FROM THE
PRESIDENT

The 2011 Philadelphia Eagles:
What Can We Learn?

Anyone who knows me or who has read this column knows I am a passionate Philadelphia Eagles fan. The season that concluded on New Year’s Day was the most disappointing and difficult one I can remember. As we returned from that last game, I thought about the fundamental problems of the season. I realized there are lessons hidden in those issues, so here is my 2011 Eagles post-mortem:

**Focus on the basics**

Too often this season, the Eagles did not perform the fundamentals of football – blocking and tackling – well. In the early part of the year, they blocked poorly and relied on too many arm tackles, which left their defenders looking foolish.

**Coaching is important**

Prior to the start of the season, the Eagles appointed Juan Castillo as their new defensive coordinator. He had spent the previous 10 or so years working with the Eagles offensive line and had not coached defense at any level in around 20 years. Now, I did two surgery rotations as a medical student in the early 1990s. That does not make me qualified to operate on anyone, though. This failure of coaching for the Eagles too often meant players out of position and uncertain of their responsibilities.

As individuals and an organization, we have to remember the basics – courtesy and professionalism, high quality patient care, efficiency, and cost effectiveness, to name a few.

We have to coach, mentor and develop our colleagues. We have to identify and correct bad behavior when we see it. We must encourage behavior that improves the satisfaction of our patients, their families and our colleagues. We have to grow our younger colleagues into LVHN’s leaders of tomorrow.

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<th>Issue</th>
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<td>Protect the lead</td>
<td>With the Eagles handily winning an early season game against the San Francisco 49ers, Ronnie Brown was given a handoff from about the two yard line, looking to clinch the game. The 49ers recognized the play and were tackling Brown. Inexplicably, Brown heaved the ball in the air – presumably passing it, though the intended receiver was never clear. The 49ers recovered the “pass,” drove down the field to score and ultimately won the game.</td>
<td>We are leading, both in terms of market share and perception, in the Lehigh Valley. We have to be safe and smart with the ball, while maintaining some of the aggressiveness that got us the lead.</td>
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<td>Don’t believe the hype</td>
<td>No… this isn’t about Public Enemy. This is about Vince Young’s unfortunate “Dream Team” comment. Sadly, I think some of the players bought into the concept that they simply needed to show up to win.</td>
<td>Do not believe your own hype. You have to keep working like you did when you were just starting out and keep fighting like you are trying to get to the number one spot.</td>
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<td>Chemistry matters</td>
<td>Talented wide receiver DeSean Jackson entered the season wanting to have his contract renegotiated. It never was and he allowed it to be a distraction during the season. He missed team meetings, dropped multiple passes and gave an overall subpar effort.</td>
<td>Chemistry really does matter. We do a good job of getting the “right people in the right seat on the bus.” We have to continue doing this and keep recruiting colleagues to maintain the chemistry – the culture – we have established.</td>
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<td>It is all about the team</td>
<td>There were occasional moments during the season when players were making – or not making – plays based upon what was best for themselves rather than the team.</td>
<td>I’ll borrow the proverbial expression here – it isn’t about the name on the back of the jersey, it is about the name or logo on the front. For us, we have to remember as individuals that we are here to work with the Network to improve the health of our community. We all have goals, aspirations and expectations. We cannot forget, though, our mission – to heal, comfort and care for the people of our community. That mission supersedes any individual effort or performance.</td>
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I’m ready for the 2012 season to begin. Have a great month!!

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

On or about February 10, 2012, all Medical Staff will receive a faxed notice describing the new on-line reappointment process.

On March 3, 2012, this year’s biennial reappointment process will be put into motion when reappointment applications will be available on the web for over 1,000 members of the Medical Staff. In addition to the online reappointment application, instructions will be included for submitting the reappointment application and:

- Review of your current privilege sheet and relinquishment of any privileges that you no longer perform.
- Completion of the Hospital Disclosure and Conflict of Interest Statement which must be done annually. Completion for FY 2012 is required in conjunction with the biennial reappointment and must be completed by April 2, 2012. (Refer to the January issue of Progress Notes for more information.)
- Successful completion of the appropriate “The Learning Curve (TLC)” moderate sedation module(s) and examination for all Medical Staff members with Adult and/or Pediatric Moderate Sedation privileges by April 2, 2012. This requirement is mandatory for continuation and maintenance of these privileges and for your 2012 Medical Staff biennial reappointment. (Refer to the January issue of Progress Notes for more information.)

A checklist to assist in completing the application process will also be included with the application. The practitioner should review the checklist to make sure all the information is provided and arrangements for submission of all the required documents have been made.

For the convenience of the practitioners, the application will be pre-populated with information previously provided to Medical Staff Services. It is of paramount importance that ALL the information be reviewed, changes made where necessary, and missing data completed.

Again this year, it is a requirement that all members of the Medical Staff receive annual Tuberculosis skin testing (PPD Mantoux). For those who have a history of a positive test, they must annually provide the date of screening by their private physician for signs and symptoms of tuberculosis. Practitioners will self-report compliance through directed questions on the reappointment application. The following information will be requested: 1) the date of the test, 2) the results, 3) if corrective action was necessary, when the action took place, and 4) if a positive history, the date of screening by their private physician for signs and symptoms of tuberculosis. If the practitioner is unable to obtain PPD testing in the private practice setting, arrangements may be made through the hospital’s Employee Health Office during walk-in hours. For a list of hours, contact Employee Health at 610-402-8869.

The deadline to return reappointment applications is March 23, 2012. Your prompt attention in facilitating the return of the application(s) is both requested and appreciated.

PLEASE NOTE: This new on-line process will require the use of the LVHN assigned user ID. If you are not a regular user of the LVHN computer systems, you are urged to log in to a Network computer prior to February 15, 2012, to assure that any login issues can be corrected prior to March 3, 2012. If you have any questions or problems related to the log in process, please call Trent Smith (610-402-1291) or Rita Mest (610-402-8968) in Medical Staff Services.

If you have any other questions regarding the Medical Staff reappointment process, please contact the Medical Staff Services Office at 610-402-8900.
PCE Prescription: Focusing on HCAHPS

In the health care reform era, more attention is being given to a national, standardized survey called Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). Colleagues from the Patient-Centered Experience (PCE) and Patient Satisfaction Improvement Council are teaming up and taking steps to help the health network’s HCAHPS scores rise.

PCE Plan: Seven teams are being formed to focus on the seven categories addressed in the HCAHPS survey:

1. Communication with nurses
2. Communication with doctors
3. Responsiveness of hospital staff
4. Pain management
5. Communication about medicines
6. Discharge information
7. Cleanliness and quietness of the environment

Why it’s important to you: “Our health network’s current scores and those going forward will affect Medicare and Medicaid reimbursements beginning in 2013,” says Bruce A. Ellsweig, MD, Vice Chair of Family Medicine for Community Practices and Medical Director of Lehigh Valley Hospice. “HCAHPS also give potential patients an easy way to compare hospitals locally, regionally and nationally to determine where they want to receive care. Results are posted on hospitalcompare.hhs.gov.”

Next step: To read the questions on an HCAHPS survey, visit hcahpsonline.org and click “Survey Instruments.”

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.

Use of Patient’s Own Medication Agreement Form

Regulatory organizations require hospitals to have a safe and pure medication distribution system. The LVHN pharmacies ensure this process through a rigorous quality assurance process, storing all medications according to their guidelines, and ensuring the medications in each container or package are correct. LVHN further builds safety into the medication distribution process, through patient specific bedside and unit medication deliveries, bedside barcoding and computer-assisted physician order entry with clinical decision support. When patients bring medications from home to use during their hospital stay, LVHN staff is unable to ensure the integrity, efficacy and safety of these medications.

LVHN understands that there are some reasons when a patient must supply his/her own medication for use while hospitalized. While this practice is discouraged, there are certain circumstances when the patient need is greater than the risk. However, when the medications are available in the hospital pharmacy, using home medications defeats the hospital’s safety systems, exposing the patient and the caregivers to risk. Cost alone should never be a reason to use a patient’s own medication.

To help everyone understand the risks involved with the use of a patient’s home medication, LVHN has developed an agreement form that must be completed for all home medication use requests. The person requesting the patient to use his/her own medications will be the person required to complete the form. Beginning on Wednesday, February 15, when a patient home medication order is prescribed for a patient, the prescriber must discuss with the patient the risks associated with the use of his/her home medication, and complete the “Use of Own Medications – Patient Agreement” form with the patient. These forms will be stored on each unit.

If you have any questions, please contact Leroy Kromis, Medication Safety Officer, at 610-402-8087.
Small Group Doctoring I

by Kristin S. Friel, MD

When I went to medical school, we called it Patient Doctor — we learned how to talk to patients (by talking to each other) and think about models of illness and how health and ill health affected a patient’s life. The culmination of the course was doing a real-life medical interview with a patient in the hospital. We lugged a video camera and a tripod with a partner and took turns interviewing a patient in a hospital setting. It was less than ideal!

The incoming SELECT medical students at USF/LVHN are going through something similar yet very different this year in the Doctoring I course. The 19 SELECT students meet in small groups of 6-8 students once a week throughout the year. The course began with them writing for themselves and discussing an Oath and what it means to be a “professional” in medicine. Following this, they discussed comparative health systems, wellness and ethics.

The majority of the year is spent learning how to examine the various human body systems, how to take a complete history and then some practice in motivational interviewing. Unlike my experience as a student, most sessions are accompanied by standardized patients — or actors with a myriad of complaints that the students take turns interviewing. In the small group sessions, one student is the interviewer, one is the scribe, one is the presenter and the others along with faculty and 4th year student facilitators provide feedback.

In the second half of the year, the sessions focus on clinical problem solving small group learning where students approach a clinical problem as a team — assemble the facts, come up with hypothesis and then set learning goals and agendas. They use their evidence based medicine tools to identify diagnostic work ups and best practices for care.

In addition to continuing the physical exam skills and patient interviewing practice, the students participate in a Community Based Clinical Mentoring program in the winter/spring. In this setting, the students observe physicians applying the skills they have been learning about in Doctoring I. The students work in dyads and at the end of the experience make a presentation about a patient — how physiology translates into pathophysiology and how psychological, sociological, and economic factors affect a patient’s health. They also conduct an Action Research Project focused on improving community practices.

It seems like a lot — on top of learning about pharmacology, genetics, microbiology, and systems physiology, these students are connecting the dots between science, health, evidence based medicine and community. Their enthusiasm and passion to date has given me hope about the future of medicine — as a physician and future patient.

For more information about the SELECT program or this article, please contact Kristin S. Friel, MD, Co-Clerkship Director, OBGYN, at kristin.friel@lvhn.org or via pager at 610-402-5100 0472.

ADVANCED PRACTICE CLINICIANS UPDATE

APC Quarterly Meeting

Please plan to attend the next quarterly meeting of the Advanced Practice Clinicians (APC) on Thursday, April 26, beginning at 5:30 p.m., in Kasych ECC Room 8 at LVH-Cedar Crest. The election of a President-elect and three at-large members of the Executive Council will be held at the meeting.

The APC Executive Council meets monthly on the third Wednesday of each month from 7 to 8 a.m., in the Medical Staff Services Conference Room at LVH-Cedar Crest. APC Executive Council officers are strongly encouraged to attend the Quarterly APC meetings as well.

In keeping with the APC Bylaws/Charter membership stipulations (a maximum of three PA’s, three CRNA’s, and three CRNP’s on the Executive Council) and upon review of the current makeup of the APC Executive Council, nominations for three at-large members will be accepted from the LVHN APC membership as follows:

- CRNA’s – maximum of two
- PA’s – maximum of two
- Psychologists
- Nurse Midwives
- Chiropractors
- Chiropractors

To nominate a member of the APC staff for President-elect or an at-large seat, please call 610-402-APC1 (2721). Leave a message including your name and the name of the nominee. Deadline for nominations is April 1, 2012.
Documentation Reminder

Opportunities for improvement which were identified in a 2011 Joint Commission survey are listed below. Following each of these areas is the suggested best practice to use in order to decrease deficiencies and improve our standards.

(1) A history and physical completed within 30 days of the procedure and updated prior to the procedure shall be entered in the patient’s medical record prior to the operative procedure.

*Best Practice:* Assure that an updated history and physical is present prior to starting the operative procedure.

(2) Operative reports and reports of other high risk procedures shall be dictated for the medical record within twenty-four (24) hours after surgery.

*Best Practice:* Before leaving the operating room, write a brief OP note (procedure, post-op diagnosis, estimated blood loss and pertinent findings) and dictate a full operative report within 24 hours of the procedure.

Components which should be included in the operative report are:

- Pre-operative Diagnosis
- Post-operative Diagnosis
- Surgeon/Assistants
- Procedure
- Estimated Blood Loss (EBL)
- Description of Procedure
- Specimens Removed
- Findings

The most common elements missing from the dictated operative report include:

- Estimated Blood Loss (EBL)
- Specimens Removed
- Findings

Please keep these in mind when completing operative reports.

Your assistance is requested and appreciated to consistently meet documentation requirements.

Enterprise Content Management

In an effort to move toward *Enterprise Content Management* (one repository for storage of clinical and administrative documentation), Information Services and Health Information Management have been working towards transition to a new Electronic Historical Medical Record (EHMR) and Medical Record Management (MRM) system. As well as being a repository for the legal medical record, providers will utilize this system to review and complete medical record deficiencies (dictations, signatures, text editing, etc.).

At the time of transition, medical record deficiencies created in the *current* EHMR will not be moved to the new system. Providers are encouraged to keep all deficiencies up-to-date in the *current* EHMR to avoid having to complete deficiencies in two systems.

EHMR training to access the legal medical record, as well as completing medical record deficiencies, will be available to providers through individual educational sessions conducted by the Information Services Department. For those unable to attend these sessions, information is available through The Learning Curve (TLC on your SSO Toolbar). The tentative “Go Live” date is scheduled for March 26, 2012.

If you have any questions regarding these articles, contact Zelda Greene, Administrator, Health Information Management, at 610-402-8330 or zelda.greene@lvhn.org.
ICD-10 Will Change Everything

As you know, all U.S. healthcare organizations must begin submitting claims using the new ICD-10 code sets on October 1, 2013, or claims will be rejected. Since ICD-10 includes changes to both diagnosis as well as procedure codes, the changes will affect nearly every aspect of the healthcare system: hospitals, physician offices, health plans, and patients. Accordingly, changes in documentation, reimbursement, insurance plans/coverage, quality measures will be coming.

The purpose of this and subsequent articles is to begin to prepare you for the top ICD-10 documentation issues we will encounter effective October 1, 2013. Each of these articles will feature one or two of the most common diagnoses or procedure topics you will need to know.

Diabetes Documentation in ICD-10

ICD-9 features 59 codes for diabetes, while ICD-10 will have more than 200, to include both the classification of the diabetes and the manifestation. It will no longer be classified as controlled/uncontrolled. There will be six main diabetes mellitus categories in ICD-10 from which the >200 codes will come:

- E08 - Diabetes mellitus due to an underlying condition
- E09 - Drug or chemical induced diabetes mellitus
- E10 - Type 1 diabetes mellitus
- E11 - Type 2 diabetes mellitus
- E13 - Other specified diabetes mellitus
- E14 - Unspecified diabetes mellitus

Examples of the specificity of diabetes codes in ICD-10 include:

- E08.22 = Diabetes mellitus due to an underlying condition with diabetic chronic kidney disease
- E09.52 = Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene
- E10.11 = Type 1 diabetes mellitus with ketoacidosis with coma
- E11.41 = Type 2 diabetes mellitus with diabetic mononeuropathy

If you have any questions, please contact John Pettine, MD, FACP, CCDS, Director, Clinical Documentation Improvement Program, at john.pettine@lvhn.org.
OPPE — QUALITY IMPROVEMENT EDUCATION

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.

The OPPE survey poses questions about improvement work in each practice and if a safety survey is done, along with changes in each area. To assist physicians and clinical providers with change management and quality improvement, the Departments of Medicine and Family Medicine are partnering with the LVPHO to provide a subscription to the Institute for Healthcare Improvement (IHI) Open school education modules.

The IHI Open School for Health Professions is an inter-professional educational community that gives adult learners the skills to become change agents in health care improvement — skills like quality improvement, patient safety, teamwork, leadership, and patient-centered care. It is a strong resource to provide education to novice and advanced beginner learners in the quality improvement process. There are no applications, no admissions requirements, and no due dates.

Currently, the IHI charges a modest subscription fee of $250 if an individual would like to take the modules online. However, the cost will be covered under a LVHN subscription — please contact Sherry Sawka at 610-402-7721 if you are interested in taking online courses.

The courses are completely free for students, medical residents, and university faculty who teach courses. All other IHI Open School resources — including the Chapter Network — are free for all.

Available courses include:

- MHO 101: Achieving Breakthrough Quality, Access, and Affordability
- PFC 101: Dignity and Respect
- L 101: So You Want to Be a Leader in Health Care
- PS 100: Introduction to Patient Safety
- PS 101: Fundamentals to Patient Safety
- PS 102: Human Factors and Safety
- PS 103: Teamwork and Communication
- PS 104: Root Cause and Systems Analysis
- PS 105: Communicating with Patients after Adverse Events
- PS 106: Introduction to the Culture of Safety
- QI 101: Fundamentals of Improvement
- QI 102: The Model for Improvement: Your Engine for Change
- QI 103: Measuring for Improvement
- QI 104: Putting It All Together
- QI 105: The Human Side of Quality Improvement
- QI 106: Level 100 Tools

If you have any questions regarding OPPE, contact Bruce A. 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.

LVHN STAFF REMINDERS FOR ADULT IMMUNIZATIONS

Following are several reminders regarding ADULT immunizations for 2012:

- **Shingles vaccine (Zostavax)** — approved now for ages 50 and above. More vaccine has become available and more insurance coverage is available than in past years. Great advantage to patients yet very underutilized. LVPG raising visibility of practice utilization of zoster vaccine as a quality of care indicator. Contraindicated in immunosuppressed patients. Live Vaccine.

- **Tdap (Adacel, Boostrix)** — single lifetime dose recommended for all adults, including now ages >65. Main purpose for stressing this is to alleviate the nationwide ongoing pertussis cases. Adults (parents, grandparents, caregivers) can participate in spread of pertussis. A dose of Tdap reduces this risk. Also provides tetanus and diphtheria protection. Non-Live Vaccine.

- **Pneumococcal vaccine** — now indicated for smokers and asthmatics. Along with influenza, pneumococcal vaccine administration is now a CMS Global Immunization Core Measure for all health care facilities. Boosters usually not recommended except single lifetime booster if pneumococcal vaccine given before age 65 and more than five years ago. Also recommended for immune suppressed or prior splenectomy or CKD if more than five years. ONLY two doses maximum should be given life long to any individual. Non-Live Vaccine.

- **Flu vaccine** — now indicated for everyone >6 months of age, unless contraindicated for medical reasons. Inactive (traditional flu shot) preferred for adults. Live (Flumist) approved for ages 5-49 but works best in children. HighDose Flu Zone approved for ages >65 but not sufficient data to know if superior to regular. Intradermal dose available but indications not clear yet.

- **Meningitis vaccine** — (conjugate vaccine) used in pre-teens and adolescents; also for micro lab workers, certain travelers, splenectomy patients.

If you have any questions regarding these reminders, please contact Luther V. Rhodes III, MD, Chief, Division of Infectious Diseases, at luther-pat.rhodes@lvhn.org or pager 610-402-5100 9223.
CONGRATULATIONS

Scott W. Beman, MD, General Surgery Residency Associate Program Director/Education Director, was recently recertified in Surgery by the American Board of Surgery. Dr. Beman has been a member of the Medical Staff since June, 2001. He is a member of the Division of General Surgery and is in practice with General Surgical Associates.

Peter E. Fisher, MD, MBA, was recently named President and Chief Executive Officer of Health Network Laboratories, L.P. (HNL), replacing Dr. David Beckwith who recently retired. Dr. Fisher has served as LVHN’s Chair of the Department of Pathology and Laboratory Medicine for the past six years and has been a valued member of the HNL senior executive team.

Dr. Fisher has grown the pathology group from 14 to 21 pathologists while simultaneously building subspecialty expertise within the department. Under his guidance, HNL has introduced transplant pathology, molecular pathology, forensic pathology and most recently medical renal and pediatric pathology services. Dr. Fisher’s promotion creates a vacancy in the Chair of Pathology and Laboratory Medicine. Further information regarding this position will be forthcoming.

Ashwini Kamath Mulki, MD, Department of Family Medicine, was recently notified that she has become certified in Family Medicine by the American Board of Family Medicine. Dr. Kamath Mulki was appointed to the Medical Staff in October, 2011. She is in practice with the Lehigh Valley Family Health Center.

Richard S. MacKenzie, MD, Department of Emergency Medicine Senior Vice Chair, Operations, was elected Vice Chairman of the Pennsylvania Trauma Systems Foundation (PTSF) Board of Directors at the PTSF Board meeting held December 8, 2011. Dr. MacKenzie has been a member of the Medical Staff since November, 1997. He is in practice with LVPG-Emergency Medicine.

M. Katherine Mitchell, DO, Department of Family Medicine, was recently notified that she has become certified in Family Medicine by the American Board of Family Medicine. Dr. Mitchell was appointed to the Medical Staff in September, 2011. She is in practice with MacArthur Family Medicine.

Christopher D. Newman, MD, Division of General Internal Medicine, Section of Hospital Medicine, has become recertified in Internal Medicine by the American Board of Internal Medicine. Dr. Newman has been a member of the Medical Staff since August, 2006. He is in practice with Lehigh Area Medical Associates.

David M. Stein, DO, Division of General Internal Medicine, was recently appointed Osteopathic Director of Medical Education. In this role, Dr. Stein will provide oversight and guidance to our osteopathic residency programs and join the Graduate Medical Education Committee. Dr. Stein has been a member of the Medical Staff since January, 1991. He is in practice with Primary Care Associates.

LVHN DIGITAL LIBRARY

New Differential Diagnosis Tool Explain

DXplain is now available through the Digital Library. Developed by Massachusetts General Hospital Laboratory of Computer Science, DXplain is a decision support tool and electronic medical textbook containing over 5,000 signs, symptoms, etiology, pathologic findings, and epidemiologic data clinical findings for 2,400 diseases.

DXplain does not offer definitive medical consultation and should not be used as a substitute for physician diagnostic decision making. It is meant for use in clinical education and as an educational aid in clinical problem solving.

For more information about DXplain, you can scan the QR code with your smartphone to view a slide presentation and links to a tutorial.

DXplain 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 and click on DXplain. Once you have selected Continue with DXplain, you will need to enter your email and professional status and accept the terms.

If you are interested in seeing a demo or have any questions regarding the use of DXplain, please contact Krista Pegnetter in Library Services at 610-402-8410.
How to Diagnose Burnout: Part 2
by Robert D. Barraco, MD, MPH, and Carmine J. Pellosie, DO, MPH, MBA

Burnout can be a difficult entity to diagnose. Burnout may be the result of stress, but it isn’t the same as excessive stress. Stress involves too many pressures that demand too much of you physically and psychologically. Stressed people can still have positive thoughts of the future, realizing if they can just get everything under control, they’ll feel better.

Burnout is about feeling empty, lack of motivation, and apathy. Affected providers often don’t see any hope of positive change. One is usually aware of being under a lot of stress. However, one may not always notice burnout.

The signs and symptoms of burnout cross domains of physical, emotional and behavioral. Signs and symptoms in the physical domain include:
- Feeling tired and drained most of the time
- Lowered immunity, feeling sick a lot
- Frequent headaches, back pain, muscle aches
- Change in appetite or sleep habits

Emotional signs and symptoms of burnout include:
- Sense of failure and self-doubt
- Feeling helpless, trapped, and defeated
- Detachment, feeling alone in the world
- Loss of motivation
- Increasingly cynical and negative outlook
- Decreased satisfaction and sense of accomplishment
- Perception of loss of control

In the behavioral domain, signs and symptoms of burnout include:
- Withdrawing from responsibilities
- Isolating yourself from others
- Procrastinating, taking longer to get things done
- Increased use of alcohol or medications

One standard for screening is the Maslach Burnout Inventory. There is a version for those in human services. The MBI Surveys address three general scales with 22 items:
- Emotional exhaustion measures feelings of being emotionally overextended and exhausted by one’s work
- Depersonalization measures an unfeeling and impersonal response toward recipients of one’s service, care treatment, or instruction
- Personal accomplishment measures feelings of competence and successful achievement in one’s work

However, this is not free. It also has an accompanying manual that can be purchased.

The main thing is that you must be aware of the possibility of burnout. Only then can you treat it or prevent it. That will be the topic of our next and last installment on provider burnout. Stay tuned …

One free screening tool for burnout contains 25 questions rated on a Likert scale (Figure 1). A score from 70-90 may indicate burnout has begun. A score of over 90 may indicate an advanced stage of burnout. There are other online tools including a 15 item questionnaire.

Research from 2010 points to a simpler tool for screening for burnout. This is a single item assessment with five options which was used in an oncology environment. They are with five response options: (i) I enjoy my work. I have no symptoms of burnout; (ii) Occasionally, I am under stress, and I don’t always have as much energy as I once did, but I don’t feel burned out; (iii) I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion; (iv) The symptoms of burnout that I’m experiencing won’t go away. I think about frustration at work a lot; (v) I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help. This was compared to the Maslach Burnout Inventory as a standard with good correlation.

Another consideration is to include a thorough history and physical examination to be sure there are no underlying medical contributing factors such as thyroid disease, sleep apnea, glucose metabolism disorders, anemia or other conditions.

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.

1 http://www.helpguide.org/mental/burnout_signs_symptoms.htm
3 http://www.mindtools.com/stress/Brn/BurnoutSelfTest.htm
4 BMC Health Services Research 2010, 10:341

Martin A. Martino, MD, Medical Director of the Minimally Invasive Robotic Surgery Program, gave two grand rounds presentations recently. The first presentation – “Robotic Surgery: Improving Quality Outcomes through Teamwork” – was presented at the Department of OB/GYN Grand Rounds at St. Peter’s University Hospital on December 16, 2011. The second presentation – “Robotic Surgery: Teaching Accountable Care within a Residency Training Program” – was presented at the Department of OB/GYN Grand Rounds at NYU Langone Medical Center on January 4, 2012.


An innovation profile – “Skin Assessments Conducted as Part of Patient Intake Improve Documentation of Pressure Ulcers on Admission, Reduce Incidence During Stay” – submitted by Courtney Vose, RN, MSN, Administrator, Patient Care Services, and Robert X. Murphy, Jr., MD, Medical Director, Wound Healing Center, was published in the December, 2011 issue of the AHRQ Health Care Innovations Exchange (www.innovations.ahrq.gov).

Thomas V. Whalen, MD, MMM, Chief Medical Officer, was a participant at the 97th Annual American College of Surgeons Clinical Congress held October 23-27, 2011, in San Francisco, Calif. His involvement included the following presentations:

- Course Director, Session III: Employing AHPs in Surgical Practice (Intro) – “Employing Allied Health Professionals in a Surgical Practice” – October 23
- Course Director – “Special Program for Surgery Residents: Essential Skills for Surgical Practice: A Primer for Residents” – October 24
- Presentation – “Experience of Resident Assistant Does Not Influence Incidence of Common Bile Duct Injuries during Laparoscopic Cholecystectomy” – October 24
- Panel Session Speaker – Critical Issues Relating to Residency Program Accreditation – “Duty Hour Restrictions for Surgical Residents: Impact on Patients, Residents and Faculty” – October 25
- Panelist for Town Hall Meeting – “Do Practicing Surgeons Also Need Duty Hour Rules?” – October 25

CMIO UPDATE

Please DO NOT use the Comment Lines to Provide Dosing Instructions for Medications Orders

Remember to use the ‘Max Doses’ field to limit the number of doses of a medication. Please do not put ‘x3 doses’ in the comment line. This is very common for post-op antibiotics. Pharmacy and Nursing may not see those comments and the medication may not be discontinued.

If an IV rate is to change after a specified number of hours, the optimal method is to adjust the stop time or use “max doses,” and then create a second order with a start time after the first IV runs out.

Comments such as “Give today if OK with Surgery” are not valid orders. It is the responsibility of the ordering physician or provider to communicate with each other to determine if medications are to be ordered.

Using CE to create meds for DCI? What Could Happen?

We have found that some providers are placing medication orders in Centricity Enterprise so the medication will appear in DCI, making it easier to manage Home Meds and create prescriptions (and then discontinuing the medication in CE). This is NOT the correct process and has potential for serious patient safety issues. Placing the order in CE creates an action for the Nurse, and there is potential that Pharmacy verifies the medication and sends it to the unit prior to the provider canceling/discontinuing the order. There have been occurrences in which the nurse saw the action on her Medication Administration screen, thought the order was valid and attempted to administer the medication. Please use DCI to manage the Home Medications and create prescriptions for discharge. It is the correct process and is safer for our patients.

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.
The following revisions to the Medical Staff Bylaws were approved at the General Medical Staff meeting on December 12, 2011, and by the Boards of Trustees of Lehigh Valley Hospital and Lehigh Valley Hospital-Muhlenberg on January 4, 2012.

**PREAMBLE**

WHEREAS, as of January 6, 1999, the effective date of these Bylaws, the Medical Staffs of Lehigh Valley Hospital and Lehigh Valley Hospital-Muhlenberg have established a Medical Staff in order to encourage a uniform and consistent standard of credentialing and care throughout Lehigh Valley Health Network;

WHEREAS, Fairgrounds Surgical Center is an ambulatory surgical center organized and existing under the laws of the Commonwealth of Pennsylvania with its principal office located at 400 North 17th Street, Suite 300, Allentown, PA 18104;

WHEREAS, the Medical Staff of Fairgrounds Surgical Center has converged with and has been subsumed by the Medical Staff of Lehigh Valley Health Network in order to achieve a uniform and consistent standard of credentialing and care to meet the overall health and medical needs of the patients and communities, which they serve;

WHEREAS, it is understood that any member of the Active Staff of Fairgrounds Surgical Center, who is not already a Medical Staff Member of Lehigh Valley Health Network as of November 3, 2011, shall also be considered an Active Staff Member of Lehigh Valley Health Network as of November 3, 2011;

WHEREAS, it is recognized that the Lehigh Valley Health Network Medical Staff of Lehigh Valley Health Network is, in part, responsible for the quality of health care in the Hospitals and must accept and discharge this responsibility, subject to the ultimate authority of the Hospitals’ Governing Bodies, and that the cooperative efforts of the Medical Staff, the Chief Executive Officer, and the Governing Bodies of each Hospital are necessary to fulfill the Hospitals’ obligations to their patients; and

**DEFINITIONS**

A. The term “Medical Staff” means the Lehigh Valley Health Network Medical Staff of Lehigh Valley Health Network and all medical physicians, dentists and podiatrists who individually satisfy the requirements for Medical Staff membership as set forth in these Bylaws.

M. The term “Fairgrounds Surgical Center” or “FSC” means the ambulatory surgical center located at 400 North 17th Street, Suite 300, Allentown, PA 18104.

Relettering of the remaining items under Definitions.

**ARTICLE I - NAME**

The name of this organization affiliation shall be the “Medical Staff of Lehigh Valley Health Network”.

**ARTICLE III - MEDICAL STAFF MEMBERSHIP**

**SECTION B - GENERAL QUALIFICATIONS**

2. Any Active Staff Member of Fairgrounds Surgical Center, who is not already a Medical Staff Member of Lehigh Valley Health Network as of November 3, 2011, shall also be considered an Active Staff Member of Lehigh Valley Health Network as of November 3, 2011.

3. Lehigh Valley Health Network does not discriminate on the basis of race, color, national origin, alienage, citizenship status, religion, creed, gender, sexual orientation, disability, healthcare status, age, military status, marital status, genetic predisposition, or any other classification protected by federal, state, or local law. In addition, the Network does not discriminate related to the type of procedure or patients treated in the practitioner’s specialty.

**SECTION D - SPECIALTY BOARD CERTIFICATION AND RECERTIFICATION**

4. The specialty/sub-specialty Board certification requirements are waived for non Board certified members of the Medical Staff who were members of the Lehigh Valley Hospital Medical Staff as of June 30, 1982, or members of the Lehigh Valley Hospital-Muhlenberg Medical Staff as of November 20, 1997, or Affiliate Category members of the Lehigh Valley Hospital and Health Network Medical Staff as of May 3, 2006, or members of the Blue Mountain Health System Medical Staff previous to as of February 17, 2009 (effective date of affiliation agreement with LVHN), and members of the Medical Staff of Fairgrounds Surgical Center as of March 2, 2011.

7. Unless a waiver applies under paragraph 4 above, all Medical Staff Members are required to maintain continued Board Certification in their practicing specialty.

**ARTICLE IV - CATEGORIES OF THE MEDICAL STAFF**

**SECTION B - THE ACTIVE MEDICAL STAFF**

2. Active Staff members shall:

   (c) As determined by need and subject to site-specific privileges, provide on-call coverage in the Emergency Department, upon the assignment by the appertaining Department Chair.

**SECTION C - THE AFFILIATE STAFF**

4. As determined by need and subject to site-specific privileges, Affiliate Staff members will provide on-call coverage in the Emergency Department, upon the assignment by the appertaining Department Chair.

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

Cardiology Grand Rounds
Cardiology Grand Rounds will be held on Friday, February 3, from Noon to 1 p.m., in the Auditorium at LVH-Cedar Crest, and teleconferenced to ECC Room D at LVH-Muhlenberg.

“Marfan’s Syndrome – Diagnosis, Management and When to Refer?” will be presented by Charles James Bruce, MB, ChB, FCP (SA), Professor of Medicine, Division of Cardiovascular Diseases, and Department of Internal Medicine, Mayo Clinic.

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

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

- February 2 – LVH-M ECC Rooms B, C and D
  - Visiting Speaker – Scott Weingart, MD, Associate Professor and Director of Emergency Department Critical Care, Mount Sinai School of Medicine
  - Journal Club
  - Administrative Hour
- February 9 – LVH-M Banko Building
  - Rosen’s Club
  - Acute Complications of Pregnancy – Quincy Gerrald, DO
  - Research Series
  - M & M
- February 16 – (PGY3 Simulation) – LVH-M Banko Building
  - Mycobacterial Infections – Brian Berry, DO
  - Diseases of the Circulation – Dissection, Aneurysm & Thromboembolism – David Richardson, MD
  - Medical Command Tape Review – Rob Tomsho, DO
  - Facial Trauma – Richard MacKenzie, MD
  - Stroke – Shawn Quinn, DO

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

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

“What does a Hand Surgeon do?” will be presented by Jay S. Talsania, MD, Division of Orthopedic Surgery/Hand Surgery.

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 are held on Tuesdays 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 February will include:

- February 7 – “Patt Lecture” – Dario Altieri, MD, The Wistar Institute Cancer Center
- February 14 – “Anticoagulation and Heart Failure” – Ronald S. Freudenberger, MD
- February 21 – “Non-Evidence Based Medicine: Why Do We Do That?” – A Multidisciplinary Presentation
- February 28 – Guest Speaker – Michael P. Carson, MD, Director of Research Outcomes, Jersey Shore University Medical Center

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

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Neurology Conferences
The Division of Neurology conferences are held on Thursdays beginning at Noon. Conferences are 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 February will include:

- **February 2** – “Recognition and Management of Controversial EEG Patterns in the Critically Ill Patient” – Clarissa J. Liew, MD
- **February 9** – “Dystonic Reactions (DR)” – Peter J. Barbour, MD
- **February 16** – Division Meeting
- **February 23** – “CNS Mass Lesions” – Joshua A. Bemporad, MD

For more information, please contact Kimberly Hamilton, Coordinator, Neurosciences, at 610-402-9008.

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 February will include:

- **February 3** – “Amniotic Fluid Embolism” – John Smulian, MD
- **February 10** – “LVHN Outcome Statistics” – Thomas Hutchinson, MD
- **February 17** – “PMS-PMDD Update” – Patrice Weiss, MD
- **February 24** – “Preinduction Cervical Ripening with Foley Catheter” – Tony Sciscione, DO, Director, Maternal-Fetal Medicine, Christiana Care Health System

For more information, contact Julie Gualano 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 February:

- **February 7** – Pediatric Palliative Care – “How We Hear, See and Speak” – Robert W. Miller, MD
- **February 14** – Hematology/Oncology – Anderson B. Collier III, MD
- **February 21** – Pediatric Surgery – William D. Hardin, Jr., MD
- **February 28** – Orthopedics – Barry I. Berger, MD

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

Psychiatry Grand Rounds
The next Department of Psychiatry Grand Rounds presentation will be held on **Thursday, February 16**, beginning at Noon (registration at 11:45 a.m.) in ECC Rooms B, C and D at LVH-Muhlenberg. This presentation will also be teleconferenced to the Auditorium at LVH-Cedar Crest.

“Assessment of Youth and Risk of School Shootings”
will be presented by Peter Langman, PhD, a private counselor from the Lehigh Valley who has worked with children and adolescents for over 20 years. Dr. Langman has lectured throughout the country on the topic of school violence.

For more information, contact Tammy Schweizer in the Department of Psychiatry at tammy.schweizer@lvhn.org or call her at 610-402-5766.

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

The next Spine Conference will be held on **Wednesday, February 1**, 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, unless otherwise noted. Topics for February will include:

- **February 7** – “The Diabetic End-Stage Renal Disease Patient with a Living Donor; SPK vs. PAK?” – Lynsey S. Biondi, MD
- **February 14** – “The Rise of Surgery” – Rona Altaras, MD
- **February 21** – “Current Controversies in Breast Cancer Management” – Daniel F. Barnas, MD
- **February 28** – “Preoperative Evaluation – State of the Art” – Michael P. Carson, MD, Director of Research Outcomes, Jersey Shore University Medical Center

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

Continued on next page
Emergency Medicine Institute - Life Support Classes

Upcoming life support classes sponsored by the Emergency Medicine Institute (EMI) for March and April 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:
- March 19
- March 20
- March 26
- April 5
- April 10
- April 20
- April 23

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:
- March 21
- March 22
- April 4
- April 18

A two-day provider course will be held March 7 and 8, and April 11 and 12.

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

- Enhancing the Treatment of the Headache Patient
  February 22 & 23
  5-8:05 p.m.
  Kasych ECC Rooms 6 and 7, LVH-Cedar Crest

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

- Aspects of Epilepsy: Components in Comprehensive Care
  March 10
  8 a.m.-1 p.m.
  Kasych ECC Rooms 6, 7 and 8, LVH-Cedar Crest

- Hot Topics in Anticoagulation
  March 17
  8 a.m.-1 p.m.
  Kasych ECC Rooms 6, 7 and 8, LVH-Cedar Crest

- Teaching Leader Series: Remediation/Academic Support Skills
  March 26
  Noon-1:30 p.m.
  Kasych ECC Room 7, LVH-Cedar Crest
  and
  April 4
  7:30-9 a.m.
  LVH-Muhlenberg

- Teaching Leader Series: Assessing and Debriefing Simulation/SP
  March 27
  Noon-1:30 p.m.
  Simulation Lab, 1247 S. Cedar Crest Blvd.

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

Sonia K. Ahluwalia, MD
LVHN Hospital Medicine at Muhlenberg
LVH-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

Peter J. Isaac, DO
Peter J. Isaac, DO, LLC
1605 N. Cedar Crest Blvd.
Suite 609
Allentown, PA 18104-2351
Phone: 610-820-5703  Fax: 610-433-5660
Department of Surgery
Division of General Surgery
Provisional Active

Ryan J. McGuire, DMD
Eugene J. McGuire, DDS
1575 Pond Road
Suite 105
Allentown, PA 18104-2254
Phone: 610-481-9100  Fax: 610-481-9275
Department of Dental Medicine
Division of Pediatric Dentistry
Provisional Active

Marc B. Perlman, MD
Pediatric Hospitalist at Pottstown Memorial
Medical Center
1600 E. High Street
Pottstown, PA 19464-5008
Phone: 610-327-7540  Fax: 610-327-7669
Department of Pediatrics
Division of General Pediatrics
Provisional Active

Albert P. Sarno, Jr., MD, MPH
LVPG-Maternal Fetal Medicine
Lehigh Valley Hospital
Cedar Crest & I-78
P.O. Box 689
Allentown, PA 18105-1556
Phone: 610-402-8510  Fax: 610-402-2430
Department of Obstetrics and Gynecology
Division of Maternal-Fetal Medicine/Obstetrics
Provisional Active

Tejinder B. Singh, DDS
Tejinder B. Singh, DDS, MHA
Pocono Dental Associates
243 East Brown Street
East Stroudsburg, PA 18301-3005
Phone: 570-424-1201  Fax: 570-476-8841
Department of Dental Medicine
Division of General Dentistry
Provisional Active

Medical Staff Leadership Appointment

Department of Family Medicine
Robert J. Motley, MD
Vice Chair, Network Collaboration

Department of Medicine
Matthew M. McCambridge, MD
Vice Chair, Clinical Operations

Daniel E. Ray, MD
Chief, Section of Palliative Medicine and Hospice

Laboratory and Other Service Medical Directors

Hospital Lab/Service Directors
Michael F. Szwarc, MD
Associate Medical Director
Minimally Invasive Robotic Surgery Program

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Changes of Address

William J. Gould, DO
3445 High Point Blvd.
Suite 202
Bethlehem, PA  18017-7812
Phone: 610-691-2282  Fax: 610-691-2410

Stephen J. Ksiazek, MD
451 Chew Street
Suite 302
Allentown, PA  18102-3423
Phone: 610-821-2810  Fax: 610-821-6952

Victoria A. Loven, MD
Health Network Laboratories
Lehigh Valley Hospital
Cedar Crest & I-78
P.O. Box 689
Allentown, PA  18105-1556
Phone: 610-402-8140  Fax: 610-402-1691

Fax Number Changes

Eric A. Goldman, DO
Valley Medical Acupuncture
LVH-Muhlenberg Pain Center
2545 Schoenersville Road
Bethlehem, PA  18017-7384
Phone: 484-884-2952  Fax: 484-661-5546

T. Kumar Pendurthi Surgical Associates, LLC
Arjumand Ali, MD
Steven H. Berman, MD
T. Kumar Pendurthi, MD, PhD
3600 Fairview Street
Bethlehem, PA  18017-8923
Phone: 610-882-0199  Fax: 484-895-3830

Practice Changes

Kenneth A. Bernhard, MD
(Solo practice)
2649 Schoenersville Road
Suite 301
Bethlehem, PA  18017-7317
Phone: 610-866-2233  Fax: 610-882-3474

Michele D. Jones, DO
(No longer at Priority Care at Emrick)
Saucon Valley Medical Center
4801 Saucon Creek Road
Suite 110
Center Valley, PA  18034-9065
Phone: 610-625-9090  Fax: 610-625-9020

Jennifer L. Koch, DMD
(No longer with Jeffrey R. Wert, DMD)
Miles of Smiles
Lehigh Valley Hospital
17th & Chew, P.O. Box 7017
Allentown, PA  18105-7017
Phone: 610-969-3955  Fax: 610-969-3084

Michael J. La Rock, MD
(No longer with LVPG-Hospitalist Services)
LVPG-Medicine
1210 S. Cedar Crest Blvd.
Suite 3600
Allentown, PA  18103-6208
Phone: 610-402-1150  Fax: 610-402-1153

Daniel E. Ray, MD
(No longer with Pulmonary Associates)
OACIS Services
2166 S. 12th Street
Suite 402
Allentown, PA  18103-4792
Phone: 610-969-0100  Fax: 610-969-0101

M. Bruce Viechnicki, MD
Coordinated Health
1611 Pond Road
Suite 102
Allentown, PA  18104-2256
Phone: 610-366-7000  Fax: 610-366-0255

Resignations

John A. Altobelli, MD
Department of Surgery
Division of Plastic Surgery
(Had FSC privileges only)

Indru T. Khubchandani, MD
Department of Surgery
Division of Colon and Rectal Surgery
(LVHN – Honorary Status since 7/9/2011 – Resignation of FSC privileges)

Continued on next page
Allied Health Staff

New Appointments

**Courtney A. Bloss, PA-C**
Physician Assistant-Certified
Lehigh Neurology
Center for Advanced Health Care
1250 S. Cedar Crest Blvd.
Suite 405
Allentown, PA 18103-6224
Phone: 610-402-8420  Fax: 610-402-1689
Supervising Physician: David E. Jones, MD

**Debra A. DeEsch, LPN**
Licensed Practical Nurse
Surgical Specialists of the Lehigh Valley
1240 S. Cedar Crest Blvd.
Suite 308
Allentown, PA 18103-6218
Phone: 610-402-1350  Fax: 610-402-1356
Supervising Physician: Barry H. Slaven, MD, PhD

**Andrew J. Ferretti, PA-C**
Physician Assistant-Certified
Lehigh Valley Center for Sight, PC
1739 Fairmont Street
Allentown, PA 18104-3117
Phone: 610-437-4988  Fax: 610-437-4176
Supervising Physician: Houman Ahdieh, MD

**Lori J. Grischott, RN, MSN**
Registered Nurse
LVPG-Maternal Fetal Medicine
Lehigh Valley Hospital
Cedar Crest & I-78, P.O. Box 689
Allentown, PA 18105-1556
Phone: 610-402-8510  Fax: 610-402-2430
Supervising Physician: John C. Smulian, MD, MPH

**Scott E. Hamilton, 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

**Beth A. Kreisel, CRNP**
Certified Registered Nurse Practitioner
HealthWorks
1243 S. Cedar Crest Blvd.
Allentown, PA 18103-7982
Phone: 610-402-9230  Fax: 610-402-9293
Supervising Physician: Richard F. Goy, MD

**Elizabeth A. Parr, CNM**
Certified Nurse Midwife
Allentown Gynecology Associates
1575 Pond Road
Suite 104
Allentown, PA 18104-2250
Phone: 610-398-7848  Fax: 610-398-2220
Supervising Physician: Andrea Waxman, MD

**Jeanine M. Patterson, CRNP**
Certified Registered Nurse Practitioner
OBGYN Associates of the LV
Paragon Building
1611 Pond Road
Suite 401
Allentown, PA 18104-2256
Phone: 610-398-7700  Fax: 610-398-6917
Supervising Physician: Guillermo A. De La Vega, MD

**Kay A. Schwalm, RN**
Registered Nurse
LVPG-Maternal Fetal Medicine
Lehigh Valley Hospital
Cedar Crest & I-78, P.O. Box 689
Allentown, PA 18105-1556
Phone: 610-402-8510  Fax: 610-402-2430
Supervising Physician: William E. Scorza, MD

**Shannon M. Webb, PA-C**
Physician Assistant-Certified
Orthopedic Associates of the Greater Lehigh Valley
Northwood Medical Arts Building
3735 Easton Nazareth Highway
Suite 101
Easton, PA 18045-8338
Phone: 610-252-1600  Fax: 610-250-9257
Supervising Physician: Vito A. Loguidice, MD

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Christine R. Webster, 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

Christie M. Weiss, 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

Change of Supervising Physician and Group

Julie B. Santayana, CRNP
Certified Registered Nurse Practitioner
From: Paul K. Gross, MD – Allentown Associates LLC
To: Mireille M. Meyerhoefer, MD – LVPG-Psychiatry

Change of Secondary Supervising Physician

Nissa J. Gossom, CNM
Certified Nurse Midwife
(Obgyn Associates of the LV – Michael Sheinberg, MD)
Secondary Supervising Physician – From: Suzanne Basha, MD
To: Guillermo A. De La Vega, MD

Aimee R. Kessler, CNM
Certified Nurse Midwife
(Bonnie E.B. Osterwald, MD – Bonnie E.B. Osterwald, MD)
Secondary Supervising Physician – From: Thomas A. Hutchinson, MD
To: Mary Anne Freeman Brndjar, DO

Resignations

Linda L. Breidigam, CRNP
Certified Registered Nurse Practitioner
(Health Center at Moselem Springs)

Bonita L. Budura, CRNA
Certified Registered Nurse Anesthetist
(Lehigh Valley Anesthesia Services, PC)

Kristen L. Emerick, PA-C
Physician Assistant-Certified
(Obgyn Associates of LVPG)

David C. Rice
Surgical Technician
(Geoffrey G. Hallock, MD)
(Had FSC privileges only)

Terry S. Savan, CRNP
Certified Registered Nurse Practitioner
(HealthWorks)
(Health Center at Moselem Springs)

Denise Stull
Dental Assistant
(Dilshad Sumar, DMD)
(Had FSC privileges only)
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.