*There will be a $2 off printable coupon at lvhn.org/goodtime

Additional activities:
Thursday, Aug. 18 - 50th Anniversary Specials
5:30 - 7:30 or 8:30 p.m. Health Fair
Saturday, Aug. 20
3:30 - 4:30 p.m. School's Out Band
4:30 and 8:30 p.m. "Stevie" Variety Entertainer
(located in KiddieLand)
Ethics education for our incoming residents has improved greatly. This year, we were fortunate to conduct narrative medicine sessions in a small group format. For those who are not aware, narrative medicine is a useful learning and reflection tool based on the writing of experiences. “The act of writing makes us slow down our thinking and give shape and form to experiences that may be shapeless and formless or perhaps chaotic. While many of us may be talented writers, it’s important to note that this is informal writing, designed not necessarily to be correct or artistic or accomplished in any special way, except in that it somehow captures the writer’s honest reaction to a significant experience.”

The job at hand was to write about an occasion when you witnessed medical professionalism at its best – or, alternatively, at less than its best. We had one hour to write the narratives and discuss them in small group. As a member of the Ethics Committee, the results were no surprise. Communication, good or bad, was the most frequent theme. Communication was of various kinds: physician-patient, physician-staff and physician-physician. Reflecting on the sessions, it seems appropriate that the most frequent way in which we exhibit our professionalism is interpersonal communication. No matter what we think or believe, it is how we regularly interact with others that tells them volumes about how we view our profession. Yes, everyone is allowed a bad day, we are not perfect. But recurring episodes or extreme interactions need to be recognized and addressed. It is strange how little time we spend teaching this versus how much time we spend teaching diagnosis and treatment. It has been common knowledge that good communication helps prevent litigation. Communication, especially dysfunctional, is the most common reason for Ethics consults in our institution.

The next area of interest seemed to involve professional behavior of giving more or less that what was required. Cases of people going above and beyond were countered by those who lost their professionalism. Several comments of “I don’t want to be like that” came up and led to discussions of managing competing interests. Many sounded like cases of provider burnout. Burnout can be defined by emotional exhaustion, depersonalization and loss of personal accomplishment. This is accompanied by a deterioration of values, dignity, spirit and will. Burnout can be treated by realistic recognition, workplace modification and personal changes but is best to be prevented.1 This will be a topic for a series of Ethics Corners in the future.

The participants seemed to value this new orientation. Several asked for a retreat to continue the work of the sessions. I know the facilitators valued the morning and would like to see more of this incorporated into our routine activities here at LVHN. Which reminds me, I would like to thank all of those involved in making this happen, especially our facilitators – William Boyer, Rachael Consoli, Ruth Fillebrown, Cathy Fuhrman, and Joseph Galassi. This is the stuff that makes our network great!

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.

1 Avoiding Physician Burnout – Family Medicine Digital Resource Library
**Upcoming Seminars, Conferences and Meetings**

**Save the Date**

- **“Spanning the Continuum – Acute Pain: Can We Prevent Chronification?”**
  - Tuesday, September 20, 2011
  - 4:15 to 8:15 p.m.
  - Kasych ECC Rooms 6, 7 and 8

- **“Collaborative Care of Your MS Patients”**
  - Monday, October 3, 2011
  - 4 to 8 p.m.
  - Kasych ECC Rooms 6, 7 and 8

For more information, please call 610-402-CARE.

**Family Medicine Grand Rounds**

Family Medicine Grand Rounds will be held on **Tuesday, August 2**, 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: Physicians’ Stories” will be presented by Kristin C. Reihman, MD, Department of Family Medicine.

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.

**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. The topic for August is as follows:

- **August 3** – “Geriatrics” – Tatyana Kemarskaya, MD, Leslie Billowitch, RD, LDN, and Lynn Kurzawa, RD, LDN

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 August will include:

- **August 5** – “Online and Library Resources at LVHN” – Kristine Petre, Library Services
- **August 12** – “Updates in Endometrial Cancer” – M. Bijoy Thomas, MD, Division of Gynecologic Oncology
- **August 19** – OB/GYN Resident Retreat – NO GRAND ROUNDS or EDUCATION DAY
- **August 26** – “Fistula” – Yong T. Zheng, MD, Division of Urogynecology/Gynecology

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

**Pediatric Grand Rounds**

The Department of Pediatrics will hold Grand Rounds at 8 a.m., in Kasych ECC Room 6 at LVH-Cedar Crest on the following Tuesdays in August:

- **August 2** – Risk Management topic
- **August 9** – “Dealing with the Ambiguous: Genital and Gender Issues from the Neonatal Period to Adolescence” – Laurissa L. Kashmer, MD, Division of Pediatric Subspecialties, Section of Endocrinology
- **August 16** – Pediatric Pulmonology topic – Michael S. Schwartz, MD, Division of Pediatric Subspecialties, Section of Pulmonary
- **August 23** – Pediatric Rehab topic – Kimberly S. Kuchinski, MD, MPH, Division of Pediatric Subspecialties, Section of Developmental-Rehabilitation
- **August 30** – Pediatric Neurology topic – Muhammed R. Sheikh, MD, Division of Pediatric Subspecialties, Section of Neurology

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

*Continued on next page*
What's New in Continuing Medical Education?

Coming in August…

Therasim Virtual Patient Simulation Cases in Diabetes and Anticoagulation. These simulations present comorbid patient information from the patient interview and medical history. Physicians can evaluate and treat accordingly using all information available. All modules are supported with sourced guidelines for advanced self-study and are CME accredited. Therasim will be available through the home page of The Learning Curve. To search for cases, type in case simulation in The Learning Curve search box.

Graduate Education Foundation library of clinical lectures and cases. These activities provide easily accessible and up to date clinical information that offers clinicians the opportunity to enhance practice and obtain evidence-based CME and CNE. Over 130 lectures covering 18 medical and surgical specialties. Graduate Education Foundation (GEF) will be available through the home page of The Learning Curve. To search for lectures, type in Graduate Education Foundation lectures or GEF lectures in The Learning Curve search box.

FYI - Upcoming Events

- HIV Conference
  September 15, 2011
  Cedar Crest Auditorium
  Registration through 610-402-CARE

- The 3rd Annual Fleming Infection Prevention and Infectious Diseases Symposium
  September 30, 2011
  Kasych Family Pavilion

- Clinical Ethics Educational Series
  Online Self-Study October 3-17, 2011

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

Indru T. Khubchandani, MD, Division of Colon and Rectal Surgery, was an invited speaker at the 4th World Congress of Coloproctology and Pelvic Diseases in Rome, Italy, from June 19-21, 2011. Dr. Khubchandani moderated a panel on surgical management of hemorrhoids presented by 11 countries across the world. He was also invited to give commentary on live surgery on laparoscopic rectal cancer excision.

In addition, Dr. Khubchandani was a co-author of the article – “Optimal timing of anticoagulation pre- and post-colonoscopy with polypectomy” – which was published in Techniques in Coloproctology, Volume 15, Number 2, June 2011.

Donald L. Levick, MD, MBA, Medical Director of Clinical Informatics, is a co-author of the “Clinical Decision Support 101” website. The website, part of the Healthcare Information Management Systems Society “Topics and Tools,” presents introductory material and resources for physicians and other leaders who are new to the field of clinical decision support. The website is viewable at http://www.himss.org/ASP/topics_clinicalDecision.asp.

Sarah L. Stevens, MD, MPH, Division of Pediatric Subspecialties, Section of Adolescent Medicine, co-authored an article – “The Efficacy of Motivational Interviewing Versus Brief Advice for Adolescent Smoking Behavior Change” – which was published in Pediatrics, Volume 128, Number 1, July 2011.
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

ADEDOTUN A. ADEWUSI, MD
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Phone: 484-884-9677  Fax: 484-884-9297
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Section of Hospital Medicine
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Division of Anatomic Pathology
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Continued on next page
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Section of Hospital Medicine  
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Department of Medicine  
Division of Neurology  
Provisional Active

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Center for Advanced Health Care  
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Department of Surgery  
Division of Urology  
Provisional Active

Continued on next page
Medical Staff Leadership Appointments

Department of Surgery

Michael D. Pasquale, MD
Chair

Alan Berger, MD
Chief, Division of Vascular & Endovascular Surgery

Practice Name Change

Trexler Town Medical Center will now be known as Trexler Town Family Medicine

Patricia A. deAngelis, DO
David G. Glueck, MD
Kevin A. McNell, MD
Stephen J. Motsay, MD
John W. Peters, DO
Victorino A. Sandoval, Jr., MD
Melissa A. Taylor, DO

Address Change

Daniel J. Csaszar, DO
P.O. Box 281
Phoenixville, PA 19460-0281
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Scott J. Lipkin, DPM
Network Office of Research & Innovation
1255 S. Cedar Crest Blvd., Suite 3500
Allentown, PA 18103-6385
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New Primary Address

Michael D. Pasquale, MD
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Cedar Crest & I-78, P.O. Box 689
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Change of Practice

Adrian C. Bell, DO
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Change of Practice and Departmental Assignment

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Section of Hospital Medicine
Provisional Active

Status Change

Courtney E. Bennett, DO
Department of Medicine
Division of General Internal Medicine
From: Limited Duty To: Provisional Active

Continued on next page
Change of Practice and Status Change

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Community Physician Practice Growth Initiative
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Department of Medicine
Division of General Internal Medicine
Provisional Active

Resignations

Daniel J. Canter, MD
Department of Surgery
Division of Urology
(Lehigh Valley Urology Specialty Care)

Peter M. Cianfrani, MD
Department of Family Medicine
(Pennsburg Family Practice)

Joseph K. Lee, MD
Department of Medicine
Division of Physical Medicine-Rehabilitation
(Coordinated Health)

Tina M. Myers, DO
Department of Family Medicine
(Pennsburg Family Practice)

Allied Health Staff

New Appointments

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Supervising Physician: Steven A. Scott, MD

Andrea J. Cope, PA-C
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Phone: 610-432-1427  Fax: 610-774-9741
Supervising Physician: Steven A. Scott, MD

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Physician Assistant-Certified
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Phone: 610-402-8130  Fax: 610-402-7160
Supervising Physician: Stephen P. Fooskas, MD

Lorianne M. Teel
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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

Change of Supervising Physician

Wendi A. Hontz, PA-C
Physician Assistant-Certified
From: Gynecologic Oncology Specialists – Martin A. Martino, MD
To: Allen Ear Nose & Throat Association – Robert M. DeDio, MD

Debra S. McGeelhin, CRNP
Certified Registered Nurse Practitioner
(The Heart Care Group, PC – Martin E. Matsumura, MD)
Addition of: LVPG-Diabetes and Endocrinology – Robert A. McCauley, MD
Removal of: Lehigh Family Medicine Associates – Henry T. Liu, MD

Resignations

Sara M. Keifer
Anesthesia Technical Assistant
(Lehigh Valley Anesthesia Services, PC)

Mara L. Steinberg
Microsurgery Technician
(Mara L. Steinberg)
**Medical Staff Services Office**

Michael J. Pistoria, DO  
*President, Medical Staff*

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

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

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

**Medical Executive Committee**

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Aaron D. Bleznak, MD  
David B. Burmeister, DO  
Debra L. Carter, MD  
Peter E. Fisher, MD, MBA  
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T. Daniel Harrison, DO  
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Vivian B. Kane, MD  
Michael W. Kaufmann, MD  
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Michael J. La Rock, MD  
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James T. Wertz, DO  
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S. Clarke Woodruff, DMD

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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.**