“Living in a group means you always get the chance to have your say; it doesn’t mean you’ll always get your way.”

During the last Presidential election cycle, many of the media sound-bytes seemed more focused on denigrating the opposing candidate than on the issues and our nation’s common needs. This seemed to create a negative vibe that permeated many of my day-to-day settings. Do you ever feel like the 24/7 presence of news and social media takes us away from the quiet we need to reflect on the issues that are important to us? Our American social tradition of “never talk about religion or politics” doesn’t help either. I was surprised to read these two quotes from a couple of our founding fathers:

“Our constitution was made only for a moral and religious people. It is wholly inadequate to the government of any other.” - John Adams

“Can the liberties of a nation be secure when we have removed the conviction that these liberties are the gift of God?” - Thomas Jefferson

So we need to acknowledge that an integrated view of liberty involves not just what we want but awareness and respect for others and the common good. Over the last generation or so, we seem to have lost some of the skills needed to sustain conversations about current issues and “the common good.” How might we rekindle these skills?

Parker Palmer, a well-known educator and author, recently penned a book called Healing the Heart of Democracy: The Courage to Create a Politics Worthy of the Human Spirit. In it he talks about five “Habits of the Heart.” Parker states that, “Habits of the heart are deeply ingrained ways of seeing, being, and responding to life that involves our minds, our emotions, our self-images, our concepts of meaning and purpose. I believe that these five interlocked habits are critical to sustaining a democracy.” Palmer’s five Habits of the Heart include:

Continued on next page
Continued from Page 1

1) An understanding that we are all in this together: “Biologists, ecologists, economists, ethicists and leaders of the great wisdom traditions have all given voice to this theme….humans are a profoundly interconnected species….We must embrace the simple fact that we are dependent upon and accountable to one another, and that includes the stranger, the ‘alien other’.”

2) An appreciation of the value of “otherness”: While we may all be in this together, we spend most of our time in “tribes” called Departments, “Clinicians,” “Administrators,” political parties, etc., Parker tells us, “The good news is that ‘us’ and ‘them’ does not have to mean ‘us’ versus ‘them’.” Practicing the ancient tradition of hospitality allows us to recognize that the stranger among us – a patient, community member or perhaps a colleague from another discipline – has much to teach us. We practice this by listening actively and not judging the stranger, even when he/she brings something new and challenging to the conversation.

3) An ability to hold tension in life-giving ways: “Tensions exist,” Palmer says, because “we are imperfect and broken beings who inhabit an imperfect and broken world.” The way things “ought to be” frequently bumps up against our daily realities. Without sacrificing our convictions or the safety of the conversation, our willingness to allow some tension in a discussion potentially “opens us to new understandings of ourselves and our world.” In other words, mutual respect allows tension to be used creatively for new insights and for honing good ideas.

4) A sense of personal voice and agency: Mr. Palmer states, “Many of us lack confidence in our own voices and in our power to make a difference.” To speak up and take an active role takes courage and the support of a community. For every one who speaks, there are likely 10 others who wanted to say the same thing.

5) A capacity to create community: Using Rosa Parks as an example, Palmer observes that “it took a village to translate Parks’ act of personal integrity into social change….The steady companionship of two or three kindred spirits can help us find the courage we need to speak and act as citizens.” We can do this in our personal and professional lives, as well as in the communities where we live.

So as we face another election season and times of continued change for health care, think of these five Habits of the Heart in your day-to-day encounters. Welcome differing points of view and use that tension creatively. Have personal convictions – and test them to see how they support the common good. Speak the truth with courage and compassion. Help create a sense of community wherever you go…and please remember to vote on November 6.

Robert J. Motley, MD
Medical Staff President

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**Get Your Flu Shot!**

Beginning this flu season, all colleagues who have routine or intermittent patient contact are required to get a flu shot. Those who do not wish to be vaccinated because of a valid medical or religious reason can request an exemption by visiting any Employee Health Services office by November 12. These individuals must be granted an exemption or be vaccinated by December 1. Failure to comply with the immunization policy will result in a written warning. All Medical and Allied Health Professional Staff and other staff with patient contact who are not vaccinated or granted an exemption within two weeks of the warning will be subject to termination.

For your convenience, free vaccinations will be offered at Employee Health Services at the Cedar Crest and Muhlenberg campuses during walk-in hours as follows:

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<tr>
<th></th>
<th>Monday</th>
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<th>Wednesday</th>
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<tr>
<td>LVH-Cedar Crest</td>
<td>7-8 a.m.</td>
<td>1-3 p.m.</td>
<td>7:30-8:30 a.m.</td>
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<td>610-402-8869</td>
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<td>LVH-Muhlenberg</td>
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<td>484-884-7098</td>
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For more information regarding the policy, please contact Carol Guanowsky, Director, Employee Health Services, at 610-402-8869.
Jarret R. Patton, MD, a member of the Division of General Pediatrics, was recently nominated and elected to serve as Medical Staff President-elect.

Since joining the Medical Staff in June, 2005, Dr. Patton has served on numerous Medical Staff and Hospital committees including Medical Executive Committee, Therapeutics Committee, I/S Advisory Committee, Telehealth Advisory Group, Primary Care Development Task Force, Cross-Departmental Clinical Content Committee, Pediatric Practice Council, Pediatric Quality Assurance Committee, and the Pediatric Quality Improvement Committee. He also serves as co-chair of the Cultural Awareness Leadership Council.

Dr. Patton graduated Cum Laude from Xavier University of Louisiana where he received a Bachelor of Science degree in Chemistry. He received his medical degree from Case Western Reserve University School of Medicine. Dr. Patton completed his Pediatric Residency at New York University and Bellevue Hospitals in New York City.

Dr. Patton is certified by the American Board of Pediatrics. He is an Assistant Professor on the faculty of the University of South Florida, College of Medicine, and a Clinical Professor at DeSales University. In addition, Dr. Patton is a Board Member of Community Services for Children, Inc., and has served as a Champion for Children of the United Way of the Greater Lehigh Valley.

Looking forward to the next six years as a member of Troika, Dr. Patton has the following thoughts: “I have always been proud to be a member of such a highly qualified medical staff at LVHN. Even in this evolving healthcare environment, growth of the medical staff will be an important part of ensuring that all of our patients have access to healthcare. This growth will be matched by maintaining a superior healthcare provider force with strong values and PRIDE behaviors. This, in part, will continue to assure our patients’ right to high quality, safe, equitable, effective, and timely care. I am honored to have this leadership opportunity in these changing times as we all prepare for the future.”

On August 27, Lehigh Valley Health Network (LVHN) announced receipt of a $1.5 million grant from the Commonwealth of Pennsylvania to establish a community Health Information Exchange (HIE). The project will focus on building the capacity to share patient health information electronically among physicians and hospitals in the Lehigh Valley as well as other regional HIEs. The goal of the HIE is to facilitate access to and retrieval of clinical data to advance patient-centered care.

The HIE will save the clinician and patient time, improve care and reduce healthcare costs. Streamlined and consistent information will mean less chance for error, fewer treatment delays and fewer duplicate tests. Physician sharing of up-to-date information could reduce a patient’s out-of-pocket expenditures for unnecessary medications, tests and hospitalizations. Because access to patient health information is carefully controlled, patient privacy will continue to be maintained.

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LVHN INTRODUCES HYPERBARIC MEDICINE SERVICES

On September 17, 2012, Hyperbaric Medicine services arrived at Lehigh Valley Hospital–Muhlenberg. The new outpatient service is located on the third floor in the Kolb Building of LVH-Muhlenberg and is available to provide hyperbaric oxygen therapy (HBO) treatments to outpatients of the Lehigh Valley community for non-emergent problems and conditions.

Indications for referral for treatment with HBO include, but are not limited to:

- Diabetic foot ulcers
- Chronic refractory osteomyelitis
- Late effects of radiation tissue injury and soft tissue radio necrosis (such as radiation proctitis, radiation enteritis, laryngeal radio-necrosis, osteoradionecrosis)
- Compromised skin grafts or flaps
- Crush injury or compartment syndrome
- Necrotizing infections

A physician referral is needed for all HBO consultations. Adult patients age 18 and older are eligible for consultation. Pediatric consultations will be evaluated on a case by case basis. Hours of operation for Hyperbaric Medicine are 8 a.m. to 4:30 p.m., Monday through Friday.

Emergent conditions such as carbon monoxide poisoning and decompression illness are not indicated for treatment in Hyperbaric Medicine at LVH-M.

Hyperbaric oxygen therapy providers and clinical staff have all completed the primary training in Hyperbaric Medicine educational course required by the Undersea and Hyperbaric Medical Society (UHMS) in order to supervise HBO therapy treatments and ensure the best possible care to patients in the Lehigh Valley.

To schedule your patient for a consultation or for additional information regarding Hyperbaric Medicine at Lehigh Valley Hospital-Muhlenberg, contact Ginger Holko, Director, LVHN Comprehensive Wound, Skin and Ostomy Services, at 484-884-2989 or e-mail ginger.holko@lvhn.org.

ROBOT COMING TO LVH-MUHLENBERG

The daVinci® robotic surgical system will make its debut at Lehigh Valley Hospital-Muhlenberg this fall. The robot gives our surgeons the ability to perform complex and delicate surgery with unmatched precision. Scarring is minimal, and most patients have less pain after surgery and return back to work within weeks. All of these benefits may lead to a faster recovery. Surgeons use the system for specific gynecologic, gynecologic oncology, urogynecologic, urologic, thoracic, colon and rectal, bariatric and general surgical procedures.

By integrating computer-enhanced technology with our surgeons’ skill, the health network’s robotic surgeons offer patients the latest in surgical innovation with improved patient outcomes when compared to traditional techniques. This ensures a level of surgical precision better than previously obtained with open surgery.

As a result, patient benefits may include:

- Smaller incisions
- Less pain, scarring and recovery time
- Shorter hospital stay
- Lower risk of infection
- Less blood loss and fewer transfusions
- Quicker return to normal activities

For more information about the Minimally Invasive Robotic Surgery Program, contact Martin A. Martino, MD, Medical Director, at martin.a.martino@lvhn.org or call 610-402-CARE (2273).
CONGRATULATIONS

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

Yury L. Bykov, MD, Division of Orthopedic Surgery, Section of Ortho Trauma, was recently certified in Orthopaedic Surgery by the American Board of Orthopaedic Surgery. Dr. Bykov has been a member of the Medical Staff since September, 2009. He is in practice with VSAS Orthopaedics.

Fabio L. Dorville, MD, Division of General Internal Medicine/Geriatrics, voluntarily renewed his Internal Medicine certification and has become recertified by the American Board of Internal Medicine. Dr. Dorville, who also is board certified in Geriatric Medicine, has been a member of the Medical Staff since April, 1979. He is in practice with Kaushik Kundu, MD.

Robert J. Kruklitis, MD, PhD, Chief, Division of Pulmonary, was recently recertified in Pulmonary Disease by the American Board of Internal Medicine. He also is board certified in Internal Medicine and Critical Care Medicine. Dr. Kruklitis has been a member of the Medical Staff since January, 2004. He is in practice with Pulmonary Associates.

Vadim A. Levin, MD, Division of Cardiology, was recently recertified in Clinical Cardiac Electrophysiology by the American Board of Internal Medicine. He also is board certified in Internal Medicine and Cardiovascular Disease. Dr. Levin has been a member of the Medical Staff since July, 2002. He is in practice with Lehigh Valley Heart Specialists.

Richard W. McClain, MD, Division of Dermatology, was recently certified by the American Board of Dermatology in his specialty. Dr. McClain has been a member of the Medical Staff since August, 2012. He is in practice with Advanced Dermatology Associates, Ltd.

Henry L. Schairer, Jr., MD, Division of Nephrology, was recently recertified in Nephrology by the American Board of Internal Medicine. He also is board certified in Internal Medicine. Dr. Schairer has been a member of the Medical Staff since July, 2003. He is in practice with Valley Kidney Specialists, PC.

Karan D. Singh, MD, Division of Cardiology, was recently recertified in Interventional Cardiology by the American Board of Internal Medicine. He is also board certified in Internal Medicine and Cardiovascular Disease. Dr. Singh has been a member of the Medical Staff since September, 2006. He is in practice with East Penn Heart and Vascular Consultants.

Eric T. Young, MD, Division of Infectious Diseases, was recently recertified in Infectious Disease by the American Board of Internal Medicine. He also is board certified in Internal Medicine. Dr. Young has been a member of the Medical Staff since July, 2002. He is in practice with Lehigh Valley Infectious Diseases Specialists.

Martin A. Martino, MD, Division of Gynecologic Oncology/Gynecology and Medical Director of the Minimally Invasive Robotic Surgery Program, was recently recognized as a Patients’ Choice physician – an honor given to physicians as a reflection of their patients’ continued appreciation and praise for the quality of care and service they provide. In fact, of the nation’s 870,000 active physicians, only five percent were accorded this honor by their patients in 2012. This is the fifth consecutive year in which Dr. Martino was recognized with this honor.

Dr. Martino has been a member of the Medical Staff since October, 2005. He is in practice with Gynecologic Oncology Specialists.
July and August were busy months for our SELECT program. Our returning students began their second year, and we matriculated 44 new students for the class of 2016. This is more than double the number of students from our inaugural class. The Class of 2016 not only grew bigger in number but also attracted students from a larger geographic area. The new and eager students began their SELECT education with Prologue 1 where they began initial introduction to the SELECT curriculum. Faculty from both LVHN and USF joined the students as they formed coaching and doctoring groups similar to the previous class.

The Class of 2015 kicked off their second year during Prologue 2. They were joined by the Professional Development Coaches, Doctoring Faculty and staff from LVHN and USF Morsani College of Medicine. The curriculum focused on the three core domains of the SELECT program – leadership, health systems and values-based patient centered care. The focus of the leadership curriculum was a transition from the emotional intelligence competencies of self-awareness and self-management that were emphasized during year 1 to those of social awareness and relationship management that are core to year 2. In addition, the students explored group and team development through practical exercises facilitated by staff from the TELEOS Leadership Institute.

The students also presented summaries of their summer immersion projects to peers and faculty. Each project related to one of the core SELECT domains and occurred under the guidance of mentors in a variety of locations including Tampa, Allentown and London, England. Medical Educator, Amy Smith, PhD, from LVH, and Kira Zwygart, MD, from USF, helped the students coordinate their projects.

Dr. Robert Brooks continued to expand on Health Systems through discussions on Accountable Care Organizations. Dr. Stephen Klasko, Dean of the Medical College, provided a broader understanding of the SELECT mission through his keynote luncheon address.

As an introduction to the values-based patient centered care curriculum, the students conducted a medical interview on a standardized deaf patient with the help of a medical interpreter. The goal of this session was to help students understand the need to delve deeply into a patient’s values and beliefs while at the same time understanding that their own system of values and beliefs influence the patient encounter.

The agenda each day was full but it allowed everyone to reconnect as the SELECT journey continues. We will be having our inaugural class in Allentown to begin their clinical curriculum in May of 2013.

For more information about the SELECT program, contact Michael J. La Rock, MD, Division of General Internal Medicine and Associate Clinical Professor, Morsani College of Medicine, USF Health, at michael_j.larock@lvhn.org.
The Network Office of Research and Innovation’s (NORI) Office of Education, Integrity and Monitoring includes a research design team and a medical editor who are committed to support your investigational project from start (study inception) to finish (manuscript publication). Michael Weiss, MPH, and Clare Lenhart, PhD, MPH, design scientists, are available to guide researchers through the study design process, assuring that: 1) the correct study design is chosen to help answer the research question, 2) a sufficient sample size is determined for each project, and 3) the appropriate statistical method is selected to measure and present the data.

There are two ways to access Michael and Clare for their assistance. First, investigators in the process of developing a hypothesis or protocol are invited to stop in during open office hours to brainstorm and receive informal feedback on study ideas. The design scientists are available during drop-in office hours in the NORI clinical office located at 1210 S. Cedar Crest Blvd., Suite 1000. Drop-in hours are: Wednesdays from 7:30 to 8:30 A.M., and from 4:30 to 5:30 P.M. Questions from residents, fellows, and attendings/faculty are welcome. For investigators who are further along with the development of their project and would like to request a formal consultation with the design scientists outside of the Wednesday hours listed above, should complete Form 11 on the LVHN NORI intranet site and submit it to NORI_STATS@lvh.com.

Upon completion of a successful research project, investigators may want to submit a manuscript for publication. NORI’s manuscript specialist and medical editor, Jackie Grove, will edit and refine manuscripts as necessary to present completed research in the best possible manner. Jackie, who holds a certificate in Essential Skills from the American Medical Writers Association, will correct grammar, punctuation, sentence structure, style, and flow, as well as ensure that the manuscript meets the guidelines of the targeted journal. She will also correct and reformat references. Jackie can be reached by email at jacqueline.grove@lvhn.org.

For more information about the NORI team, contact Leslie Baga, Director of Education, Integrity and Monitoring, at 610-402-1285 or via email at leslie.baga@lvhn.org.

Members of the NORI Team from left to right are Jacqueline Grove, Michael Weiss, MPH, and Clare Lenhart, PhD, MPH

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**Prescriber’s Letter Available Through the Digital Library**

*Prescriber’s Letter* is a monthly online newsletter that covers new drugs, new indications, and reviews of new treatment approaches. In addition to current drug information, the detailed documents provide in-depth coverage of treatment topics that integrate content from the various features of the website. Search or browse by drug name, disease, or category.

The Charts portion of the site provides comparisons of drugs. One of the newest charts covers Antimicrobial Drug Interactions and Warfarin. The Rumor vs Truth section examines the validity of current assertions on drug therapy. A recent example explores the question *Can breast cancer treatments cause osteoporosis?* The Guidelines section provides treatment guidelines, position statements, and consensus statements.

Free CME credit is available for physicians, physician assistants, and nurse practitioners based on content in the monthly newsletters. Sign up for the email alerting service if you would like a monthly reminder to login and read the new issue.

*Prescriber’s Letter* has no ties to any pharmaceutical firm and accepts no advertising, support or sponsorship of any kind.

*Prescriber’s Letter* is accessible anywhere from within the network, through WebSSO and Centricity Enterprise. To access the *Prescriber’s Letter* through the Digital Library’s Homepage, go to Find Fast/Library Services/ click on *Prescriber’s Letter*.

If you have any questions about any of the Library’s resources, please contact Library Services at 610-402-8410.
Medical Record Documentation
“Requirements”

Two or more observations of non-compliance with The Joint Commission (TJC) standards or Centers for Medicare and Medicaid (CMS) regulations made by TJC surveyors results in a “Requirement for Improvement” (RFI) which requires written follow-up to TJC. The submission must include how the problem was fixed and evidence of current compliance in the form of data measurement. A chart audit will be conducted for a four-month period and must show 90 percent compliance. Inability to fix the RFI and show 90 percent compliance can put the hospital’s accreditation at risk.

Several observations made recently during both the LVH and LVH-M surveys by The Joint Commission resulted in RFIs related to Authentication of entries into the medical record, History and Physicals, Operative/Procedure Reports and Discharge Summaries.

Authentication, Dating and Timing Entries
- All entries in the medical record must be dated and timed, in written or electronic form, by the person responsible for providing or evaluating the service provided.
- Every time you manually sign your name in the medical record, include the date and time.

Histories and Physical (H&P)
- Dictate histories and physicals or utilize hospital forms for handwritten documentation (Inpatient – MRD-03 or Ambulatory/Outpatient MRD-60).
- For scheduled admissions/procedures, H&Ps must be performed within 30 days of admission/procedure.
- For H&P’s performed prior to admission/procedure, an update must be documented in the medical record.
- For regular admissions, H&Ps must be performed within 24 hours of the admission.
- H&P in Inpatient Setting must minimally include: chief complaint, history of present illness, past medical/surgical history, medications, allergies/reactions, physical examination, impression(s)/diagnosis(es) and plan of care.
- H&P in the Ambulatory/Outpatient Setting must minimally include: chief complaint, history of present illness, past medical surgical history, medications, allergies/reactions, physical examination, impression(s)/diagnosis(es), planned procedure/date of procedure.

Operative/Procedure Report
- Before leaving the operating room or procedure room and before the patient is transferred to the next level of care, document a brief OP note (surgeon(s)/proceduralist(s), assistant(s), type of anesthesia used, procedure performed, description of each finding, estimated blood loss, specimens removed, preoperative and postoperative diagnosis and pertinent findings). Chart forms are available for documentation.
- Dictate a full operative report within 24 hours of the procedure.

Discharge Summary
- Dictate the discharge summary at the time of discharge. Summaries are autofaxed to care providers for continuity of care.
- Discharge summary must concisely state reason for hospitalization, significant finding(s), procedures performed and treatment rendered, condition of the patient on discharge, and any specific instructions given to the patient and/or family.

If you have any questions regarding this article, contact Zelda Greene, Administrator, Health Information Management, at 610-402-8330 or zelda.greene@lvhn.org or Robin Anthony, Director, Joint Commission and Regulatory Excellence, at 484-884-2310 or robin.anthony@lvhn.org.

Medical Record Completion – EHMR “Facts, Tips ‘n Tricks”

More navigation and usage tips . . .

Dictation Deficiencies (including Physician Queries) – Physicians will not see the chart/query document in the viewer of the screen. User must click View Chart in the top left toolbar in order to review the information needed to complete the dictation.

Dual Signature – Dictated reports are being sent to the Residents and APC’s for electronic signature prior to being sent to the Attending for electronic signature.
- Attending, Residents, and APC’s are assigned signature deficiencies simultaneously
- If you try to sign prior to the Resident or APC, you will receive an alert and not be able to continue until the resident has signed the document. If the document is not signed by the resident within 7 days, it will be moved to the attending for signature.
- Attendings will not be suspended for signatures awaiting the resident/APC

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**Resident/APC Access to Attending Dictation Deficiencies** – A web page was created to allow Residents and APC’s to view dictation deficiencies. It is based on their Physician group in EHMR.

To access the page – EHMR Secondary Signers
- From the Centricity Enterprise (CE), click the Resources link from the vertical toolbar
- At the PHYSICIAN BASE webpage, under WEB-BASED APPLICATIONS, click EHMR Secondary Signers link. This will open a web page and display the Dictation deficiencies for Attending Physicians in your Physician group in EHMR.

**Group Deficiency Completion** – Physicians can complete records for group members if set accordingly. *Group signature is discouraged from a physician billing standpoint.*
- While in the deficiency list, there is a drop down menu to pull members of your group.

**Inability to see certain chart/document/deficiencies** – If this occurs,
- Right click on the grey bar
- Choose “Clear Customizations” and “Clear all Column Filters”

Questions related to HIM processes may be referred to Zelda Greene, Administrator, Health Information Management, at 610-402-8330 or zelda.greene@lvhn.org. Questions related to the EHMR application may be referred to Greg Burns, Manager, Enterprise Content Management Team, at 610-402-1437 (greg.burns@lvhn.org) or Tim Marakovits, Project Manager, at tim.marakovits@lvhn.org.

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**GASTROENTEROLOGIST RECEIVES 2012 “MEDICAL DICTATOR OF THE YEAR” AWARD**

On July 19, the HIM Transcription Department presented this year’s “Medical Dictator of the Year” award to Anthony G. Auteri, MD, Chief, Division of Gastroenterology. Of all the practitioners on staff at LVHN, Dr. Auteri was nominated as one of the top 12 dictators based on overall dictation quality, clarity, and organization.

“When I was first notified that I had received the award for ‘best dictator,’ I wasn’t quite sure what to make of it,” Dr. Auteri said, upon receiving the Golden Telephone trophy. “When I learned more, I was honored to have received the award. It’s really just another aspect of good patient care. We often view dictation as a bothersome chore, but it is an essential piece of maintaining useful clinical information that eventually benefits patients. It’s easy to forget that dictating poorly is tantamount to taking an incomplete history. Taking the 20-30 extra seconds to organize our thoughts and dictate concisely and clearly so that you [transcriptionists] can understand us, results in faster turn-around time, more meaningful reports and ultimately allows us to serve our patients better.”

Dr. Auteri consistently demonstrated dictation best practices, such as:
- Organizing pertinent information and thoughts prior to picking up the telephone
- Choosing a quiet area to dictate away from distractions and background noise
- Refraining from using a cell phone and speakerphone
- Speaking clearly in a normal conversational voice and speed
- Annunciating terms that could be missed or misinterpreted

Other nominees included Bruce A. Feldman, DO, Division of Cardiology; Mark C. Knouse, MD, Division of Infectious Diseases; and Walter J. Okunski, MD, Chief, Division of Plastic Surgery. Congratulations to the finalists and thank you for striving for first-time quality.

If you have any questions regarding dictation best practices or ways to improve your dictation techniques, contact Gloria Farng, Transcription Manager, at 610-969-3862 or gloria.farng@lvhn.org.
When “Education” goes too far…

by Robert D. Barraco, MD, MPH, Chair, Institutional Ethics Committee

A resident and attending are considering a rare invasive procedure on a patient in cardiopulmonary arrest that, in this particular case, would be considered futile by most if not all providers. The attending decides to permit the resident to do the procedure. The attending justifies this decision by noting that the opportunity to do the procedure is rare and he/she needs the experience to do this procedure on patients where it might be beneficial in the future.

This is a real life scenario and one encountered at many teaching hospitals across the country. What has happened here? Let’s use the SFNO paradigm to sort through this. SFNO stands for Stakeholders, Facts, Norms and Options. It is one clinical ethics method of problem solving.

Stakeholders: At first glance, there are at least two.

- The provider(s). Providers can include the nurses and staff in the room as well as the attending and resident.
- The patient. There is no mention of family or loved ones in this scenario, so we will not include them.
- The future patient yet to be encountered needing the procedure in question.

Facts:

- The patient is moribund and further procedures are futile.
- Providers and staff are exposed to hazards in the performance of procedures, to include needle sticks, injuring oneself on sharp surfaces exposed during the procedure, etc. Hepatitis and HIV are clear concerns for every provider engaging in invasive procedures.
- The procedure discussed is rare and can be lifesaving in the appropriate patient. Future provider performance can be enhanced by repetition.
- This is not the only way for the provider to acquire experience.

Norms:

- Care must be patient-centered. This means our focus should be the patient before us.
- We must do good or at least “do no harm” for that patient.
- Unnecessary tests and procedures should not be performed lest we violate the principles of distributive justice.
- Futile care is unethical and violates three of the four basic ethical principles.
- Providers at a teaching hospital also have an obligation to teach those entrusted to them.

Options:

- Stop the resuscitation efforts and pronounce the patient. The resident will have to use a simulator, attend a course or wait for a future patient to hone his/her skill.
- Perform the procedure on the patient.

Discussion:

The providers have introduced a new stakeholder, the future patient to be encountered. Is this valid? In some cases, it may be, but I would argue in a case such as this, the primary focus of their attention as providers should be the patient before them. There may never be a future patient in such a situation for that learner.

The risks to staff and harm to the patient seem to outweigh any such educational benefit. In addition, unanticipated consequences may only harm the patient and any loved ones who may present later. One such consequence may be the procedure causing the return of vital signs only to place the patient in a permanent vegetative state. Further resource utilization will be incurred at the potential expense of other patients who may have needed such resources but were not able to obtain them.

Most importantly, there is the right of the patient to die with dignity and not be exposed to what amounts to perimortem mutilation. These cases do exist, as I have heard them supported at national meetings. Worse yet, procedures have occurred even in patients who are pronounced dead and the procedures done post-mortem.

Clearly, justification for futile procedures for educational reasons goes too far. It is not ethical and must not be condoned. Patients deserve better, even those who are almost deceased.

If you have any questions regarding this or any other Ethics topics, please contact Robert D. Barraco, MD, MPH, Chair, Institutional Ethics Committee, at robert.barraco@lvhn.org
**PHYSICIAN DOCUMENTATION**

**PSI Documentation Pearls**

The Agency for Healthcare Research and Quality’s (AHRQ’s) Patient Safety Indicators (PSIs) are a set of quality of care indicators providing information on potential in-hospital complications and adverse events following surgeries, procedures, and childbirth. They are publicly reported by several agencies.

**Key Surgical Documentation Rule:** When you document that a condition is a routine or expected occurrence postop (i.e., routine ileus post bowel surgery), it is NOT coded as a complication of your surgery.

**Selected PSI Documentation Pearls:**

**PSI #11—Postop Respiratory Failure**

Note: Automatic exclusions from this PSI include any surgery of the respiratory or circulatory systems, some ENT surgeries, esophageal resections, and pregnancy/childbirth)

- Consider documenting “Acute Respiratory Failure” (518.81) when on ventilator postoperatively for > 24 hours, or longer than normal for a particular procedure, so that you explain the extended length of stay and resource utilization, appropriately improve your risk of mortality and severity of illness scores, and get appropriate reimbursement for the care provided.

  Code (518.81) is no longer included in this PSI so will NOT be seen as a complication by AHRQ if documented this way.

- Document “Acute Respiratory Distress (518.82)” or “Acute Respiratory Insufficiency” if on vent postop < 24 hours.

  Code (518.82) is also NOT included in this PSI.

- DO NOT routinely document “VDRF” or “Postop VDRF” or “Postop Respiratory Failure” (518.51) in the immediate postop period to justify medical necessity for CPT codes 94002-94003 for vent management. However, if you want to state the surgery/procedure is the direct etiology of the postop respiratory failure, then using “postop respiratory failure” phrasing would be appropriate.

  Code (518.51) IS now included in this PSI and may be seen as a complication.

- DO NOT use the above diagnoses when patient is on ventilator solely for airway protection…. Also, be sure you clarify in your documentation the reason as to why they are on the ventilator.

- Document ‘POA’ (Present on Admission) when applicable.

**Note:** **PSI #11 UPDATE SUMMARY FOR CURRENT FY:** Based on AHRQ Quality Indicators, Version 4.4, March 2012, documenting ‘Acute Respiratory Failure’ (code 518.81) is NOT included in this PSI. However, if you document ‘Postop Respiratory Failure’ (code 518.51), it WILL BE included in this PSI.

Though it may seem trivial, you can now see that each word you document may carry significance for our profiles and our outcome metrics.

**PSI #12—Postop PE or DVT**

- Be sure to document “POA” if a DVT or Pulmonary Embolism is present on admission to avoid possibility of this being coded as a complication of the current admission.

**PSI #9—Postop Hemorrhage or Hematoma**

- To land in this PSI, you must have documented either 'postop or intraop hemorrhage' (99811) or 'postop or intraop hematoma' (99812) AND have a procedure code for postop or intraop control of hemorrhage or drainage of hematoma.

**Note:** ‘Acute blood loss anemia’ or ‘Drop in Hgb or Hct’ are NOT in this PSI and are NOT considered a complication by AHRQ; rather it is just a co-morbidity which may increase the severity of illness score of the patient, thereby *improving* your profile.

**PSI #6—Iatrogenic Pneumothorax (512.1)**

- Differentiate spontaneous, traumatic and tuberculous pneumothoraces from those caused by treatment.

- Document when it is present on admission (‘POA’).

**Note:** This is NOT coded or reported as a PSI when it is integral to or expected from a procedure (i.e. chest or thoracic spine surgery).

As of October 2012, be aware that iatrogenic pneumothorax with venous catheterization will be added to the HAC (Hospital Acquired Conditions) list.

If you have any questions, please contact John Pettine, MD, FACP, CCDS, Director, Clinical Documentation Improvement, at john.pettine@lvhn.org.
Free and Reduced Cost Meds - Come and get them!

According to the U.S. Census Bureau, 50 million people were without some form of health insurance, making paying for their medications an impossible task. What can you do from an outpatient standpoint? Certainly there are manufacturer samples and manufacturer coupons that salespeople drop off. In addition, your office or the patient could contact the manufacturer directly to find out if they offer any programs. Below are a few Patient Assistance Programs that serve to promote access to free or reduced cost medications. Some require financial information, some are accessible only by the practice, and some only by the patient themselves. Generally to qualify, individuals must earn less than $22,000/year, or a family of three less than $37,000/year. Feel free to copy the information to use in your practice or to distribute to patients in need of assistance.

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>WEBSITE</th>
<th>INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partnership for Prescription Assistance</td>
<td><a href="http://www.pparx.org">www.pparx.org</a></td>
<td>Give name of medication and simple financial information to find specific coverage. Phone: 800-477-2669.</td>
</tr>
<tr>
<td>Needy Meds</td>
<td><a href="http://www.needymeds.org">www.needymeds.org</a></td>
<td>Provides information on Medications and Disease Management Resources. Offers a PAPTracker to providers to expedite preparation of manufacturer forms.</td>
</tr>
<tr>
<td>RxAssist Patient Assistance Program Center</td>
<td><a href="http://www.rxassist.org">www.rxassist.org</a></td>
<td>Web based – has two sections – one for patients and one for providers.</td>
</tr>
</tbody>
</table>

Generics

The following drugs will be available in Generic form this month:
- Diovan: Valsartan
- Diovan/HCTZ: Valsartan/HCTZ
- Revatio: Sildenafil Citrate

If you have questions or need additional information contact Jay Needle, RPh, Manager, Health Spectrum Pharmacy – Muhlenberg, via email at jay.needle@lvhn.org or by phone at 484-884-7004.

PAPERS, PUBLICATIONS AND PRESENTATIONS

John Ashurst, DO, Emergency Medicine resident, and Bryan G. Kane, MD, Division of Emergency Medicine, co-authored the article – “Jejunojejunal Intussusception after Roux-en-Y Gastric Bypass” – which was published in the American Journal of Emergency Medicine, August 31, 2012.

Mark A. Gittleman, MD, Division of General Surgery, Section of Surgical Oncology, gave several presentations in August. On August 25, he participated in a case studies panel discussion at the “Present and Future Trends in Breast Cancer Genomics” conference held in New York. On August 30, he gave two presentations at the Colombian Cancer Conference held in Bogota, Colombia – “Molecular Profiles in Breast Cancer” and “Genomic Profiles in Breast Cancer – Clinical Utility.”

Thomas D. Meade, MD, Division of Orthopedic Surgery, Section of Ortho Trauma, was one of the co-authors of an article – “The Effect of Graft Tissue on Anterior Cruciate Ligament Outcomes: A Multicenter, Prospective, Randomized Controlled Trial Comparing Autograft Hamstrings with Fresh-Frozen Anterior Tibialis Allograft” – which was published in the Journal of Arthroscopic and Related Surgery, Volume 28, Number 8, August, 2012.

In addition, Dr. Meade gave a keynote address – “Measured Resection and Anatomic Restoration in Total Knee Arthroplasty” – at a national orthopedic implant conference held September 8, in Phoenix, Ariz. He also presented “An Update on Patello-Femoral Arthroplasty” and moderated a live surgical demonstration of Unicondylar Arthroplasty.
UPCOMING SEMINARS, CONFERENCES AND MEETINGS

Cardiology Grand Rounds

“Improving SVG Patency” will be presented by Emmanouil S. Brilakis, MD, PhD, on Friday, October 5, from Noon to 1 p.m., in the Auditorium at LVH-Cedar Crest and teleconferenced to ECC Room D at LVH-Muhlenberg. Dr. Brilakis is the Director of the Cardiac Catheterization Laboratories at Dallas VA Medical Center in Dallas, Texas.

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 October will include:

- October 4 – LVH-M ECC Rooms C and D (PGY 1-4)
  - 9 a.m. – Visiting Speaker – Andrew Chang, MD – “The Thunderclap Headache: Subarachnoid hemorrhage And beyond”
  - 11 a.m. – Journal Club
  - 1 p.m. – Administrative Hour

- October 11 – LVH-M 4th Floor Classroom (PGY 1 & 2)
  - 9 a.m. – Hematologic Diseases (non Leukemia)
  - 10 a.m. – Cardiac Failure/CHF/Cardiomyopathy
  - 11 a.m. – Rosens
  - Noon – EKG1
  - 1 p.m. – Adult Resuscitation

- October 11 – Banko Building (PGY 3 & 4)
  - 9 a.m. – Rosens
  - 10 a.m. – Evidence Base Medicine
  - 11 a.m. – Hematologic Diseases (non Leukemia)
  - Noon – Resident as a Teacher
  - 1 p.m. – Cardiac Failure/CHF/Cardiomyopathy

- October 18 – Banko Building (PGY 1-3)
  - 9 a.m. – Meningitis, Encephalitis, Myelitis
  - 10 a.m. – Research
  - 11 a.m. – M&M
  - 1 p.m. – Ultrasound

- October 18 – 1247 S. Cedar Crest Blvd., 2nd Floor (PGY 4)
  - 9 a.m. – 2 p.m. – Sim Lab

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, October 2, from 7 to 8 a.m., in Kasych ECC Room 9 at LVH-Cedar Crest and teleconferenced to ECC Room A at LVH-Muhlenberg.

“Community Initiatives” will be presented by Abby Letcher, MD, Department of Family Medicine.

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.

Pediatric Grand Rounds

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

- October 2 – Guest Speaker – Clare Lehart, NORI
- October 9 – Hematology/Oncology topic – Philip Monteleone, MD
- October 16 – Hospitalist topic – Timothy Yeager, MD
- October 23 – Endocrinology topic – Arnold Slyper, MD
- October 30 – Guest Speaker – Steven Wassner, MD, Pediatric Neurologist, Hershey Medical Center

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

Continued on next page
Psychiatry Grand Rounds
The next Department of Psychiatry Grand Rounds presentation will be held on Thursday, October 18, beginning at Noon (registration at 11:45 a.m.) in ECC Rooms B, C and D at LVH-Muhlenberg and teleconferenced to Kasych ECC Room 9 at LVH-Cedar Crest.

“Successful Family Intervention in the Short Term Setting” will be presented by Patricia Fuisz, RPRN, CNS-BC, and Marlene Bayer, LPC, NCC, from the LVHN Alternatives Partial Program.

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, October 3, in Kasych ECC Room 9 at LVH-Cedar Crest.

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

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

- October 2 – No conference – ACS Annual Meeting
- October 23 – “The Role of Regional Therapy for Metastatic Melanoma in the Modern Era” – Jonathan S. Zager, MD, Director, Regional Therapies, Moffitt Cancer Center
- October 30 – Urologic Trauma – Clifford Georges, MD, Division of Urology

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

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:

- October 22
- November 6, 12, 26

A two-day provider course will also be held on November 1 and 2, from 8:30 a.m. to 4 p.m., at the Emergency Medicine Institute.

Pediatric Advanced Life Support (PALS)
A PALS renewal class will be held from 8 a.m. to 4 p.m., at the Emergency Medicine Institute on the following date:

- December 17

A two-day provider course will also be held November 28 and 29, 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

- Mindfulness Training for Medical Professionals
  7 week course
  September 27, October 4, 11, 18, 25, November 1, 8 – 6 to 8:15 p.m.
  November 3 – 8 a.m. to Noon
  Kasych ECC Room 10

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- **4th Annual Fleming Infection Prevention and Infectious Diseases Symposium**
  - October 5
  - 7:30 a.m. to 4 p.m.
  - Kasych ECC Rooms 6, 7 and 8

- **Addressing Obesity and Weight Management in the 21st Century**
  - October 20
  - 7:15 a.m. to 12:15 p.m.
  - Kasych ECC Rooms 6, 7 and 8

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

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.

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**Medical Staff Dues Deadline – October 15, 2012**

On October 1, final notices were faxed to members of the Medical Staff who have not yet paid their annual Medical Staff dues. As stated in the Medical Staff Bylaws – Article IV, Section A, #3. DUES – “… Any member whose dues are not paid in full by October 15 shall be considered to have voluntarily resigned from the Medical Staff effective as of that date and shall not entitle the member to the provisions of the Fair Hearing and Appellate Review Process …”

In order to avoid **automatic resignation** from the Medical Staff as mandated by the Bylaws, your check **MUST BE RECEIVED** in the Medical Staff Services office **NO LATER THAN 5 P.M., on OCTOBER 15**.

Please forward your check payable to **Lehigh Valley Health Network Medical Staff** and mail to Janet M. Seifert, Medical Staff Services, Lehigh Valley Hospital, Cedar Crest & I-78, P.O. Box 689, Allentown, PA 18105-1556.

If you have any questions regarding Medical Staff dues, please contact Janet Seifert at 610-402-8590.
WHO’S NEW

Medical Staff

New Appointments

Jeaninne M. Einfalt, DO
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

Drew A. Farber, DO
Center for Women’s Medicine
Lehigh Valley Hospital
17th & Chew, P.O. Box 7017
Allentown, PA 18105-7017
Phone: 610-402-1600 Fax: 610-969-2197
Department of Obstetrics and Gynecology
Division of Obstetrics/Gynecology
Provisional Active

Clifford E. Georges, MD
Lehigh Valley Urology Specialty Care
Center for Advanced Health Care
1250 S. Cedar Crest Blvd.
Suite 210
Allentown, PA 18103-6271
Phone: 610-402-6986 Fax: 610-402-4460
Department of Surgery
Division of Urology
Provisional Active

Raha Ghafurian, DMD
Marsha A. Gordon, DDS
1525 Hausman Road
Allentown, PA 18104-9258
Phone: 610-433-5111 Fax: 610-433-4393
Department of Dental Medicine
Division of Pediatric Dentistry
Provisional Active

Patrick J. Hanley, DO
Switchback Medical Center
1580 Center Avenue
Jim Thorpe, PA 18229-1012
Phone: 570-325-2705 Fax: 570-325-8310
Department of Medicine
Division of General Internal Medicine
Provisional Affiliate

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

Ankur Johri, DDS, MD
Lehigh Oral & Maxillofacial Surgery
1251 S. Cedar Crest Blvd.
Suite 311
Allentown, PA 18103-6277
Phone: 610-435-6161 Fax: 610-435-2902
Department of Surgery
Division of Oral and Maxillofacial Surgery
Provisional Active

Daniel M. Kraus, MD
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

Continued on next page
Emily J. Kraus, MD  
ABC Family Pediatricians/Center Valley  
3800 Sierra Circle  
Suite 100  
Center Valley, PA 18034-8102  
Phone: 484-664-2090  Fax: 484-664-2089  
Department of Pediatrics  
Division of General Pediatrics  
Provisional Active

Niral N. Parikh, DDS  
Valley Oral Surgery, PC  
1259 S. Cedar Crest Blvd.  
Suite 302  
Allentown, PA 18103-6267  
Phone: 610-437-1727  Fax: 610-437-4715  
Department of Surgery  
Division of Oral and Maxillofacial Surgery  
Provisional Active

Deborah A. Smith, MD  
Switchback Medical Center  
1580 Center Avenue  
Jim Thorpe, PA 18229-1012  
Phone: 570-325-2705  Fax: 570-325-8310  
Department of Family Medicine  
Provisional Affiliate

Rochelle Steiner-Friel, MD  
Center for Women’s Medicine  
Lehigh Valley Hospital  
17th & Chew, P.O. Box 7017  
Allentown, PA 18105-7017  
Phone: 610-402-1600  Fax: 610-969-2197  
Department of Obstetrics and Gynecology  
Division of Obstetrics/Gynecology  
Provisional Active

Address Change

Eric A. Wolfe, DPM  
Hellertown Family Foot Care  
725 Easton Road, Suite 1  
Hellertown, PA 18055-1502

Practice Changes

Jennifer Koch, DMD  
Jennifer Koch, DMD, PC  
201 West Broad Street  
Bethlehem, PA 18018-5596  
Phone: 610-865-3333  Fax: 610-691-7822

Sarah Nicklin, MD  
(No longer with OACIS Services)  
Lehigh Valley Home Health Services  
2166 S. 12th Street  
Allentown, PA 18103-4799  
Phone: 610-969-0300  Fax: 610-969-0305

Rosalie R. Snyder, MD  
(No longer with Tilghman Medical Center)  
Patient First  
2600 Papermill Road  
Wyomissing, PA 19610-3362  
Phone: 484-220-0051  Fax: 484-220-0052

Status Change

William J. Gould, DO  
Department of Medicine  
Division of General Internal Medicine  
From: Affiliate  To: Provisional Active

Resignations

Liany C. Diven, MD  
Department of Obstetrics and Gynecology  
Division of Obstetrics/Gynecology  
(Center for Women’s Medicine)

Colleen A. Gulczynski, DO  
Department of Pediatrics  
Division of General Pediatrics  
(LVPG-Pediatrics Float Pool)

Medical Staff Leadership Appointments

Medical Director of Patient Care Units, Laboratories and Programs

C. Gerard Petersen, MD  
Medical Director  
ICU – LVH-Muhlenberg

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Yuebing Li, MD, PhD
Department of Medicine
Division of Neurology
(Lehigh Neurology)

Lesley A. Simpson, MD
Department of Pediatrics
Division of Pediatric Subspecialties
Section of Hematology-Medical Oncology
(Pediatric Specialists of the Lehigh Valley)

Ingrid M. Sterling, MD
Department of Pediatrics
Division of General Pediatrics
(LVPG-Pediatrics Float Pool)

Krista M. Todoric, MD
Department of Medicine
Division of General Internal Medicine
Section of Hospital Medicine
(LVHN Hospital Medicine at Muhlenberg)

Allied Health Staff

New Appointments

Jennifer L. Greger, PA-C
Physician Assistant-Certified
VSAS Orthopaedics
Center for Advanced Health Care
1250 S. Cedar Crest Blvd.
Suite 110
Allentown, PA 18103-6224
Phone: 610-435-1003 Fax: 610-435-3184
Supervising Physician: Yury L. Bykov, MD

Melanie M. Mohler, CRNP
Certified Registered Nurse Practitioner
Lehigh Valley Heart & Lung Surgeons
Center for Advanced Health Care
1250 S. Cedar Crest Blvd.
Suite 310
Allentown, PA 18103-6224
Phone: 610-402-6890 Fax: 610-402-6892
Supervising Physician: Gary W. Szydlowski, MD

Change of Supervising Physician

Judith Brooks, CRNP
Certified Registered Nurse Practitioner
(LVPG-Internal Medicine)
From: Marc Shalaby, MD
To: Stacey J. Smith, MD

Ann Marie Miller
Certified Genetic Counselor
(Cancer Risk and Genetic Assessment Program – Nicole M. Agostino, DO; Matthew W. Martinez, MD; Jay D. Varrato, DO)
From: Lesley A. Simpson, MD
To: Anderson B. Collier III, MD

Tara L. Namey
Certified Genetic Counselor
(Cancer Risk and Genetic Assessment Program – Nicole M. Agostino, DO; Matthew W. Martinez, MD; Jay D. Varrato, DO)
From: Lesley A. Simpson, MD
To: Anderson B. Collier III, MD

Tracey A. Wilds, CRNP
Certified Registered Nurse Practitioner
From: Lehigh Valley Home Health Services – David M. Caccese, MD
To: OACIS Services – Daniel E. Ray, MD

Continued on next page
**Additional Supervising Physician**

**Corrine Fillman**  
Certified Genetic Counselor  
(LVPG-Maternal Fetal Medicine – Albert P. Sarto, Jr., MD, MPH)  
(Cancer Risk and Genetic Assessment Program – Nicole M. Agostino, DO; Matthew W. Martinez, MD)  
Addition of: Anderson B. Collier III, MD

**Daniel B. Taylor, CRNP**  
Certified Registered Nurse Practitioner  
(Surgical Specialists of the Lehigh Valley – John J. Hong, MD)  
Addition of: Pulmonary Associates – Matthew M. McCambridge, MD

**Resignations**

**Rebekah J. Bachman, PA-C**  
Physician Assistant-Certified  
(College Heights OB/GYN Associates)

**John J. Frisch, OTC**  
Orthopedic Technologist Certified  
(Coordinated Health)

**Alison Henry**  
Dental Assistant  
(Eugene J. McGuire, DDS)

**Aaron E. Robertshaw, PA-C**  
Physician Assistant-Certified  
(LVHN Hospital Medicine at Muhlenberg)

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**APC Annual Dues Deadline – October 15, 2012**

On October 1, final notices were faxed to Advanced Practice Clinicians who have not yet paid their annual dues. In order to avoid automatic resignation from the Allied Health Professional Staff, your check must be RECEIVED in the Medical Staff Services office NO LATER THAN 5 P.M., on MONDAY, OCTOBER 15, 2012.

Please forward your check payable to: **LVHN Advanced Practice Clinicians** and mail to Gloribel Nieves, Medical Staff Services, Lehigh Valley Hospital, Cedar Crest & I-78, P.O. Box 689, Allentown, PA 18105-1556.

If you have any questions regarding APC dues, please contact Gloribel Nieves in Medical Staff Services at 610-402-8984.
Medical Staff Services Office

Robert J. Motley, MD
President, Medical Staff

Jarret R. Patton, 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

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Anthony J. Ardire, MD
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Kevin A. McNeill, MD
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Michael D. Pasquale, MD
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Debbie Salas-Lopez, MD, MPH
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Ronald W. Swinfard, MD
Pat Toselli, DO
John D. Van Brakle, MD
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.