Ten Things I Think I Think for 2012

1) I think I am going to work on improving my time management skills. I have a difficult time saying “no,” and thus continue to take on new projects (it seems many of us in healthcare have that problem). This often leads to me working at the last minute to finish things (like writing this column…you know, as a hypothetical example).

2) I think I am asking you to hold me accountable to that improvement. Each year, many of us make resolutions that are doomed to failure because we do not set up a system of accountability. I am more likely to succeed if I have people supporting me and holding my feet to the fire when needed. So, if you are working on something with me in 2012, I empower you to whack me in the back of the head if you must.

3) I think if you are making any type of resolution – weight loss, exercise more, you know all the common ones – you need to set up some accountability with a family member or friend. You will be happy you did.

4) I think Ilya Bryzgalov is amazing. If you are not familiar with Bryz, he is the goaltender for the Philadelphia Flyers. Goalies tend to be an eccentric group of individuals and Bryz takes that eccentricity to a new level. He is also a pretty good goalie. None of these things make him amazing, though. He accomplished that by getting both my wife and 6 year old daughter to love him. They enjoy his quirky sense of humor (go to YouTube and search “Ilya Bryzgalov Edmonton”) and have started following the Flyers in earnest with me. Pretty cool.

5) I think I would love to compile a list of the various acronyms in healthcare. We cannot talk without one or two acronyms finding their way into the conversation. A physician friend in Washington once wrote an entire column devoted to his organization’s acronyms in his newsletter during his time as medical staff President.

Continued on next page
Continued from Page 1

6) I think one of the most exciting times in life is waiting for the birth of a child. Our son is due in the beginning of February and our house is a swirl of chaos as bedrooms are moved and cribs are reassembled for the last time. I can’t wait (although, I am going to miss sleeping through the night…)

7) I think I am amazed at how often I question my decisions with my children. I am a confident individual, but I am always reflecting on how I handled things with my girls. You want to make sure you do it right, because there is no more important job than raising children.

8) I think we will all be ready for the elections to end by November, if not well before. In today’s world of constant and instant analysis, the election coverage will be more than we can handle.

9) I think I cannot believe how quickly 2011 passed. I never cease to be amazed by the continued acceleration of time as we get older.

10) I think 2012 will be the best year ever. I always think that heading into a new year, and have not been disappointed yet. I hope you share that optimism and hope your 2012 becomes all you want.

Happy New Year,

Michael J. Pistoria, DO
Medical Staff President

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The Leapfrog Group Announces Annual Top Hospitals List

The Leapfrog Group’s annual class of top hospitals – 65 from a field of nearly 1,200 – was announced December 6 in Washington, D.C., and included Lehigh Valley Hospital (LVH) in Allentown, Pa., for the fifth straight year. LVH is the only hospital in Pennsylvania to make the Top Hospitals list. The announcement came at Leapfrog’s Annual Meeting where the group celebrated the five year anniversary of its ground breaking Never Events Policy.

The 2011 list includes university and other teaching hospitals, children’s hospitals and community hospitals in rural, suburban and urban settings. The selection is based on the results of the Leapfrog Group’s national survey that measures hospitals’ performance in crucial areas of patient safety and quality. The results of the survey are posted on a website open to the patients and families, the public and employers and other purchasers of health care. It is the most complete picture available of a hospital’s quality and safety.

The survey, which launched in 2001, focuses on four critical areas of patient safety: the use of computer physician order entry (CPOE) to prevent medication errors; standards for doing high-risk procedures such as heart surgery; protocols and policies to reduce medical errors and other safe practices recommended by the National Quality Forum; and adequate nurse and physician staffing. In addition, hospitals are measured on their progress in preventing infections and other hospital-acquired conditions and adopting policies on the handling of serious medical errors, among other things.

The Leapfrog Group is a coalition of public and private purchasers of employee health coverage founded a decade ago to work for improvements in health care safety, quality and affordability. The annual survey is the only voluntary effort of its kind. More information is available at www.leapfroggroup.org.
HOSPITAL DISCLOSURE AND CONFLICT OF INTEREST STATEMENT

As stipulated in the Medical Staff Bylaws, ALL members of the Medical Staff are required to complete the Hospital Disclosure and Conflict of Interest Statement on an annual basis.

For Fiscal Year 2012, in conjunction with the Medical Staff biennial reappointment, you will be required to complete the Hospital Disclosure and Conflict of Interest Statement by April 2, 2012. This questionnaire is a web-based application which will maintain your answers along with the date you last updated the information. This will allow you to review the answers you previously provided and will allow you to make modifications as necessary. The information is confidential and will be compiled by the Internal Audit department.

You can access the form in one of the following two ways:

LVHN Intranet (from a building owned by LVHN)

From the Intranet Homepage, under the “What’s New” section on the right-hand side, select “Conflict of Interest Questionnaire.” Accessing the form via the Intranet is secure and, since you will have already logged on using the SSO log-in process, no additional user ID or password is required.

Internet

To access the Log-in Screen via the Internet, type the following address into your web browser: intranet.lvh.com

- You will be prompted to enter your user name and your password in the Web-SSO Remote Access screen. (If you do not know your user name, call 610-402-8900. If you do not know your password, call 610-402-8303 and give them your user name and they will reset your password.)
- Click on “Intranet” under Application List or “LVH Intranet Website” under Web Bookmarks, depending upon your operating system.
- On the right hand site of the Intranet page, under the “What’s New” section, select “Conflict of Interest Questionnaire.”

Using either of the above methods, select the appropriate questionnaire based on the following:

- If you are an employed physician, choose the first selection – “EMPLOYEE QUESTIONNAIRE (INCLUDING EMPLOYED PHYSICIANS)”
- If you are a physician in private practice, choose the second selection – “PHYSICIANS IN PRIVATE PRACTICE/OTHER NON-EMPLOYEES QUESTIONNAIRE”

If you have any questions regarding this issue, please call Rita Mest at 610-402-8968 or Trent Smith at 610-402-1291 in Medical Staff Services or Carol Kriebel in the Internal Audit department at 610-969-0501.

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 Learning Curve (TLC) Adult and/or Pediatric Moderate Sedation course and examination by April 2, 2012. This requirement is mandatory for continuation and maintenance of these privileges and for your 2012 Medical Staff Biennial Reappointment.

In addition, current life support certification (NRP, NALS, ARLS/BLS, 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, 2012, please make arrangements for renewal by contacting the Emergency Medicine Institute (EMI) at 610-969-0280.

Failure to complete the appropriate TLC course 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 course is available from any Network PC by selecting the TLC icon on your SSO toolbar. Once you have completed the appropriate course(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.
On December 1, the Blue Mountain Health System (BMHS) and Lehigh Valley Health Network (LVHN) announced a partnership in which LVHN will oversee the operation of emergency services at the BMHS hospitals — Gnaden Huetten Memorial Hospital in Lehighton and Palmerton Hospital in Palmerton.

Under the partnership, LVHN’s Emergency Medicine administration will be responsible for the operation of the emergency departments at the two Blue Mountain hospitals. The current BMHS ER physicians will continue to deliver patient care at the hospitals. The administrative oversight by LVHN will be similar to existing emergency medicine relationships that Lehigh Valley Health Network has with Sacred Heart Hospital in Allentown and Hazleton General Hospital in Hazleton.

LVHN and BMHS announced a five-year affiliation agreement in 2009 to work collaboratively to enhance and improve health care for the residents of Carbon County and the surrounding areas. Prior to the affiliation, the two organizations had worked together since 2004 to provide advanced cardiac and stroke care. They also have collaborated to care for burn patients through telemedicine. Last February, the two announced that LVHN infectious disease specialists would begin consulting with physicians and patients at BMHS through telemedicine. The use of a patient exam camera, electronic stethoscope and high definition audio/video connections, mixed with other health information technologies to assess and treat patients with infectious diseases became the first service of its kind in Northeast Pennsylvania.

“Our partnership with Lehigh Valley Health Network to manage the emergency departments at Gnaden Huetten and Palmerton hospitals will provide a new level of care to the patients and communities we serve,” said Andrew E. Harris, President and Chief Executive Officer of Blue Mountain Health System. “As the healthcare industry evolves and emergency care becomes more complex, we recognized that we needed a partner with the resources that would support our system. This will not only help us increase our level of support to existing hospital clients, but also provide those services so our community does not have to drive a distance for top-quality emergency services.”

“As we stated in announcing our affiliation with Blue Mountain Health System in 2009, we believe health care is a local matter that is best delivered and governed by community-based boards and management,” said Ronald W. Swinfard, MD, President and Chief Executive Officer of Lehigh Valley Health Network. “With that in mind, as the landscape of health care changes, collaboration is becoming more and more critical if we want to do things better and more efficiently. That’s what this latest collaboration to provide emergency care is all about.”
LVH-M OPENS NEWLY EXPANDED EMERGENCY DEPARTMENT

On December 1, Lehigh Valley Hospital-Muhlenberg opened its newly expanded Emergency Department (ED). Additions to the ED include a state-of-the-art rapid assessment unit (RAU); additional isolation rooms to provide more privacy for patients; a separate children’s waiting area to keep children entertained and distracted; a Zen garden near the entrance to provide a calming presence; and enhanced services and amenities for EMS crews.

The RAU is a pilot project for Lehigh Valley Health Network with the potential for the model to be instituted elsewhere within the health network. The RAU process eliminates the use of an Express Care, an area that was used to treat less serious emergencies.

The ED had been experiencing a higher patient volume for several years. The expansion was completed to better meet patients’ needs and improve efficiency. The expansion has added 14 additional beds for a total of 49. Total square footage is now 19,000 expanding the department by about 3,600 square feet.

In the expanded ED, patients experiencing medical emergencies such as a heart attack or stroke will receive the same high-quality care as before. The RAU model was selected with patients in mind. “Visiting the emergency room can be very stressful for patients, especially when they have to explain their problem multiple times to multiple people,” said David B. Burmeister, DO, interim chair of the Department of Emergency Medicine at the health network. “In the RAU, the goal is for the patient to explain the problem one time to an entire care team, which can lessen anxiety for the patient and increase collaboration among care providers.”

In the 10-bed RAU, a care team that includes a physician, nurse and registrar work together to rapidly assess a patient’s problem and determine next steps. The goal is for patients to spend less time waiting, receive care faster and return home sooner.

Guiding principles of the RAU include a door-to-provider time of less than 20 minutes; appropriate diagnostic tests ordered as quickly as possible; and communication and teamwork among care providers.
Feedback is a Gift!

In this season of gift giving and receiving, it is timely to discuss an important gift that can help others by giving and make us better by receiving – feedback.

Often that is not the perception of feedback. For some faculty, feedback is time consuming, especially when the next patient is waiting. Add to that it risks hurting feelings and might lead to low evaluations from learners. Yet we know that feedback is an essential part of learning in all settings, especially in clinical settings. Without feedback mistakes go uncorrected, patient safety is compromised, and good performance is not reinforced. So how do we do it?

We begin by recognizing that we often confuse feedback and evaluation. Feedback is formative (constructive, often informal, spontaneous, frequent, used for growth and positive change) and evaluation is summative (more formal, planned in advance, “for the record,” graded). Feedback should be immediate and present information, not judgment. Evaluation usually comes after the fact and presents a judgment about how well or poorly a goal was met.

One Way Forward

Many people are familiar with the feedback sandwich. Let’s reframe the sandwich and instead of using the positive–negative–positive technique think about using ask–tell–ask. Ask–tell–ask is more reflective and includes the learner in the process.

**Ask** the learner to assess his/her performance. What went well? What areas need improvement? **Tell or share** your impression of positive behaviors and areas of concern and provide suggestions for problem solving. Use observed behaviors as the basis of your feedback and deliver feedback in an objective rather than subjective manner. Next, **ask** what areas could be improved and allow the learner to develop a specific plan for improvement. **Add** any other things you think could be improved and summarize the positives as well as the areas for future growth. Finally, feedback is a process and skill that takes practice. Ask a trusted mentor to observe and provide feedback on your feedback.

The SELECT Connection

What is the connection between the SELECT program and feedback? The SELECT students have been giving and receiving feedback from day one. The students receive feedback from their professional development coaches and small group faculty. They also give and receive feedback to and from each other. The SELECT program promotes a culture for feedback and reflection that is safe and reciprocal which enhances learning, teamwork, patient care and safety. And what do they think of this? The following are typical reactions of students and faculty.

“Feedback is an absolutely essential part of my developmental journey through the SELECT program … The feedback … provided through the SELECT program … from my peers and mentors, has allowed me to grow immensely in the past few months and gives me great hope for the remainder of my journey into medicine.” Emma Webb, MS1

“Feedback done well is the key to progress. Feedback done poorly supports stagnation.” Robert Barraco, MD, SELECT Professional Development Coach

For information about the SELECT program, feedback, faculty development, or if you have any ideas about how to promote a safe culture for feedback, please contact Amy Smith, PhD, Medical Educator, Division of Education, Assistant Professor of Educational Affairs, USFCOM, at 610-402-2408 or amy_b.smith@lvhn.org.
Changes to HIV Consent Procedure

Pennsylvania law was recently changed to remove the requirement for obtaining written informed consent prior to performing HIV testing (PA Act 59 of 2011). The new law does mandate that ordering providers DOCUMENT that the test was explained to the patient and that the patient provided consent for the performance of the test.

You will notice a change in Centricity Enterprise (CE) to the HIV antigen and antibody profile tests. There is a required field to enter the initials of the person obtaining consent and entering the order. By initialing the order, providers will indicate that they have indeed explained the test and obtained verbal authorization from the patient. The Order will serve as official documentation of consent, meeting the requirements of PA law. Patients will no longer need to sign the Consent for HIV Testing form. Similar changes will also be made in Centricity Physician Office (CPO).

Please contact the AIDS Activity Office at 610-969-2400 with any questions.

What Labs are Pending on My Patient?

With the upgrade to CE 6.1 last year, there continues to be questions about how to view pending labs. There are several easy ways. There is a “Pending Results” choice under the “Doc Display” tab. Another option is to use the “Provider Patient Summary Screen.” This is available under the “Pt Info” tab, listed as PSUMP.

How to Avoid Ordering Duplicate Labs or Medications

Now that you know how to view pending labs, it should be easier to avoid duplicating lab orders. Another tool that can help is the filter on the Order Profile screen to show only Lab Orders. On the right side of the Order Profile screen, you will notice the “Order Display Filters” area. By clicking on the radio buttons, you can filter the orders display to show only Med orders, Non-med orders (i.e., Nursing, Consult, Diet), or Lab orders. This is a great tool to zero in on the information you need to more accurately enter orders.

If you have any questions or concerns regarding these topics, please contact Don Levick, MD, MBA, Chief Medical Information Officer, at 610-402-1426 or pager 610-402-5100 7481.
OPPE (ONGOING PROFESSIONAL PRACTICE EVALUATION) - CONTINUING MEDICAL EDUCATION (CME) FOCUS

LVHN Primary Care Performance

The Joint Commission now requires evidence of ongoing proficiency evaluation in the credentialing process for hospital staff membership. This process is known as OPPE (Ongoing Professional Practice Evaluation). This column highlights an aspect of the OPPE survey performed biannually by the LVHN primary care ambulatory practices.

One of the questions on the OPPE Survey specifically asks how many CME (Continuing Medical Education) credits on average were obtained in the prior six months before taking the survey. The results from the survey completed in June, 2011 are as follows:

CME Obtained in Last 6 Months
Average = 41.51
Median = 38
Total number respondents = 257

In Pennsylvania, there are CME requirements for license renewals. The CME requirements for licensure in Pennsylvania are outlined below:

Allopathic - The State Board of Medicine regulations state that to renew a medical license, a physician will need:
- 100 total credit hours of CME in the two-year license cycle (with license cycles ending on December 31 of each even year – next in 2012)
- A minimum of 20 of the total credit hours in Category 1
- 12 credit hours in the areas of patient safety or risk management (either Category 1 or Category 2)

Osteopathic - The State Board of Osteopathic Medicine has required CME for licensure for the past several years. With the passage of Act 13, the Osteopathic Board has been commissioned to include a patient safety/risk management component in addition to the current requirements.

The regulations state that — to renew an osteopathic medical license — a physician will need:
- 100 total credit hours of CME in the two-year license cycle (with license cycles ending on October 31 of each even year – next in 2012)
- A minimum of 20 of the total credit hours in AOA Category 1-A
- 12 credit hours in the areas of patient safety or risk management (either Category 1 or Category 2)

Category 1 activities are those that have been approved by an accredited provider. Category 2 credit hours consist of self-directed learning or courses that have not been through a formal approval process. The State Board of Medicine is not requiring a report of CME at the time of license renewal. The license renewal form will contain an area for physicians to attest that they have completed the required hours.

By attesting that the requirement is completed, a physician may be subject to a random audit by the Board of Medicine. If audited, a physician will need to show evidence of the completion of the required credit hours. Failure to produce the requested evidence will result in a fine and possible suspension of license.

Number requirements for CME related to Advanced Practice Clinicians are variable and dependent on certification bodies.

In follow up to the OPPE survey question, many primary care physicians were requesting a method to manage and track CME credits internally with a LVHN system. The Learning Curve (TLC) has the functionality needed to track internal and external CME/CEU credits. Internal CME/CEU credits (performed at LVHN) will automatically be added to TLC. To obtain this information, all you need to do is log into your SSO toolbar, select the TLC icon and from the main page click “Learn” on the toolbar, scroll down and click on “Learning Activity Reports” and then “Training Transcript.” All logged LVHN CME activity will be listed and tracked.

If a user would like to track outside CME on the same tool, select “Learn” on the toolbar, scroll down and click on “self-reported training.” Then click “New” to add external CE credits obtained. In addition, if a clinician is a member of the Pennsylvania Medical Society, they also offer a CME tracker option on their web-site. Enjoy the learning journey and keep these tools in mind to guide your CME process.

If you have any questions regarding OPPE, contact Bruce Ellsweig, MD, Vice Chair, Department of Family Medicine Community Practices, at 610-969-0300, or Jennifer Mariotti, DO, Department of Medicine Associate Vice Chair (17th Street), at 610-969-2255.
PCE PRESCRIPTION: FORMING BONDS THROUGH COMMUNICATION

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 implemented a tool that helps reduce anxiety for patients and families.

PCE Outcomes: The health network educated colleagues to practice AIDET (Acknowledge patients, Introduce yourself, describe the Duration of time needed to meet their needs, Explain what will happen, Thank them).

Why it’s important to you: “By using clear, consistent and positive communication, we can reduce anxiety for patients and families and earn their trust,” says Bruce Ellsweig, MD, Vice Chair of Family Medicine for Community Practices and Medical Director of Lehigh Valley Hospice. “Communication also helps build loyalty, which is a key to our health network’s long-term success.”

Next step: Learn more about AIDET and its benefits by clicking on The Learning Curve (TLC) icon on your SSO toolbar and typing “AIDET” in the search box.

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 484-884-8531.

NEWS FROM HOME CARE

“Face-to-Face” Encounter Form Now On-Line

Effective January 1, 2011, the Centers for Medicare and Medicaid Services (CMS) required that prior to certification for home care, physicians must document that he or she had a face-to-face encounter with the patient within a reasonable timeframe.

Good News! For all physicians referring patients to a home care agency, “Face-to-Face” encounter forms can now be completed on-line. This should greatly simplify the task of completing the form that is required by CMS for all patients referred for home care services.

According to CMS, patients referred for home care services have had to be seen by a physician within 90 days before or within 30 days after their referral for the diagnosis for which home care services are required.

All LVHN physicians with access to the LVHN computer information system will be able to access and use this on-line form.

To access the form on-line, follow the steps listed below:
1) On the upper left of the Centricity Enterprise screen, click on “Resources”
2) Scroll down on the right to “Web Based Applications”
3) Click on the “Face-to-Face Encounter Form”
4) Click on “Add New Patient”
5) Complete all required fields
   a. Include the name of the physician who will be following the patient after hospital discharge in order that the home care agency will know who to contact for future orders.
6) Click on “Save and Complete”
7) Once the form is completed, it will print at Lehigh Valley Home Care or will be faxed to another home care agency of your patient’s choice.

For more information, please contact Resa E. Herr, Director, Home Health Information Services, at 610-969-0392.
This is the first installment of a series on healthcare professional burnout. The numbers are staggering. An estimated 30-40% of physicians are experiencing burnout. Burnout can threaten your job, your relationships and your health. Most of us have days when things don’t go right, we feel overwhelmed or undervalued. There are days we don’t feel like getting out of bed. However, if you feel like this most of the time, you may be burned out.

The term “burnout” was developed in 1974 by Freudenberger to describe workers’ reactions to the chronic stress common in occupations involving numerous direct interactions with people. Burnout refers to a state of mental and/or physical exhaustion caused by excessive and prolonged stress. Maslach defined it in 1982 as a psychological syndrome in response to chronic interpersonal stressors on the job.

Maslach also wrote of the common features. Mental or emotional exhaustion, fatigue and depression predominate. Symptoms are work-related and more mental and behavioral. Work performance and effectiveness decrease in those suffering from burnout.

Risk factors can be divided into situational and individual. In the Physician Worklife Study, 2,326 U.S. physicians responded to a 38-item questionnaire to ascertain predictors of stress. They included practice related factors such as demands of solo practice, long work hours, time pressure, and complex patients. Lack of control over issues such as schedules, pace of work, and interruptions were also indicated. Work/life balance is an important issue and lack of support from colleagues and/or spouse caused stress. Isolation, especially that due to gender or cultural differences, predicted stress. In the UK, work overload and its effect on home life, feeling poorly managed and resourced, managerial responsibility and dealing with patients’ suffering were identified.

Individual risk factors for burnout related to career included early stage of career and not attributing achievements to one’s own abilities but to others or luck. Additional factors included life skills such as a passive, defensive approach to stress, lack of sense of control over events and not being open to change. Social factors identified were lack of involvement in daily activities and lack of a life-partner.

In the nursing literature, findings are emerging about differences in work stress based on shift length and generational cohort. Baby boomers and Generation Xers have different perceptions of work stress. Baby boomers had worse stress and strain scores than older or younger cohorts and had less social support.

Shift length was explored in relation to both burnout and role stress. RNs working 12-hour shifts reported significantly higher levels of stress than RNs working 8-hour shifts. However, when differences in experience were controlled, stress was similar in both groups. Adequate staffing, good administrative support and good relations between doctors and nurses have also been found to lower burnout.

Physicians who suffer from burnout are more likely to have poorer outcomes, report making recent medical errors, exhibit less empathy, and are less satisfied with their jobs, causing early retirement. This results in reduced patient satisfaction with medical care and a decrease in patient compliance with treatment plans.

As we consider changes in the provision of medical services through health care reform, concerns with burnout may become even more important to address.

In the next part of our series, we will discuss making the diagnosis of healthcare provider burnout.

If you have any questions regarding this article, please contact either Robert D. Barraco, MD, MPH, Chair of the Ethics Committee, at robert_d.barraco@lvhn.org, or Carmine J. Pellosie, DO, MPH, MBA, Executive Director, HealthWorks, at 610-969-2970.

References:
- EPERC Fast Facts and Concepts 167
- http://www.ahrq.gov/qual/nurseshdbk/docs/JenningsB_WEWCN.pdf
Hospital-Acquired Conditions and Present on Admission Documentation

“CMS is transforming the Medicare program from a passive payer to an active purchaser of higher quality, more efficient health care.” Source: IPPS August 2008

Physician and hospital quality profiles are currently determined by a variety of factors that your clinical documentation can affect. These include Hospital Inpatient Quality Reporting (IQR) data, severity-adjusted clinical outcome measures, patient-safety indicators, and hospital-acquired conditions (HACs). In FY14, the new Value Based Purchasing (VBP) system will include eight HAC measures as well. The indicator “POA” is used to define a condition that is present at the time the order for inpatient admission occurs. This means that conditions which develop during any outpatient encounter, including in the Emergency Department, during Observation, or outpatient surgery, are considered to be present on admission (POA).

The Centers for Medicare & Medicaid Services (CMS) identified the following list of specific conditions as those that could be “reasonably prevented” by following established evidence-based guidelines.

1) Foreign Object Retained after Surgery
2) Air Embolism
3) Blood Incompatibility
4) Stage III and IV Pressure Ulcers
5) Falls and Trauma
   a. Fractures
   b. Dislocations
   c. Intracranial injuries
   d. Crushing injuries
   e. Burns
   f. Electric Shock
6) Manifestations of Poor Glycemic Control
   a. DKA
   b. Nonketotic Hyperosmolar Coma
   c. Hypoglycemic Coma
   d. Secondary Diabetes with Ketoacidosis
   e. Secondary Diabetes with Hyperosmolarity

7) Catheter-Associated UTI
8) Vascular Catheter-Associated Infection
9) Surgical Site Infection following:
   a. CABG- Mediastinitis
   b. Bariatric Surgery
      1. Laparoscopic Gastric Bypass
      2. Gastroenterostomy
      3. Laparoscopic Gastric Restrictive Surgery
   c. Certain Orthopedic Procedures (spine, neck, shoulder, elbow)
10) DVT and/or PE following certain orthopedic procedures (total knee replacement, hip replacement, arm fractures)

Take Home Documentation Point
Whenever applicable, simply document “POA” next to the specific diagnosis listed above (i.e., Stage IV Pressure Ulcer - POA)

If you have any questions, please contact John Pettine, MD, FACP, CCDS, Director, Clinical Documentation Improvement Program, via email at john.pettine@lvhn.org.
Members of the Department of Emergency Medicine — Kevin R. Weaver, DO, Rezarta Lloyd, DO, Nicole Gesell, DO, and Marna R. Greenberg, DO, MPH — were co-authors of the article — “Food Protein-Induced Enterocolitis Syndrome as a Cause for Infant Hypotension” — which was published in the Western Journal of Emergency Medicine, Volume 12, Number 4, November 2011.

Susan Kalkhuis-Beam, Research Coordinator, and Sarah L. Stevens, MD, MPH, Section of Adolescent Medicine, were co-authors of the article — “Participant- and Study-Related Characteristics Predicting Treatment Completion and Study Retention in an Adolescent Smoking Cessation Trial” — which was published in the Journal of Adolescent Health, Number 49 (2011).

Drew M. Keister, MD, Department of Family Medicine, presented “Balancing the Scales: Keeping up with the Literature and Your Life” at the Pennsylvania Academy of Family Physicians Nenacolin Breakaway Conference on November 5, in Nenacolin, Pa.

Nyann Biery, MS, Research Coordinator, Robert J. Motley, MD, and Abby S. Letcher, MD, presented a poster titled “Comparative Clinical and Qualitative Outcomes from Two Diabetes Mellitus Self Management Curricular Featuring a Promotora.”

William L. Miller, MD, Chair, Department of Family Medicine, co-facilitated a workshop titled “Shifting Ground, Common Ground: Designing an International Collaboration to Understand Evolving Primary Care Practice.” He also co-presented the following presentations: “The Impact of PHC Teams on Practices and Practitioners: Evidence from an International Comparison of Reform,” “Behind the Curtain of Successful Primary Healthcare Teams: Lessons from Reform Interventions in Five Jurisdictions in Three Countries,” and “Implementing Primary Health Care Teams: Experience from Five International and Provincial Jurisdictions.”

On October 27, Dr. Miller also served on a panel of presentations at the Collaborative Family Healthcare Association’s Pennsylvania Policy Summit in Philadelphia, Pa. His presentation was titled “Collaborative Care and the Patient Centered Medical Home: Getting to the Tipping Point in Pennsylvania.”

Scott J. Lipkin, DPM, Chief of the Network Office of Research and Innovation, was an invited faculty at the Annual Public Responsibility in Medicine and Research (PRIM&R) Meeting in National Harbor, Md., held December 1-4. He presented three lectures — “IRB Considerations of Data and Safety Monitoring Plans,” “IRB Considerations of Financial Conflicts of Interest and Management Plans,” and “Developing and Implementing an Education Program at an Institution with a Small Research Program.” This year's PRIM&R Conference was attended by 2,500 participants from 30 countries.

Edward R. Norris, MD, Department of Psychiatry Vice Chair of Research and Education, presented two posters — “A Double-blind, Randomized, Placebo controlled trial of Ramelteon for the Treatment of Insomnia and Mood Stability in Patients with Euthymic Bipolar Disorder” and “Factors Related to Psychiatric Readmissions in a Large Community Academic Hospital” at the Academy of Psychosomatic Medicine annual conference held November 17, in Phoenix, Ariz. Other members of the Department of Psychiatry involved were Karen Burke, RN, Julia Correll, William Stern, Kenneth J. Zemanek, MD, Joel Lerman, MD, and Michael W. Kaufmann, MD, Chair. The poster — “Factors Related to Psychiatric Readmissions in a Large Community Academic Hospital” — came in second place out of over 190 posters from across the U.S. and Europe.

Susan D. Wiley, MD, Vice Chair (LVH), Department of Psychiatry; MaryAnne K. Peifer, MD, Department of Family Medicine, and Gail Stern, MSN, Administrator, Department of Psychiatry, presented “Medical Informatics: Moving the Tipping Point of Behavioral Health Integration” at the Collaborative Family Health Care Association Annual Conference held in October in Philadelphia, Pa.
Michael M. Badellino, MD, Department of Surgery Vice Chair of Education, and Program Director of the General Surgery and Surgical Critical Care Residency Programs, was recently recertified in Surgical Critical Care by the American Board of Surgery. He is also board certified in Surgery. Dr. Badellino has been a member of the Medical Staff since November, 2001. He is in practice with Surgical Specialists of the Lehigh Valley.

Brian D. Kuronya, DO, Department of Family Medicine, was recently recertified in Family Practice and Osteopathic Manipulative Treatment by the American Osteopathic Board of Family Physicians. Dr. Kuronya has been a member of the Medical Staff since September, 2006. He is in practice with Miller Heights Medical Associates.

Rovinder S. Sandhu, MD, Division of Trauma-Surgical Critical Care/General Surgery, was recently recertified in Surgical Critical Care by the American Board of Surgery. He is also board certified in Surgery. Dr. Sandhu has been a member of the Medical Staff since July, 2006. He is in practice with Surgical Specialists of the Lehigh Valley.

Rameen S. Starling-Roney, MD, Section of Medical and Forensic Pathology, was recently certified in Forensic Pathology by the American Board of Pathology. He is also board certified in Anatomic Pathology & Clinical Pathology. Dr. Starling-Roney has been a member of the Medical Staff since October, 2011. He is in practice with Forensic Pathology Associates Inc.

Edward A. Tomkin, DO, Division of Otolaryngology-Head & Neck Surgery, was elected a Fellow of the American College of Surgeons at the 97th Annual Clinical Congress held in San Francisco, Calif., on October 23, 2011. Dr. Tomkin has been a member of the Medical Staff since April, 1991. He is in practice with The Head & Neck Center PC.

Free CME While You Work

There are numerous resources available through the Digital Library that offer free CME for reading a topic, article, or newsletter, or completing an education module. Many of them require some type of registration/personal information so that you can receive the credit. Following are just a few of our Digital Library resources that offer free CE credit.

DynaMed, the premier evidence-based clinical reference tool for health professionals provides free CME through Tufts University School of Medicine (TUSM). Physicians may claim .5 AMA PRA Category 1 Credit™ for conducting a single structured online search on a clinical topic. TUSM designates the educational activity for a maximum for 20 AMA PRA Category 1 Credit™ per year (40 searches). Once you’ve read the topic you are interested in, click on Get CME for this Search. Enter your LVHN computer user ID, complete the required information and submit your CME form. You will receive an e-mail confirmation of your submission. The e-mail will contain the instructions on how to print out your certificate. Your certificate will be available for six months on the Tufts University website. A confirmation of your search will also be stored in your LVHN TLC (The Learning Curve) portfolio.

Prescriber’s Letter offers free ACCME, AMA, AAFP, AOA, ACEP credit for physicians, and AAPA, NCCPA for physician assistants based on content in the monthly newsletters. Visit the Digital Library’s Continuing Education webpage for credit specific information.

Natural Standard offers AMA, PRA Category 1 credit for completed CE activities. The number of credits varies by activity. To get to the continuing education available in Natural Standard, click on continuing education in the top menu bar of the page.

To access the Continuing Education information page through the Digital Library’s Homepage, from the LVHN Intranet, go to Find Fast/Library Services then click on Continuing Education.

If you have any questions, please contact Kristine Petre from Library Services at 610-402-8410.
### 2012 General Medical Staff Meetings

Please mark your calendars – the dates for the 2012 General Medical Staff meetings are:

- Monday, March 12
- Monday, June 11
- Monday, September 10
- Monday, December 10

Meetings will begin at 6 p.m., and will be held in Kasych ECC Room 7 and 8 at LVH-Cedar Crest, and videoconferenced to ECC Rooms C and D at LVH-Muhlenberg.

If you have any questions regarding General Medical Staff meetings, please contact Ruth Davis, Director of Medical Staff Services, at 610-402-8975.

### GLVIPA Annual Membership Meeting

The annual membership meeting of the Greater Lehigh Valley Independent Practice Association (GLVIPA) will be held on Monday, January 23, 2012, beginning at 6 p.m., in the hospital’s Auditorium at Cedar Crest & I-78, and teleconferenced to ECC Room B at LVH-Muhlenberg.

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

### 2012 GLVIPA General Membership Meetings

In addition to the GLVIPA Annual Membership meeting listed above, the General Membership meetings of the GLVIPA for 2012 will be held as follows:

- Tuesday, March 27
- Tuesday, June 26
- Monday, September 24

All meetings will begin at 6 p.m., and will be held in the hospital’s Auditorium at Cedar Crest & I-78, and teleconferenced to ECC Room B at LVH-Muhlenberg.

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

### Mission Possible

Mark your calendars for Monday, January 16, 2012, from 5:30-6:30 p.m., when Ronald W. Swinfard, MD, President and Chief Executive Officer, will host a special Mission Possible forum for members of the Medical Staff and Advanced Practice Clinicians. Plan to attend this unique forum where you will be able to discuss important issues with your colleagues, ask questions and discover new ways to keep making our mission possible. The forum will be held in Kasych ECC Rooms 7 and 8 at LVH-Cedar Crest.

For more information, contact Michael J. Pistoria, DO, Medical Staff President, at 610-402-8900.

### Mindfulness Training

“Mindfulness training has helped me take better care of myself by improving my work life balance and reducing the risk for burnout. Taking better care of myself by using mindfulness has helped me take better care of my patients.” – Matt McCambridge, MD, Past President, Medical Staff

Here is your opportunity to learn meditation practices that will help you to overcome work-life stress, restore your balance, and renew your sense of well-being.

### Mindfulness Training for Medical Professionals:

A new 7-week Mindfulness Training program for physicians, advanced practitioners, and nurses will begin on Thursday, February 2, 2012. The program will be held from 6-8:15 p.m., in the Kasych Pavilion at LVH-Cedar Crest. The program includes a Saturday retreat on March 10, from 8 a.m. to Noon.

The cost of the program is $395 which includes a workbook and a 3-CD set for home practice. Participants can also earn up to 19.75 Category I CME.

Those who complete the course are eligible for $200 reimbursement from the Medical Staff Services office or employed physicians can use their Culture of Wellness benefit and get 100% reimbursement.

Registration closes January 30. As space is limited, call 610-402-CARE to register now!

For more information about the program, contact Susan D. Wiley, MD, Department of Psychiatry Vice Chair (LVH) and Co-founder of the Center for Mindfulness, at 610-402-5900.

Continued on next page
Cardiology Grand Rounds

Cardiology Grand Rounds will be held on Friday, January 6, from Noon to 1 p.m., in the Auditorium at LVH-Cedar Crest, and teleconferenced to ECC Room D at LVH-Muhlenberg.

“The Surgical Treatment of Pulmonary Embolism; Where are we now, Where are we going?” will be presented by Joshua N. Baker, MD, Instructor in Surgery, Harvard Medical School, and Assistant in Surgery, Massachusetts General Hospital.

For more information, contact Carolyn Maurer in the Heart and Vascular Center at 610-402-8215.

Family Medicine Grand Rounds

Family Medicine Grand Rounds will be held on Tuesday, January 3, from 7 to 8 a.m., in Kasych ECC Room 9 at LVH-Cedar Crest, and teleconferenced to ECC Room A at LVH-Muhlenberg.

“Live Interactive Quiz Show regarding ADHD using the audience response system” will be presented by Drew M. Keister, MD, Department of Family Medicine.

For more information, contact Tammy Winterhalt in the Department of Family Medicine at 610-969-4950 or via email at tammy.winterhalt@lvhn.org.

Medical Grand Rounds

Medical Grand Rounds will be held on the following Tuesdays in January from Noon to 1 p.m., 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 for January will include:

- January 3 – “Update in Pathology” – Bala Carver, MD, and Geoffrey Correll – LOCATION: Kasych ECC 6 and 7
- January 10 – “Advanced GI Endoscopy” – Hiral Shah, MD
- January 17 – “Therapeutic Hypothermia” – Hermann C. Schumacher, MD, and Nainesh Patel, MD
- January 24 – No Medical Grand Rounds – QI Forum (contact Sherry Sawka at 610-402-7721)
- January 31 – “Update in Radiology” – Joshua Bemporad, MD

For more information, contact Kathy Gaspari in the Department of Medicine at 610-402-5200.

Neurology Conferences

The Division of Neurology conferences are held on Thursdays beginning at Noon. Conferences will be held in Lehigh Neurology’s Conference Room at 1250 S. Cedar Crest Blvd., Fourth Floor, and videoconferenced to Lehigh Neurology’s Bathgate office. Topics to be presented in January will include:

- January 5 – “Managing A-fib to Prevent Stroke” – John E. Castaldo, MD
- January 19 – Division Meeting
- January 26 – “Neurotrax Computerized Testing” – Lorraine J. Spikol, MD

For more information, please contact Chrissi Kent or Kim Hamilton in the Stroke Center at 610-402-8375.

OB-GYN Grand Rounds

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

- January 6 – “Music and Cancer” – Nimesh Nagarsheth, MD, Visiting Professor of Gynecologic Oncology, Englewood, N.J.
- January 13 – “Primary/Preventive Care CREOG Review” – Gregory Kainz, DO
- January 20 – No Grand Rounds – CREOG exams
- January 27 – “Heart Disease and Pregnancy” – Amy Ahnert, MD

For more information, contact Craig A. Koller, MEd, Director, Medical Education, Department of Obstetrics and Gynecology, at 610-969-2413.

Pediatric Grand Rounds

The Department of Pediatrics will hold Grand Rounds at 8 a.m., in Kasych ECC 6 at LVH-Cedar Crest unless otherwise noted. The topics for January will include:

- January 3 – Adolescent Medicine topic
- January 10 – Cardiology topic
- January 17 – Guest Speaker - Rebecca Ichord, MD, Children’s Hospital of Philadelphia
- January 24 – Gastroenterology topic
- January 31 – “Newborns at Risk for Hypoglycemia” – Amil Qureshi, DO

For more information, contact Cari Coelho in the Department of Pediatrics at 610-969-2540.
**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, January 4**, in Kasych ECC Room 9 at LVH-Cedar Crest.

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

**Surgical Grand Rounds**

Surgical Grand Rounds are held on Tuesdays at 7 a.m., in the Auditorium at LVH-Cedar Crest and teleconferenced to the First Floor Conference Room at LVH-Muhlenberg. Topics for January will include:

- January 10 – “Colorectal Cancer – What is Important for Best Outcome” – Michael Fulmes, MD
- January 17 – “The Utilization of Current Technology to Enhance Surgical Education” – Dale Dangleben, MD
- January 31 – “Plastic Surgery in the Male Patient” – Brian Bradow, MD

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

**Emergency Medicine Institute - Life Support Classes**

Beginning this month, a schedule of upcoming life support classes sponsored by the Emergency Medicine Institute (EMI) will be listed for your convenience. Classes for February and March are listed below:

**Advanced Cardiac Life Support (ACLS)**

ACLS renewal classes will be held from 8 a.m. to Noon, at the Emergency Medicine Institute located at 2166 S. 12th Street, Allentown, on the following dates: February 7, 10, 24 and 27, and March 19, 20 and 26.

A 2-day provider course will be held from 8:30 a.m. to 4 p.m., at EMI on February 29 and March 1, 2012.

**Pediatric Advanced Life Support (PALS)**

PALS renewal classes will be held from 8 a.m. to 4 p.m., at the Emergency Medicine Institute on the following dates: February 21 and 22, and March 21 and 22. A 2-day provider course will be held on February 8 and 9, and on March 7 and 8.

Registration information and a list of additional classes are available on the EMI website. To access the EMI website from the LVHN Intranet homepage, select “Departments” – “Non-Clinical” – “EMI.”

For more information regarding this issue, please contact Christine Ash at the Emergency Medicine Institute at 610-969-0299.

**What’s New in Continuing Medical Education**

**FYI Upcoming Events**

- **Department of Anesthesiology 2nd Annual Winter Retreat Conference**
  January 20-22, 2012
  Bear Creek Mountain Resort – Macungie, Pa.

- **Teaching and Learning Technology**
  LVH-CC: January 20, Noon-1:30 p.m., ECC 7
  LVH-M: January 27, Noon-1:30 p.m., ECC B

- **Teaching Simulation/ Standardized Patient**
  February 17, 7:30-9 a.m.
  1247 S. Cedar Crest Blvd. – Simulation Lab

- **Teaching Cultural Awareness**
  LVH-M: February 22, 7:30-9 a.m., ECC B and C
  LVH-CC: February 29, Noon-1:30 p.m., ECC 7

- **Update in Cardiology**
  March 3, 8 a.m.-1 p.m. (Breakfast and registration at 7:30 a.m.)
  LVH-CC, ECC 6, 7 and 8

- **Aspects of Epilepsy: Components in Comprehensive Care**
  March 10, 8 a.m.-1 p.m.
  LVH-CC, ECC 6, 7 and 8

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.
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

Jill M. Blickley, DO
LVHN Hospital Medicine at Muhlenberg
2545 Schoenersville Road
Second Floor, Tower
Bethlehem, PA 18017-7384
Phone: 484-884-9677  Fax: 484-884-9297
Department of Medicine
Division of General Internal Medicine
Section of Hospital Medicine
Provisional Active

Shuisen Li, DO
LVH Department of Medicine
Lehigh Valley Hospital
Cedar Crest & I-78, P.O. Box 689
Allentown, PA 18105-1556
Phone: 610-402-5200  Fax: 610-402-1675
Department of Medicine
Division of General Internal Medicine
Provisional Limited Duty

Michael J. Nimeh, DO
Primary Care Associates
1941 Hamilton Street
Suite 102
Allentown, PA 18104-6413
Phone: 610-776-1603  Fax: 610-776-6344
Department of Medicine
Division of General Internal Medicine
Provisional Active

Daniel E. Schwed-Lustgarten, MD
Pulmonary Associates
Center for Advanced Health Care
1250 S. Cedar Crest Blvd.
Suite 205
Allentown, PA 18103-6271
Phone: 610-439-8856  Fax: 610-439-1314
Department of Medicine
Division of Pulmonary/Critical Care Medicine
Provisional Active

Medical Staff Leadership Appointment

Laboratory and Other Service Medical Directors
Hospital Lab/Service Directors
Martin A. Martino, MD
Medical Director
Minimally Invasive Robotic Surgery Program

Changes of Address

Pediatric Specialists of the Lehigh Valley
Pediatric Pulmonary, Cystic Fibrosis & Sleep Disorder Center
1210 S. Cedar Crest Blvd.
Suite 2700
Allentown, PA 18103-6239
Phone: 610-402-3866  Fax: 610-402-3859
Robert W. Miller, MD
Dharmesh Suratwala, MD
Michael S. Schwartz, MD
Pamela Prisaznik, CRNP

Pediatric Specialists of the Lehigh Valley
Pediatric Neurology
1210 S. Cedar Crest Blvd.
Suite 2400
Allentown, PA 18103-6229
Phone: 610-402-3888  Fax: 610-402-3892
Boosara Ratanawongsa, MD
Muhammed R. Sheikh, MD
Elizabeth Corbo, MD
Marie Popp, CRNP

Pediatric Specialists of the Lehigh Valley
Pediatric Gastroenterology, Hepatology and Nutrition
1210 S. Cedar Crest Blvd.
Suite 2400
Allentown, PA 18103-6229
Phone: 610-402-3888  Fax: 610-402-3892
Naser Tolaymat, MD
Puneet Gupta, MD
Ayman Abdel-Wahab, MD

Continued on next page
New Fax Number
Thomas V. Brislin, DO
Thomas J. Renaldo, DO
LVHN Elder Care
1240 S. Cedar Crest Blvd., Suite 414
Allentown, PA 18103-6632
Phone: 610-402-5623  Fax: 610-402-1595

Resignations
Joseph A. DiConcetto, MD
Department of Medicine
Division of Allergy
(Solo Practice)

Jennifer L. Dupre, DO
Department of Family Medicine
(The Welcare Center)

Mark E. Schadt, MD
Department of Surgery
Division of General Surgery
(General Surgical Care PC)

Malaika S. Stoll, MD
Department of Family Medicine
(The Caring Place and Lehigh Valley Family Health Center)

Suneel S. Valla, MD
Department of Family Medicine
(Solo Practice)

Allied Health Staff
New Appointments
Rebekah J. Bachman, PA-C
Physician Assistant-Certified
College Heights OB/GYN Associates
1665 Valley Center Parkway, Suite 130
Bethlehem, PA 18017-2352
Phone: 610-317-0208 Fax: 610-317-0210
Supervising Physician: Amy M. DePuy, MD

Keith F. Davis, OTC
Orthopaedic Technologist-Certified
Coordinated Health
2300 Highland Avenue
Bethlehem, PA 18020-8920
Phone: 610-865-4880 Fax: 610-997-7171
Supervising Physician: Emil J. DiIorio, MD

Ashleigh M. Decker, PA-C
Physician Assistant-Certified
Lehigh Valley Urology Specialty Care
Center for Advanced Health Care
1250 S. Cedar Crest Blvd.
Suite 210
Allentown, PA 18103-6271
Phone: 610-402-6986 Fax: 610-402-4460
Supervising Physician: Angelo A. Baccala, Jr., MD

Michael J. DeRogatis, PA-C
Physician Assistant-Certified
Coordinated Health
2775 Schoenersville Road
Bethlehem, PA 18017-7307
Phone: 610-861-8080 Fax: 610-861-2989
Supervising Physician: Emil J. DiIorio, MD

Kristin M. Keenan, CRNP
Certified Registered Nurse Practitioner
College Heights OB/GYN Associates
1665 Valley Center Parkway
Suite 130
Bethlehem, PA 18017-2352
Phone: 610-317-0208 Fax: 610-317-0210
Supervising Physician: Christina M. Black, MD

Tammi L. Meade, PA-C
Physician Assistant-Certified
Neurosurgical Associates of LVPG
Center for Advanced Health Care
1250 S. Cedar Crest Blvd.
Suite 400
Allentown, PA 18103-6224
Phone: 610-402-6555 Fax: 610-402-6550
Supervising Physician: Stefano Camici, MD

Christine N. Ritter, PA-C
Physician Assistant-Certified
Lehigh Valley Heart Specialists
Center for Advanced Health Care
1250 S. Cedar Crest Blvd.
Suite 300
Allentown, PA 18103-6381
Phone: 610-402-3110 Fax: 610-402-3112
Supervising Physician: Andrew D. Sumner, MD

Continued on next page
Continued from Page 18

Jeana M. Santostefano, CRNA
Certified Registered Nurse Anesthetist
Lehigh Valley Anesthesia Services, PC
Lehigh Valley Hospital
Cedar Crest & I-78, P.O. Box 689
Central Utilities Building
Allentown, PA 18105-1556
Phone: 610-402-1374  Fax: 610-402-4230
Supervising Physician: Thomas M. McLoughlin, Jr., MD

Krista M. Verdi, PA-C
Physician Assistant-Certified
Lehigh Valley Urology Specialty Care
Center for Advanced Health Care
1250 S. Cedar Crest Blvd.
Suite 210
Allentown, PA 18103-6271
Phone: 610-402-6986  Fax: 610-402-4460
Supervising Physician: Angelo A. Baccala, Jr., MD

Changes of Supervising Physician
Jason A. Dos Santos, PA-C
Physician Assistant-Certified
LVPG-Emergency Medicine
From: Emily C. Barbee, MD  To: Jacob N. Erickson, MD

Justin M. Stauffer, PA-C
Physician Assistant-Certified
LVPG-Emergency Medicine
From: Emily C. Barbee, MD  To: Ryan L. Tenzer, MD

Change of Supervising Physician and Group
Kristan N. Faneck, PA-C
Physician Assistant-Certified
From: P. Mark Li, MD – Neurosurgical Associates of LVPG
To: Matthew M. McCambridge, MD – Pulmonary Associates

Additional Supervising Physician and Group
Johanna M. Ziegler, CST
Certified Surgical Technician
(Prodromos Ververeli, MD – VSAS Orthopaedics)
Addition of: Jeffrey R. McConnell, MD – OAA Orthopaedic Specialists

Removal of Supervising Physician and Group
Nancy J. Crane-Roberts, CRNP
Certified Registered Nurse Practitioner
(William L. Miller, MD – Cedar Crest College Health Sciences)
(Jarret R. Patton, MD – LVPG-Pediatrics)
Removal of: Anthony L. Dimick, MD – ABC Family Pediatrics

Resignations
Ann M. Fegley, OTC
Orthopaedic Technologist Certified
(Coordinated Health)

Megan M. McCormack, PA-C
Physician Assistant-Certified
(Lehigh Neurology)

Kellie J. Rodelli, PA-C
Physician Assistant-Certified
(Neurosurgical Associates of LVPG)

Residents' Graduation
Friday, June 15, 2012
6 p.m.
Kasych ECC Rooms 6, 7 and 8
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.