Published for the Medical Staff and Advanced Practice Clinicians of Lehigh Valley Health Network

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FROM THE PRESIDENT

Time Stand Still

M

y life with our son has developed a particular monotony. At some point in every evening, I find myself sitting in the rocking chair in his room feeding him. The only noise is provided by a fan and the only light is the green glow from his night light that fills the room. I have no reading material or music – only my thoughts. Time passes slowly as I stare across the room at his digital clock, wondering when he will fall asleep and I can either get back to work or to bed. Inevitably, I am tempted to think – “I can’t wait until he’s a little bit older…if we could just jump ahead to when he is sleeping through the night.”

One night, as the seconds slowly ticked by, I reframed and started thinking about the magic of the moment. I thought about the wonder that my son is and my hopes and dreams for what he will one day become. I thought about my daughters and how quickly they have grown. I thought about the fact that May is birthday month in our house, as both my wife and I turn another year older. I thought about how quickly life passes and how, as we get older, we strive to hold onto each moment with a passion that we simply did not possess in our younger days.

As I was reframing, one of my favorite Rush songs came to mind. “Time Stand Still” was released early in my freshman year of college. I was 800 miles from home. My high school girlfriend had just broken up with me and I had only just started meeting the individuals who would become my college friends. It was not the best of times.

“Summer’s going fast, nights growing colder
Children growing up, old friends growing older
Freeze this moment a little bit longer
Make each sensation a little bit stronger
Experience slips away…
The innocence slips away.”

At that time, I only wanted time to accelerate so I could get through those first months. I wished each day away, hoping the next day would be better.

Continued on next page
As time passed, life did improve. Unfortunately, I had developed the habit of wishing time away. “I can’t wait until the weekend.” “Man, if I could only get to when finals are done.” “I wish night float was over.” “I can’t wait until Sunday at 5 p.m. when call is over.”

In the past several years, my wife started calling me out on these statements and I became more aware of the habit. I was not fully appreciating what each day had to offer. I was not making the most of my time and enjoying the simple, mundane pleasures of everyday life. I vowed to eliminate those thoughts and to focus on the day at hand. Our tomorrows are not guaranteed, so we need to enjoy today to the fullest.

I am trying to freeze more moments and enjoy the sensations that accompany those moments – whether they occur at 3 a.m. or otherwise. Now, when I’m in the green room I think about how I am not going to have the opportunity to do this again with another child. I appreciate looking at his innocent, sleepy face and love looking at his chubby legs. I listen for his little feeding sounds and try to burn them into my memory. I still look at the clock, but it is in an effort to hold onto each moment. I appreciate those moments for what they are – a gift. Literally, they are a once in a lifetime gift. Those moments will never come again. Time stand still, indeed.

“Cause you’re gonna miss this, you’re gonna want this back. You’re gonna wish these days hadn’t gone by so fast. These are some good times, so take a good look around. You may not know it now, but you’re gonna miss this.”

“You’re Gonna Miss This” - Trace Adkins

Michael J. Pistoria, DO
Medical Staff President

PCE PRESCRIPTION: PROVIDING CULTURALLY APPROPRIATE CARE

The goal of Lehigh Valley Health Network’s Patient-Centered Experience (PCE) initiative is to give our patients and their loved ones the best possible health care experience. Through PCE, we’ve designed ways to ensure our care meets our patients’ cultural needs.

PCE Outcomes: We ensure each patient’s ethnicity and language is documented at registration, provide expanded interpreter services and conduct educational programs to build clinicians’ cross-cultural skills.

Why it’s important to you: “Optimal patient comfort and safety require cultural awareness and sensitivity,” says Bruce Ellsweig, MD, Vice Chair of Family Medicine Community Practices and Medical Director of Lehigh Valley Hospice. “Health outcomes will certainly be improved by behaviors physicians learn and recognize through our enhanced education at Lehigh Valley Health Network.”

Next step: To learn more about caring for patients from diverse cultures, visit the intranet (lvh.com) and click “Resources,” “Clinical,” “Clinical Services,” and “Cultural Competency Resource Center.”

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.
LVHN Names New Chief Financial Officer

Ed O’Dea, CPA, MBA, has been named to the position of Chief Financial Officer (CFO) at Lehigh Valley Health Network (LVHN). Since September 2011, Mr. O’Dea served as interim CFO, taking responsibility for the development of LVHN’s financial direction and oversight of all fiscal responsibilities.

“Ed’s skilled and thoughtful leadership approach made him the top choice after a national search,” said Ron Swinfard, MD, President and CEO. “He has the tools and experience to help LVHN successfully navigate the financial complexities of health care reform.”

Mr. O’Dea’s appointment is the latest step in a 21-year career at LVHN. He joined the health network in 1991 and served as controller, then vice president of finance prior to becoming interim CFO last September.

LVHN Announces New Affiliation to Study Cancer

On May 15, Lehigh Valley Health Network (LVHN) and The Wistar Institute based in Philadelphia announced they are entering into a scientific affiliation to foster collaborative cancer research between scientists at Wistar and cancer clinicians at LVHN.

The announcement was made jointly by Ronald Swinfard, MD, LVHN’s President and CEO, and Dario Altieri, MD, Chief Scientific Officer and Director of The Wistar Institute Cancer Center.

“This affiliation is an important step in our ongoing efforts here at Lehigh Valley Health Network to bring more hope and more options to people in the Lehigh Valley faced with cancer,” Dr. Swinfard said. “Through this clinical research in partnership with Wistar, our physicians and patients will have the opportunity to help find future cures by assisting the scientists at the forefront of scientific discovery.”

“This agreement brings to life our collective vision and collaborative spirit to bring basic cancer research into the community, and start tackling together the challenges that scientists and doctors face every day in the understanding of cancer and the caring of cancer patients,” Dr. Altieri said.

The affiliation with Wistar is the second such relationship formed over the past 15 months between LVHN and a renowned cancer research institution. In February 2011, the health network announced a partnership with the Moffitt Cancer Center and Research Institute of Tampa, Fla., to provide an avenue for cancer patients to participate in the most advanced clinical research trials. Additionally, in 2010, LVHN became one of only 30 cancer centers nationwide to partner with the National Cancer Institute’s Community Cancer Centers Program (NCCCP).

The Wistar Institute has been a National Cancer Institute-funded basic research center since 1972, and has been engaged in ground-breaking basic research into the genes that drive the growth of cancer cells, and the interaction of the immune system and cancer.
NEW PROCESS FOR ORDERING SURGICAL PRE-OPERATIVE ANTIBIOTIC PROPHYLAXIS

On July 10, 2012, a new process will be implemented for ordering surgical pre-operative antibiotic prophylaxis. The process was developed by a multi-disciplinary taskforce to standardize and improve the following indicators: pre-operative antibiotic prophylaxis, antibiotic administration time, appropriate antibiotic weight-based dosing, repeat dosing based on surgery length, MRSA risk evaluation and prophylaxis, core measure compliance and to prevent surgical site infections.

Every surgery case will require a Surgical Pre-Operative Antibiotic Prophylaxis Order Sheet to be completed even if NO antibiotics are indicated. (If no antibiotics are indicated, check box “No Antibiotic Prophylaxis is Required”). The Pre-Operative Antibiotic Prophylaxis Order Sheet (see below) must be completed prior to surgery by the surgeon, PA or CRNP.

The Pre-Operative Antibiotic Prophylaxis Order Sheet also includes a MRSA risk evaluation. Vancomycin should be considered in addition to the standard pre-operative antibiotic prophylaxis if any of the following conditions are met for the surgical patient:

- nasal screen positive for MRSA
- history of MRSA
- resident of nursing home or chronic care facility
- hospital admission greater than 24 hours or resident in healthcare facility within prior three months
- receiving any form of dialysis.

The surgeon or his designee will be responsible to check the box on the Ticket to the OR (Physician Section) – Surgical Pre-Operative Antibiotic Prophylaxis Order Sheet is present and completed prior to surgery.

No prophylactic antibiotics will be started on the patient care unit. Anesthesia will give all prophylactic antibiotics in the OR at the time of induction. For antibiotics requiring a longer administration time, Anesthesia will direct nursing when to initiate the administration in Holding, ASU, Staging, etc.

At this time, the Surgical Pre-Operative Antibiotic Prophylaxis Order Sheet is only available in paper form. It is in triplicate with copies designated for the hospital chart, pharmacy and anesthesia. The form must be ordered for your office through Standard Register Healthcare by written request including the form number, quantity and your delivery address. The form number is DO-308-1. All requests can be sent to sean.bennett@standardregister.com or faxed to: 866-414-3453. His direct number is 610-617-3230. Forms will also be stocked on all the patient care units and in PAT, staging and SSU.

A copy of the entire Administration of Surgical Antibiotic Prophylaxis Policy can be found on the LVHN Intranet. Under Departments, select Non-Clinical > Infection Control and Prevention > Manual > Section V > Administration of Surgical Antibiotic Prophylaxis.

If you have any questions about this new process, contact Terry Burger, Director, Infection Control & Prevention, at 484-884-1185 or via email at terry_lynn.burger@lvhn.org.
The Radiology Department of LVHN has acquired new digital imaging capabilities to decrease radiation dose and improve overall patient care. This is particularly important in the imaging of children and neonates.

The Image Gently Campaign is an initiative of the Alliance for Radiation Safety in Pediatric Imaging. The campaign goal is to change practice by increasing awareness of the opportunities to promote radiation protection in the imaging of children. The younger the child, the more radiation-sensitive are their developing tissues. Compared with adults, children’s small size and typically low percentage of body fat, especially in very young patients, allow increased absorption of the radiation beam.

Children and neonates that require multiple imaging throughout their hospitalization now receive high quality images with 50% to 70% less radiation. With this objective, a portable imaging unit has been dedicated to the NICU at Cedar Crest. Moreover, Radiology has the capability to apply similar technology to adult bedside (portable) imaging, Emergency Department imaging, and fluoroscopic procedures at both the Cedar Crest and LVH–Muhlenberg campuses. Coupled with this technology are the three trauma bays and Code Red room at Cedar Crest. The Universal Digital Fluoroscopy Suites at Cedar Crest and LVH–Muhlenberg allow patients to be imaged with significantly lower radiation doses, providing the same standard of care.

As an illustration, young children are imaged using low-dose, pulsed fluoroscopy, and “iris” technologies that provide 88% less radiation. The iris collimator achieves high image quality and dose reduction compared to standard fluoroscopic units. By the same token, this applies to adult imaging as well, with a 60% reduction of radiation dose during routine fluoroscopic examinations.

Comparatively, the same concept is being utilized in the Radiology Department at the 17th Street campus. The new Radiographic Suite is equipped with the latest state-of-the-art wireless digital detector technology. It is utilized on adults, children, and pediatric patients. There is a radiation dose reduction of 50% to 70% while at the same time producing images with 25% higher quality and resolution.

CT throughout the network is in the initial stage to participate in the National Radiation Dose Registry Program sponsored by the American College of Radiology. This global initiative collects data with respect to radiation dose delivered to patients during CT examinations. Information related to dose indices for all CT examinations is collected, analyzed, transmitted to the American College of Radiology, and stored in a database. Institutions are then provided with periodic feedback reports that compare their results by body part and exam type to aggregate results. Data collected from the registry will be utilized to establish national benchmarks for CT dose indices in an effort to provide safer radiation practices globally. In order to maintain privacy, limited patient information – age in years and sex – is transmitted to the registry database.

If you have any questions, contact Dorothy Kurinec, Radiology Manager, at 610-402-8238.
CMIO UPDATE

Comment Lines – Use with Caution

The “Communication to Nurse” order should NOT be used for medication dosing or route changes, or other medication specific instructions that may be required by pharmacy. It is intended for orders that cannot be found in any of the lists, or for special circumstances associated with an order.

When changing medication orders, the actual medication order should be discontinued and re-entered with the appropriate information. Instructions regarding rate changes for IV fluids or drips should not be entered using the “Communication to Nurse” order. Please use the appropriate orders and fields to complete these orders.

Please do not enter dose changes or stop dates into the comment fields of medication orders. There are specific fields for this data. If the medication is to be stopped on a specific date or time, that can be entered into the “End Date” and “End Time” fields, or by using the Max Doses field.

Use of the “Communication to Nurse” order will be monitored and misuse of the order will be communicated to the clinician.

Holding Medications - there is a Right Way

Holding medications should only occur under specific circumstances – such as for procedures or diagnostic studies. Some tips to remember:

- Please use the specific Hold Medication Orders, located under the Nursing Button in the Notify List.
- For Anti-Coagulants, use the “Hold Anti-Coagulant” order, also located under the Nursing Button in the Notify List. Note that this order is only valid for 24 hours.
- IF YOU NEED TO HOLD A MEDICATION LONGER THAN 24 HOURS, THE STANDARD OF CARE IS TO DISCONTINUE THE ORDER, AND RE-ORDER IT WHEN APPROPRIATE.
- Holding medications for more than 24 hours or using the “Communication to Nurse” order can be difficult for Nursing to track and can lead to medication errors.

Allergy to Unknown Anesthetic - How to Find That

In response to requests from clinicians, additional entries to the Contrast/Misc Allergy button have been created. The new entries include “Unknown Inhaled Anesthetic” and “Unknown Local Anesthetic.” These entries can be found by typing “unknown” in the Search box. These new allergies will conflict with specific anesthetic agents, when entered.

If you have any questions regarding these topics, please contact Don Levick, MD, MBA, Chief Medical Information Officer, at 610-402-1426 or pager 610-402-5100 7481.

ADVANCED PRACTICE CLINICIANS UPDATE

APC Survey

Advanced Practice Clinicians (APCs) represent a large and diverse group of health care providers within the Lehigh Valley Health Network. Recent work by the Institute for Physician Leadership (IPL), The Ideal Work Environment for LVHN APCs, highlighted many areas of focus that will help APCs contribute to the network at their fullest potential.

As valuable members of the network and key proponents for the continued success of patient care, it is important to understand what current role APCs play within their given practice/group. An electronic survey will be emailed to all APCs in early June. All APCs are asked to take a few minutes to complete the survey by the end of June. The results will be kept anonymous and a summary will be provided back to participating APCs.

If you have any questions or concerns, please contact Michael D. Pasquale, MD, Chair, Department of Surgery, at 610-402-8338 or via email at michael.pasquale@lvhn.org.
Summer Immersion

Congratulations to the SELECT Class of 2015 on the completion of their first year of studies. Between their first and second years, students in the SELECT (Scholarly Excellence, Leadership Experiences, Collaborative Training) Program are required to participate in a project related to the SELECT curriculum as part of their Summer Immersion.

The Summer Immersion has three components: first, the Summer Immersion Project which is an individualized learning experience that demonstrates the application, reflection, and synthesis of core competencies from the SELECT program (e.g., leadership, values-based patient-centered care, and health systems); second, required self-directed learning modules focused on improvement in healthcare delivery; and third, continued skills building with their professional development coaches.

Planning for the Summer Immersion Project began with faculty in the Lehigh Valley and Tampa developing potential areas for student-faculty collaboration. Students would then contact the faculty sponsor to further discuss the proposed project. Students also had the option of developing their own projects based upon their own interests and past experiences. Many strong proposals were offered by our LVHN colleagues and we express our deep appreciation to all those who did!

Immersion Project Mentors may take on several roles. The primary role is to guide and nurture the medical student’s development in one or more of the three, very broadly interpreted focus areas of SELECT – leadership, patient-centered care and health systems. Thus, the mentor engages the medical student in the process of acquisition, organization, analysis, and interpretation of information. The intent is that the student will develop the knowledge, attitude, and skills essential to becoming a forward thinking physician and leader in health care. This guidance requires regular counseling of the student in the development of creative thought and guidance of the student in terms of execution of projects. The mentoring relationship fosters a multifaceted collaboration between the medical student and the faculty member.

This relationship of the mentor and mentee is a meaningful experience for the medical students, who get close contact with a faculty member while participating in the discovery process. It is also a meaningful experience for the mentor, who mentors a willing and motivated future colleague.

Self-Directed Learning/Reflective Activities

During the Summer Immersion, students are also involved in self-directed learning activities which require them to take the initiative and responsibility for the quality of their learning experience. As noted previously, these activities emphasize aspects of patient safety, quality improvement, access to health care and communication.

Students also have weekly reflective activities. Reflection is a key component of professional development and life-long learning. Reflection activities are used to maximize the learning from both planned and unplanned, clinical and non-clinical experiences. The students are given weekly prompts to help focus their reflections culminating in describing what they learned and how they will incorporate this into their personal/professional goals for the next year.

Student Projects

Five SELECT students are working with mentors at LVHN. The other students are working in Tampa, Chattanooga, Boston, and London.

Thank you to the LVHN mentors for Summer Immersion 2012:

- Drew Keister, MD, and Aresh Ramin – Life-long Learning Project
- Jim Geiger and Kirk Chassey - Student Run Clinic Project
- Joe Tracey and Alexandra Printz – Telewound Project
- Jarrett Patton, MD, Judy Sabino, MPH, and Kyle Correll – Cultural Awareness Project
- Valerie Lewis, MD, and Emma Qureshy – Adolescent Pregnancy Project

For information about the SELECT program, Summer Immersion, faculty development, or if you are interested in mentoring a student next year, please contact Amy Smith, PhD, Medical Educator, Division of Education, and Assistant Professor of Educational Affairs, USFCOM, at 610-402-2408 or via email at amy_b.smith@lvhn.org.
The medical resident sits next to the attending physician. The patient’s nurse sits next to the patient’s spouse. Across from them are the patient’s children and next to them is the chaplain. The attending physician begins the family meeting stating, “Your family member is very sick.” The patient’s labs are summarized, medications reviewed, questions asked, decisions made. It is a room of suffering – physical, emotional, and spiritual. The presence of the chaplain is not simply to support the family. The chaplain serves as a bridge between medical staff and the family – an interpreter of the patient’s and family’s spirituality for the medical staff; an interpreter of the medical staff for the patient’s family.

Just as the patient’s cultural needs are taken into account as an aid in healing, so also is a patient’s spiritual background. Many are aware of the Jehovah’s Witnesses refusal of blood products as a part of their faith expression and this faith practice is accommodated. Similarly, Roman Catholic patients may pray the rosary or ask for the Sacrament of the Sick to be administered. A Buddhist family may offer repetitive chants and request that the body not be disturbed for eight hours following death. In every case, the work of patients and families in times of spiritual distress is to give meaning to the suffering they experience.

One Pentecostal family used their faith to cope with suffering using words and phrases that gave them meaning in the face of the loss they were experiencing. On the surface, those words and phrases sounded like absolute denial of the reality of the situation. The medical staff spoke with the family clearly and efficiently about what the body could and could not endure, and the family consistently responded with the conviction that God was capable of miracles. Staff used “medical” language. It was neither cold nor technical, but nonetheless “medical.” The family responded speaking faith.

Medical staff reported visits by the family’s home pastors. Their pastors listened as the family shared their heartache and prayed with the family. Yet the family pastors continued to frame the suffering in faith terms. Unlike the chaplain who is a member of the interdisciplinary medical team, the home pastors didn’t have access to the larger picture of the patient’s decline, nor were they in tune with the staff’s distress over the unsurvivable nature of the patient’s condition.

Given their faith background, the next family meeting began with the chaplain offering prayer. During the meeting, the family was able to repeat the poor outcome expected and ask questions. The chaplain used a scriptural reference in asking a question allowing the family to begin reframing their suffering, respected their faith need to offer testimony for the power of God, and articulated their understanding of the patient’s worsening condition. In the process, the family expressed gratitude to the medical staff for the care the patient received and “the merciful will of God would be done” no matter the outcome.

Do you have a case in need of a faith interpreter? A chaplain bridges the gap between spirituality and medicine.

If you have any questions about this article, contact The Rev. Roxanne Kringle in Pastoral Care at 610-402-8564.
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.

Attention Providers! There is a great opportunity to both fulfill an OPPE requirement and supplement your income.

As many of you know, there is an opportunity to dictate the Goals of Treatment document within the networks information system. This will benefit your patients as well as you personally.

By having a conversation with your patient regarding their expectations of treatment, the limitations of what they would like to have done for them or to them in the event of catastrophic illness, we serve our patients better and we prevent unnecessary or unwanted treatments. After having a conversation with your patient or their designee, you may access the dictation system within the network (610-402-8802) and select “work type 58” to make a dictation. After completing this dictation, you have the opportunity to receive compensation from the PHO.

OPPE — QUALITY IMPROVEMENT EDUCATION

As you are aware, one of the questions in the OPPE survey acknowledges the use of this process. This allows us to research and document the effectiveness and the awareness of the goals of treatment process.

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

LVHN DIGITAL LIBRARY

Classes and Training - We’re Here to Help!

In addition to the thousands of resources available through the Digital Library, Library Services also offers training and classes at a variety of levels. Their goal is to help you find the information you need quickly and accurately.

Classes, whether online or instructor-led, can be found on the Digital Library web site by clicking on the Training and Classes link in the blue navigation menu on the left. Detailed descriptions and registration are available through The Learning Curve.

Instructor-led classes include:

- **Orientation to the Digital Library** (an overview of Library Services and the resources available through the Digital Library web site)
- **Evidence-Based Literature Searching** (including a prerequisite online module, this hands-on CME/CNE credit course teaches literature searching skills using EBSCO Medline and EBSCO CINAHL with a brief overview of evidence-based practice and developing PICO questions)
- **Extreme Googling** (to learn some of the tips, tricks and tools for using Google for medical information)

For those who prefer online courses, **Infomastery 1: Digital Library Orientation** is available.

Additionally, Medical Librarians are available for patient care and research consultations (appointments recommended), help with literature searching, or other library services. Custom training can be arranged for groups or departments at Cedar Crest, Muhlenberg, or 17th Street. Work-related requests for articles, books or book chapters are usually filled within 24-48 hours, often faster.

To access the Digital Library from the LVHN Intranet, go to FIND FAST and select Library Services. You may also contact Library Services by phone at 610-402-8410 or by email at LibraryServices@lvhn.org.
Based on the volume of retrospective queries generated from the HIM Coding Department, listed below are the most common reasons for queries, followed by recommendations for solutions:

1) Diagnosis Ruled In or Ruled Out
This is the number one reason for a retrospective query at LVHN. Often, a diagnosis will appear only once in the course of an admission. Coders then have to query to determine if the diagnosis was ruled in or out.

Recommended Solution: Be sure to carry through your diagnoses in progress notes or at least indicate if they are resolved. Also, be sure to include all diagnoses in the discharge summary, even if resolved.

2) Validation of Path Findings
Coders cannot ever infer a diagnosis…they can only capture diagnoses written in YOUR documentation. They cannot code from path reports, if the attending never mentioned the clinical significance of those findings in their impressions/plans.

Recommended Solution: Please include path findings in the assessment/plan when they are available and clinically relevant to the case. (For example, Breast CA w mets.)

3) Excisional Debridement

Recommended Solution: Please use the pre-printed template for these procedures… available on every floor now. By doing this, you will ensure all necessary requirements for documentation of this procedure are met.

4) CHF
Recommended Solution: Please specify both the ACUITY (Acute, Chronic or Acute on Chronic) and TYPE (Systolic, Diastolic, Systolic and Diastolic)

5) Conflicting Documentation
When providers document differing diagnoses, coders will query the attending to determine the principal diagnosis from among them.

Recommended Solution: When a diagnosis/reason for admission becomes clear, please be sure to clearly document the diagnosis in the progress notes and discharge summary.

In addition to creating a query for yourself, these missed opportunities, if not corrected, often lead to a lower severity of illness being reflected, which will negatively impact your profile, quality metrics, risk of mortality, LOS allowances/measures, readmission data, and reimbursement.

If you have any questions, please contact John Pettine, MD, Director, Clinical Documentation Improvement Program, at john.pettine@lvhn.org.

David M. Afzal, DO, Department of Family Medicine, has become certified in Family Practice and Osteopathic Manipulative Treatment by the American Osteopathic Board of Family Physicians. Dr. Afzal was appointed to the Medical Staff in August, 2011. He is in practice with MacArthur Family Medicine.

James J. Goodreau, MD, Division of Vascular and Endovascular Surgery, was the recipient of the Professional Excellence Council Physician Friends of Nursing Award which was presented at LVHN’s annual Friends of Nursing Award Celebration held on April 19. Dr. Goodreau has been a member of the Medical Staff since October, 1981. He is in practice with Peripheral Vascular Surgeons, PC.
Paper, Publications and Presentations

Ronald S. Freudenberger, MD, Chief, Division of Cardiology, was a co-author of an article – “Warfarin and Aspirin in Patients with Heart Failure and Sinus Rhythm” – which was published in the May, 2012 issue of the New England Journal of Medicine.


Michael W. Kaufmann, MD, Chair, Department of Psychiatry, presented a clinical/scientific report – “Improving Access and Efficient Care for Patients with Psychiatric Illnesses in an Academic Teaching Health System” – at the American Psychiatric Association annual meeting on May 6, in Philadelphia, Pa. The content included the results of four QIP initiated eight years ago and meaningful use preliminary results on 2,000 patients with embedded behavioral health providers in eight primary care and specialty practices. Additional co-authors of the report from the Department of Psychiatry include Edward R. Norris, MD, Vice Chair, Education and Research; Ralph A. Primelo, MD, Vice Chair, Quality Assurance; Laurence P. Karper, MD, Vice Chair (LVH-M); Susan D. Wiley, MD, Vice Chair (LVH); Gail Stern, Administrator; James Ezrow, Assistant Administrator; David Dylewski, Assistant Administrator; Rosanne Teders, Director, Psychiatric Evaluation, and George Brzostowski, Business Specialist. Debbie Salas-Lopez, MD, MPH, Chair, Department of Medicine, and David B. Burmeister, DO, Chair, Department of Emergency Medicine, were also co-authors of the report.

Scott J. Lipkin, DPM, Chief, Network Office of Research and Innovation, was invited faculty at the 2012 Association for the Accreditation of Human Research Protection Programs Conference held April 18-19, in Denver, Colo. Dr. Lipkin presented a session titled “Responding to Draft Site Visit Reports” with a colleague from UCLA. In addition, Dr. Lipkin was a guest lecturer at the Department of Health and Human Services, Office of Human Research Protections Quality Improvement Conference held on May 7, in Minneapolis, Minn. The title of his presentation was “Improving Human Subject Protections at the Lehigh Valley Health Network.”

Michael J. Pistoria, DO, Medical Staff President; Paula Robinson, Patient Education Manager; Kim Jordan, Administrator, Patient Care Services, and Sue Lawrence, Vice President, Care Continuum, presented a workshop about LVHN’s experience with teach back at the Society of Hospital Medicine’s Annual Meeting held April 1-4, in San Diego, Calif. Dr. Pistoria was the Assistant Course Director for this meeting and has assumed the role as Course Director for the 2013 Annual Meeting.

Russell J. Rentler, MD, Division of General Internal Medicine/Geriatrics, was a co-author of an article – “When to Recommend a PEG Tube” – which was published in the Linacre Quarterly 79(1), February 2012, pp. 25-40.

Several members of the Department of Family Medicine attended and presented at the Annual Society of Teachers of Family Medicine Conference held April 25-29, in Seattle, Wash. Some of those presentations included:

- Pre-conference workshop – “How to Respond to ACGME Requirements to Implement Competency Assessment: Training Residency Champions” – Julie A. Dostal, MD, Vice Chair, Education
- “Establishing the Reliability of the Resident Assessment Radar Graph Using the Krippendorf’s Alpha” – Drew Keister, MD, and Julie Dostal, MD
- “Teaching Residents to Create PCMHs Through Behavioral Medicine Model” – Susan Mathieu, MD, Jeffrey Mathieu, MD, and Nyann Biery, Manager, Program Evaluation
- “Developing a PCMH Team Block Rotation: Practical Considerations for Family Medicine Residency Training” – Arnold Goldberg, MD
- Roundtable Discussion – “Our Fathers Ourselves: Family Medicine in Our Families of Origin” – William Miller, MD, MA, Chair
- Poster Presentation – “Autoethnography: Incorporating Reflective Research in Medical Education” – Casey Bonaquist, DO, Resident; Elissa Foster, PhD, Medical Educator; Kristin Reihman, MD, Erin McCall, DO, Resident, and Breanna Henry, DO, Resident.
The following revisions to the Medical Staff Bylaws received approval by the Medical Executive Committee on February 7, 2012, the General Medical Staff on March 12, 2012, and the Boards of Trustees of Lehigh Valley Hospital and Lehigh Valley Hospital-Muhlenberg on May 2, 2012.

Changes to Membership of the Following Committees

ARTICLE XI – OFFICERS AND COMMITTEES

SECTION B – COMMITTEES

3. Purposes, Duties and Membership
   d. Clinical Case Review
      iii. Membership
         “

   B. Membership of the Committee shall include: Chief Medical Officer who shall serve as Chair; Senior Vice President, Quality & Care Management who shall serve as Vice-Chair; Medical Director, LVH-M; Chairs of all Clinical Departments; Chair of Multidisciplinary Council; Senior Vice President for Patient Care Services; Administrator, Quality and Case Management; Administrator, Pharmacy; Vice President, Operations; Vice President, Legal Services; Vice President, Orthopedic and Perioperative Services; Chief Medical Information Officer; President-Elect of the Medical Staff; three Physician Quality Leaders; a representative member of the Residency House Staff; three lay members of the Boards of Trustees; Chair of LVHN Board; President of the Medical Staff; President and CEO of Lehigh Valley Hospital/ LVH-M.

   “

w. Therapeutics Committee
   iii. Membership
   A. Membership will include a sufficient number of physicians representing key specialties to assure broad representation of the Medical Staff, Residents, Pharmacy Director Administration and Pharmacy Practice Residents (non-voting), Clinical Pharmacist, Pharmacy Specialist, a Dietitian, Risk Management, Advanced Practice Clinician, Information Services, a Homecare Representative, and Administrative Representative from Senior Management, a Nursing Director (liaison to Pharmacy), the Nursing Co-Chair of the Medication Usage Committee, Care Management, Clinical Pathway Coordinator and other appropriate disciplines. The Chair shall be a physician and the Secretary shall be the Pharmacy Director Administrator. The Chief Medical Officer, the CEO, Senior VP of Patient Care Services and the President of the Medical Staff shall be Ex-Officio members.

Creation of a Stand Alone Section of Palliative Medicine and Hospice in the Department of Medicine

ARTICLE XII - DEPARTMENTS

SECTION A – DEPARTMENTS, DIVISIONS AND SECTIONS

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

“

5. Department of Medicine which shall include the following Divisions: Allergy, Cardiology, Critical Care Medicine, Dermatology, Endocrinology, Gastroenterology, General Internal Medicine, Geriatrics, Hematology-Medical Oncology, Infectious Diseases, Neurology, Nephrology, Pulmonary, Physical Medicine-Rehabilitation and Rheumatology.

a. The Department of Medicine shall include the Section of Palliative Medicine and Hospice.
b. The Division of General Internal Medicine shall include the Section of Hospital Medicine.

Continued on next page
Creation of new Sections in the Division of Anatomic Pathology, Department of Pathology and Laboratory Medicine

ARTICLE XII – DEPARTMENTS
SECTION A – DEPARTMENTS, DIVISIONS AND SECTIONS
The Departments of the Medical Staff shall be organized as follows:

7. Department of Pathology and Laboratory Medicine which shall include the Division of Anatomic Pathology.
   a. The Division of Anatomic Pathology shall include the Sections of Breast Pathology, Cytopathology, Dermatopathology, Gastrointestinal Pathology, Genitourinary Pathology, Gynecologic Pathology, Hematopathology and Clinical Laboratory Medicine, Histopathology, Medical and Forensic Pathology, Molecular Pathology, Neuropathology, Pediatric Pathology, Transfusion Medicine and HLA and Transplantation Pathology.

RULES AND REGULATIONS

Addition of:

C. Patient Care – Generally
   13. STAT EKGs are to be read by the ordering physician/medical consultant within ten (10) minutes.

Correction of word:

D. Orders
   "
   2. Verbal and Telephone Orders:
      "
      (b) When a verbal order is taken in an emergency, it must be countersigned by a practitioner within twenty-four (24) hours.

Addition of new CMS regulation regarding Reporting of Crimes – Section 1150B:

N. Transitional Skilled Unit
   “
   1. Patient Care:
      “
      (c) Medical Staff Members and their designees providing medical services in the Transitional Skilled Unit must comply with all federal and state laws and regulations, as well as, all licensure requirements, Centers for Medicare & Medicaid Services (CMS), or other applicable accreditation or certifying agencies, the Medicare conditions of participation and/or requirements applicable to the Medicaid program that affect the Network, including any of its entities or affiliates.
      (d) Should a Medical Staff Member and/or his/her designee have a reasonable suspicion that a crime has occurred against any individual who is a patient/resident of, or is receiving care from, the Transitional Skilled Unit, that individual must report his/her suspicion in accordance with the Transitional Skilled Unit’s policies and procedures. Each Medical Staff Member and his/her designee providing medical services in the Transitional Skilled Unit shall complete the training requirements set forth in the Transitional Skilled Unit’s policies and procedures regarding the reporting of crimes against patients/residents of the Transitional Skilled Unit.

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

General Medical Staff Meeting
The quarterly meeting of the General Medical Staff will be held on Monday, June 11, beginning at 6 p.m., in ECC Rooms 7 and 8 on the first floor of the Kasych Family Pavilion at LVH-Cedar Crest. The meeting will be videoconferenced to the Educational Conference Center, Rooms C and D, at LVH-Muhlenberg.

The agenda for the meeting will include the election of four at-large members for the Medical Executive Committee and the Medical Staff Treasury Report.

All members of the Medical Staff are encouraged to attend.

GLVIPA General Membership Meeting
The next general membership meeting of the Greater Lehigh Valley Independent Practice Association will be held on Tuesday, June 26, beginning at 6 p.m., in the hospital’s Auditorium at LVH-Cedar Crest, and teleconferenced to ECC Room B at LVH-Muhlenberg.

John P. Glaser, PhD, CEO of Health Services at Siemens Healthcare, will present “The Evolution of Healthcare IT and Payment Reform.” For more information, contact Mary Ann Curcio, Coordinator, GLVIPA, at 610-969-0423.

Department of Pathology & Laboratory Medicine
Juan Palazzo, MD, Professor of Pathology, Thomas Jefferson University Hospital and Breast Care Center, will visit Lehigh Valley Hospital-Cedar Crest on Thursday, June 7. Following his morning visit with the Department of Pathology & Laboratory Medicine, Dr. Palazzo, who specializes in GI, Thyroid and Breast pathology, will attend the Combined Tumor Board with case presentations in Rooms 1A & 1B in the John & Dorothy Morgan Cancer Center. All LVHN and HNL staff and employees are invited to attend.

Cardiology Grand Rounds
“Advanced Heart Failure Today: Drugs, Devices, Cells and Genes” will be presented by Leslie W. Miller, MD, Chair, Department of Cardiovascular Sciences, University of South Florida, on Friday, June 1, from Noon to 1 p.m., in the hospital’s Auditorium at LVH-Cedar Crest, and teleconferenced to ECC Room A at LVH-Muhlenberg.

For more information, contact Caroline 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 June will include:

- June 7 – LVH-M ECC Rooms C and D
  - “Update on the Management of the Febrile Pediatric Patient” – Maureen McCollough, MD, Associate Professor of Clinical Emergency Medicine, Lac and USC Medical Center
  - Journal Club
  - Administrative Hour
- June 14 – LVH-M Banko Building
  - Rosen’s Club
  - Pelvic and Hip Trauma
  - Research Series
  - M & M
- June 21 – LVH-M Bank Building
  - Back Pain
  - EMS System Operations
  - Pediatric Orthopedics
  - Immune Deficiency Syndrome
  - DME End of Year Meeting
- June 28 – Location TBA
  - 9-11 a.m. – Journal Club
  - 11 a.m. – Welcome lunch with new class

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, June 5, from 7 to 8 a.m., in ECC Room 9 in the Kasych Family Pavilion at LVH-Cedar Crest and teleconferenced to ECC Room A at LVH-Muhlenberg.

“SPPI – Wages” will be presented by Rick Davis, RRT, SPPI Coach, Lehigh Valley Health Network.

For more information, contact Sue Turi in the Department of Family Medicine at 610-969-4965 or via email at sue_l.turi@lvhn.org.

Continued on next page
OB-GYN Grand Rounds

The Department of Obstetrics and Gynecology Grand Rounds and Resident Research Day will be held on Friday, June 1, in ECC Room 8 in the Kasych Family Pavilion.

“Evidence-Based Medicine versus Real-Life Evidence in Obstetrics” will be presented by Anthony Vintzileos, MD, from Winthrop University Hospital.

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 June:

- June 5 – “Addressing Disparities in School Readiness through Promotion of Parenting in Well-Child Care” – Alan Mendelsohn, MD, NYU Langone Medical Center
- June 12 – Neurology Topic – Boosara Ratanawongsa, MD
- June 19 – “Family Faculty from a Father’s Perspective” – Lorraine Dickey, MD, MBA
- June 26 – “Sports Orthopedics” – Robert Palumbo, 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, June 21, beginning at Noon (registration at 11:45 a.m.) in ECC Rooms B, C and D at LVH-Muhlenberg and teleconferenced to the Auditorium at LVH-Cedar Crest.

“The Integration of Recovery Principles and Peer Specialist Support Services in Acute Psychiatric Care” will be presented by Phillip Braun, PhD, and Julie Harbison. Dr. Braun is currently on the Board of the Pennsylvania Association of Psychiatric Rehabilitation Services. Ms. Harbison is a Certified Peer Specialist for the past five years.

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

Spine Conference

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

The next Spine Conference will be held on Wednesday, June 6, 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.

Emergency Medicine Institute - Life Support Classes

Upcoming life support classes sponsored by the Emergency Medicine Institute (EMI) 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:

- September 17
- September 18
- September 26
- September 27

A two-day provided course will also be held September 10 and 11 from 8:30 a.m. to 4 p.m., at the Emergency Medicine Institute.

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:

- August 23
- September 14

A two-day provider course will also be held September 12 and 13, from 8 a.m. to 4 p.m., at the Emergency Medicine Institute.

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 these classes, contact Christine Ash at the Emergency Medicine Institute at 610-969-0299.
What’s New in Continuing Medical Education?

FYI Upcoming Events

➢ 4th Annual Ultrasound in Obstetrics and Gynecology Conference
  September 21 and 22
  LVH-Cedar Crest
  Further details to follow

➢ 4th Annual Fleming Infection Prevention and Infectious Diseases Symposium
  October 5
  LVH-Cedar Crest
  Further details to follow

➢ Addressing Obesity and Weight Management in the 21st Century
  October 20
  LVH-Cedar Crest
  Further details to follow

For more information about the events, preview the brochures available on the Division of Education’s website under “Continuing Education Event Brochures.”

If you have any questions regarding CME/CNE accreditation, P1 CME, or the CE Advisory Board, 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

Anamika Goenka, MD
LVHN Hospital Medicine at Muhlenberg
Lehigh Valley Hospital-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

James T. Wertz, DO
Department of Medicine
From: Division of General Internal Medicine, Section of
Hospital Medicine
To: Division of General Internal Medicine

Medical Staff Leadership Appointments

Medical Directors of Patient Care Units

Robert D. Barraco, MD, MPH
Co-Medical Director
Surgical Intensive Care Unit
(LVH-Cedar Crest)

Kevin F. Joyce, MD
Medical Director
5T
(LVH-Muhlenberg)

Jayme D. Lieberman, MD, MBA
Medical Director
5ATT
(LVH-Cedar Crest)

Francis A. Salerno, MD
Department of Medicine
Division of Geriatrics/General Internal Medicine
From: Active
To: Medical Administrative

Practice Name Change

From: OBGYN Associates of the Lehigh Valley
To: OBGYN Associates of the Lehigh Valley and Carbon County

Change of Primary Address

Jill E. Colabroy, MD
ABC Family Pediatricians/Center Valley
3800 Sierra Circle
Suite 100
Center Valley, PA  18034-8102
Phone: 484-664-2090  Fax: 484-664-2089

Practice Changes

Robert J. Corba, DO
(No longer with Pain Specialists of Greater Lehigh Valley, PC)
OAA Orthopaedic Specialists
250 Cetronia Road
Second Floor
Allentown, PA  18104-9168
Phone: 610-973-6200  Fax: 610-973-6546

Michele D. Jones, DO
Patient First
3178 Tilghman Street
Allentown, PA  18104-9150
Phone: 610-844-9150  Fax: 610-844-9151

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Continued from Page 17

Gregory F. Kainz, DO
OBGYN Associates of the Lehigh Valley and Carbon County
Paragon Building
1611 Pond Road
Suite 401
Allentown, PA 18104-2256
Phone: 610-398-7700  Fax: 610-398-6917

Kailash R. Makhija, MD
OBGYN Associates of the Lehigh Valley and Carbon County
281 N. 12th Street
Suite F
Lehighton, PA 18235-1101
Phone: 610-377-5959  Fax: 610-379-0034

Adam C. Miller, DMD
Asen & Associates
3420 Walbert Avenue
Suite 200
Allentown, PA 18104-1797
Phone: 610-366-9096  Fax: 610-366-3868

Miriam Shustik, MD
Miriam Shustik, MD, PC
3140 W. Tilghman Street, PMB 139
Allentown, PA 18104-4222
Phone: 610-487-5916  Fax: 610-871-5146

Robert E. Wertz II, MD
(No longer with Pain Specialists of Greater Lehigh Valley, PC)
OAA Orthopaedic Specialists
250 Cetronia Road
Second Floor
Allentown, PA 18104-9168
Phone: 610-973-6200  Fax: 610-973-6546

Nina Khan, MD
Department of Medicine
Division of General Internal Medicine
(St. Luke’s Internal Medicine-Hamilton Court)

Harjeet P. Kohli, MD
Department of Surgery
Division of General Surgery
(Harjeet P. Kohli, MD)

Gerald M. Miller, MD
Department of Medicine
Division of General Internal Medicine
(Gerald M. Miller, MD)

Shahid Noor, MD
Department of Family Medicine
(Northern Valley Primary Care)

Richard C. Pearce, MD
Department of Family Medicine
(Adult Medicine & Geriatric Associates)

Virginia C. Phipps, DO
Department of Medicine
Division of General Internal Medicine
Section of Hospital Medicine
(LVHN Hospital Medicine at Muhlenberg)

Kimberly R. Sheets, MD
Department of Family Medicine
(Valley Family Medical Center)

In Memoriam

Proctor L. Child, MD
Department of Pathology & Laboratory Medicine
Division of Anatomic Pathology
Honorary Status
November 29, 1925 – March 7, 2012

Continued on next page
Allied Health Staff
New Appointments

Stacey I. Divers, LPN
Licensed Practical Nurse
ABC Family Pediatrics
Health Center at Trexlertown
6900 Hamilton Blvd.
P.O. Box 60
Trexlertown, PA 18087-0060
Phone: 610-402-2600 Fax: 610-402-0409
Supervising Physician: Michael D. Schwartz, MD

Beverly J. Schmick, LPN
Licensed Practical 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

Joseph J. Smith, DC
Chiropractor
Chiropractic Associates of the Lehigh Valley, LLC
1243 S. Cedar Crest Blvd.
Suite 2400
Allentown, PA 18103-6268
Phone: 610-395-3356 Fax: 610-366-1153
Supervising Physician: Wayne E. Dubov, MD

Regina M. Welkie, PA-C
Physician Assistant-Certified
Eastern Pennsylvania Gastroenterology & Liver Specialists, PC
1501 N. Cedar Crest Blvd.
Suite 110
Allentown, PA 18104-2309
Phone: 610-821-2828 Fax: 610-821-7915
Supervising Physician: Ronald J. Bross, MD

Jason E. Peters, PA-C
Physician Assistant-Certified
(Surgical Specialists of the Lehigh Valley)
From: Michael D. Pasquale, MD
To: Robert D. Barraco, MD, MPH

Traci A. Stahl, CRNP
Certified Registered Nurse Practitioner
(Pulmonary Associates)
From: Daniel E. Ray, MD
To: Matthew M. McCambridge, MD

Gary A. Tarola, DC
Chiropractor
(Chiropractic Associates of the Lehigh Valley, LLC)
From: Bruce D. Nicholson, MD
To: Wayne E. Dubov, MD

Removal of Supervising Physician and Group

Mindy S. Poorman, CRNP
Certified Registered Nurse Practitioner
(Southside Family Medicine – Neal J. Berkowitz, MD)
Removal of: Allentown West End Medical Group – Aaron D. Katz, MD

Resignations

Vezire Bekirovski
Dental Assistant
(Dilshad Sumar, DMD)

Danielle R. Fairchild
Expanded Duty Dental Assistant
(Dilshad Sumar, DMD)

Matthew C. Ryan
Pacemaker/ICD Technician
(Sorin Group USA, Inc.)

Mitchell G. Sava, Jr.
Pacemaker/ICD Technician
(Biotronik, Inc.)

Jason M. Washbourne
Pacemaker/ICD Technician
(Biotronik, Inc.)

Judy Werynski
Lithotripsy Technician
(Keystone Mobile Partners)
Medical Staff Services Office

Michael J. Pistoria, DO  
President, Medical Staff

Robert J. Motley, MD  
President-elect, Medical Staff

Matthew M. McCambridge, MD  
Past President, Medical Staff

John W. Hart  
Vice President, Medical Staff Services

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

Medical Executive Committee

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Daniel F. Brown, MD, MBA  
David B. Burmeister, DO  
Debra L. Carter, MD  
Jeffrey A. Debuque, DO  
Kelly M. Freed, MD  
T. Daniel Harrison, DO  
Thomas A. Hutchinson, MD  
Vivian B. Kane, MD  
Michael W. Kaufmann, MD  
Robert Kricun, MD  
Michael J. La Rock, MD  
Martin A. Martino, MD  
Martin E. Matsumura, MD  
Matthew M. McCambridge, MD  
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Ronald W. Swinfard, MD  
Pat Toselli, DO  
John D. Van Brakle, MD  
James T. Wertz, DO  
Thomas V. Whalen, MD  
S. Clarke Woodruff, DMD

Visit us on the new LVHN internet site at www.lvhn.org  
Select “Information for: Physicians” in the lower black section, then select “Medical Staff Services” and “Services for Members of the Medical Staff”

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

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