The holidays are coming, and many are getting into the gift giving mood. This year, want to give something really meaningful? Sign up to become an organ donor!

The need for organ donors is real. According to the U.S. Department of Health and Human Services website (http://organdonor.gov/index.html), 116,419 people are waiting for an organ — that number would fill more than a large football stadium. Each day, 79 patients will get an organ, but 18 will die waiting for one. Now the good news — one organ donor can save up to eight lives, and signing up to become a donor is relatively easy.

Lehigh Valley Health Network participates in the Gift of Life Donor Program, which works in eastern Pennsylvania, New Jersey and Delaware “to coordinate life-saving and life-enhancing transplants for those waiting, while supporting the generous donors and their families who have chosen to give others a second chance through organ donation.” (http://www.donors1.org)

“If people realized the number of people impacted by a single donation, the rate of organ donation would skyrocket,” says Ron Swinfard, MD, President and CEO of Lehigh Valley Health Network. Indeed, when the Gift of Life transplant team obtains a donation from an LVHN patient, the personal note of thanks that follows gives a summary of the many lives touched by a single donor. “The precious gifts of her heart and liver were given to a woman in her thirties, (who was) extremely fatigued, jaundiced and suffered from confusion making employment impossible and everyday activities difficult to perform. The recipient of her right kidney is a man in his forties. The recipient of his left kidney is a woman in her sixties. With the kidney transplant, dialysis is no longer necessary. The recipient of her right lung is a man in his fifties (who previously) required continuous oxygen. Her left lung and pancreas were recovered and sent to medical research, (permitting) continued advances in

Continued on next page
the treatment of disease. Her donated bone marrow may allow physicians to treat between 50 and 100 patients, many of whom face the functional loss of a limb due to cancer, trauma or other diseases.” I must admit that I never realized how helpful our bodies could be — especially all those paired organs.

Organ donation is a gift that keeps giving. With modern anti-rejection medications, 55-75% of major organ recipients (lung, kidney, heart, liver) are still living after five years — and quality of life is generally pretty good.

Signing up to be an organ donor is easy. In many states, including Pennsylvania, you can do so when you renew your driver’s license. At www.organdonor.gov, you can register as an organ donor in most states. It doesn’t cost anything to register — just your generosity and your willingness to part with your organs when you are finished with them. Most people can consider themselves potential organ and tissue donors. There are a few absolute exclusions (such as HIV infection, active cancer, systemic infection) and no strict upper or lower age limits.

Why bring a subject like this up at the holidays? Well — for a few reasons. The end of the year is a great time to talk to those close to you about your intentions to become a donor. Many people also use this time to do their “end of year” planning with donations, updating of wills, advance directives, etc. Finally, I’ll bring in a personal story. My brother-in-law had polycystic kidney disease and was faced with dialysis by the time he reached his mid-forties. Thanks to the generosity of an organ donor (in this case, his wife), he got an additional 12 years of high quality living — years cherished by all of us who got the chance to “spend the holidays” together with him. Whatever holidays you celebrate this time of year, may you be able to appreciate the gifts of Life, Love and Light — and be filled with Hope for Peace in the year to come.

Robert J. Motley, MD
Medical Staff President

Best Wishes for a Safe, Happy and Healthy Holiday Season!
THE RETAIL PHARMACY VIEW

e-Prescribing

“Community pharmacists have a vested interest in making e-Prescribing work because it potentially provides more accurate and faster electronic transmission to the pharmacists of computerized prescription information than written prescriptions.” - Bruce Roberts, RPh, CEO, National Community Pharmacists Association

e-Prescribing has been lauded recently due to the increased likelihood that patients will get their prescriptions filled and in turn avoid more costly medical procedures. There is also less of a chance for errors when compared to written prescriptions. Currently, 23 percent of physician office practices in the United States are now e-Prescribing.

There is still more work to be done. Current communications systems allow prescribers to send prescriptions to pharmacies, but do not allow pharmacists to communicate back. Also at this time, prescriptions for controlled substances – Class III-V (i.e., Alprazolam, Hydrocodone, cough syrups w/Codeine) cannot be sent via the e-Prescribing network. In May of 2010, the FDA ruled that paperless prescribing of controlled substances be allowed, but it has not yet been implemented. Please make your staff aware that when they are transmitting e-Prescriptions, any prescriptions for controlled substances will not be accepted and these must be faxed or called in. As always, narcotic prescriptions must be written unless the patient is on Hospice or in a long-term care facility. In these cases, a fax will be accepted.

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

COMING SOON: REVISED INSULIN CORRECTION SCALES TO REDUCE RISK OF HYPOGLYCEMIA

The LVHN Diabetes Management Quality Improvement Team has approved several changes to the Insulin Corrections Scales. The insulin correction scales, based on individual Insulin Sensitivity Factors (ISF), are being revised to correct blood glucose to a higher target blood glucose. Also, the new ISF order sets will be more efficient and have a built in safeguard regarding evening insulin doses.

In the past, ISF coverage for meals and bedtime had to be ordered either as separate orders or using one order with the same correction scale for ACHS dosing. Using the same ISF scale for both mealtime correction and bedtime correction can increase the risk of nocturnal hypoglycemia. If bedtime ISF coverage is desired, it is recommended to use a lower dose (higher sensitivity) than what is used at mealtime.

In the new order set, when the ordering provider orders the desired ISF meal correction and desires HS correction, the system will automatically assign the bedtime ISF coverage to provide less insulin. See example screen shots:

Note: For mealtime ISF of 70mg/dl or 80 mg/dl, an order for no HS coverage desired will be placed. This again is to reduce the risk of nocturnal hypoglycemia. These insulin sensitive patients often have renal insufficiency with a higher propensity for nocturnal hypoglycemia, thus it is best to avoid routine HS correction to prevent nocturnal hypoglycemia.

Remember that ISF correction does not replace the need for a carb ratio for nutritional insulin coverage.

If you have any questions, contact Joyce Najarian, MSN, RN, CDE, via pager 610-402-5100 1233 or Robert A. McCauley, MD, Division of Endocrinology, via pager 610-402-5100 6319.
ALLIED HEALTH STAFF BIENNIAL REAPPOINTMENT

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

On January 1, 2013, this year’s biennial reappointment process will be put into motion when reappointment applications will be available on the web for approximately 700 members of the Allied Health Professional staff.

Directions for completing the reappointment application process will be provided with the application. The practitioner should review the directions to make sure all the information is provided and arrangements for submission of all the required documents have been made.

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

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

The deadline to return reappointment applications is January 30, 2013. Your prompt attention in facilitating the return of the application is both requested and appreciated.

PLEASE NOTE: This on-line process will require the use of the LVHN assigned user ID. If you are not a regular user of the LVHN computer system, you are urged to log in to a Network computer prior to December 15, 2012, to assure that any log-in issues can be corrected prior to January 1. If you have any questions or problems related to the log-in process, please call Trent Smith (610-402-1291) or Rita Mest (610-402-8968) in Medical Staff Services.

If you have any other questions regarding the Allied Health Professional staff reappointment process, please contact the Medical Staff Services Office at 610-402-8900.
CMIO UPDATE

How Many Clicks Does it Take?
Remember that the items in the drop down menus only require a single click to select. One click will move the item into the Unprocessed Orders box. An inadvertent slow double-click can result in putting multiple versions of the order into the unprocessed order box and potentially ordering the item more than once.

DCI – No Action Button
When working with DCI, it is often the case that the patient is going home on medications that you did not prescribe – the medications may have been started by the PCP (prior to admission) or by a specialist involved in the patient’s care. The patient may also need a new prescription for those medications.

As you manage the medications in DCI, one of the options is to assign “No Action” to the medication. This action results in the medication NOT appearing on the home medications list for the patient and may lead to confusion for the patient and possible medication errors.

A more appropriate alternative is to continue the medication at home at the current dose/schedule. If the patient requires a new prescription, one option is to prescribe a limited amount (i.e., one week) of meds, and refer the patient back to the PCP or whoever started that medication. This will ensure continuity of the medications with the PCP.

What does that “Show Report” icon in PACS signify? Not much
Due to a change in the system, the “Show Report” icon on the left side of the PACS screen no longer indicates if there is a report available in the system. Once finalized, the report will be viewable in Centricity Enterprise in the Transcription area under the DocDisplay tab. We apologize for any inconvenience or confusion.

If you have any questions regarding these topics, please contact Don Levick, MD, MBA, Chief Medical Information Officer, at 610-402-2480 or pager 610-402-5100 7481.

PCE PRESCRIPTION: SERVING PATIENTS WITH HEARING LOSS

The goal of Lehigh Valley Health Network’s Patient-Centered Experience (PCE) initiative is to give patients and their loved ones the best possible health care experience. Through PCE, the health network is enhancing the way it serves patients with hearing loss.

PCE Outcomes: Signage in registration areas asks patients to self-identify if they have hearing issues; stickers placed on registration papers identify patients with hearing impairment; pagers are used in all discharge waiting rooms for patients who are hearing impaired; and white boards are used in postsurgical recovery to help patients (who are not wearing their hearing aids) communicate.

Why it’s important to you: “People with hearing loss face unique communication challenges that can affect both the quality and perception of their health care,” says Bruce A. Ellsweig, MD, Vice Chair of Family Medicine Community Practices. “By identifying and addressing these issues, we can reduce errors, improve outcomes and enhance patient and staff satisfaction.”

Next step: To learn more about serving patients with hearing loss – including those in need of sign-language interpretation – call the health network’s Interpreter Services department at 610-969-4002.

For more 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.
As you know, all U.S. healthcare organizations must begin submitting claims using the new ICD-10 code sets on October 1, 2014, or claims will be rejected. Since ICD-10 includes changes to both diagnosis as well as procedure codes, the changes will affect nearly every aspect of the healthcare system: hospitals, physician offices, health plans and patients. Accordingly, numerous changes in documentation, reimbursement, insurance plans/coverage, and quality measures will be coming.

The purpose of this, and subsequent articles, is to begin to prepare you for the top ICD-10 documentation issues we will encounter beginning October 1, 2014. Each of these articles will feature one or two of the most common diagnosis or procedure topics you will need to know. Please save these articles for reference.

**Diabetes Documentation – ICD-10-CM**

ICD-9 has 59 codes for diabetes, while ICD-10 will have more than 200 combination codes, to include both the classification of the diabetes and the manifestation. In ICD-10, diabetes will no longer be classified as controlled/uncontrolled. There will be five main diabetes mellitus categories in ICD-10-CM, from which the 200+ codes are generated:

- E08 Diabetes mellitus due to an underlying condition (autoimmune disease, carcinoid, Cushing’s, hyperthyroidism, chronic pancreatitis, etc.)
- E09 Drug/chemical-induced diabetes mellitus (steroids, estrogen, chemo, diuretics, beta blockers, etc.)
- E10 Type 1 diabetes mellitus
- E11 Type 2 diabetes mellitus
- E13 Other specified diabetes mellitus (post-pancreatectomy or post-procedural)

Examples of the diabetes codes in ICD-10 assigned from your documentation:

- **E08.22** - Diabetes mellitus due to Cushing’s syndrome with diabetic chronic kidney disease
- **E09.52** - Steroid-induced diabetes mellitus with diabetic peripheral angiopathy with gangrene
- **E10.11** - Type 1 diabetes mellitus with ketoadidosis with coma
- **E10.321** - Type 1 diabetes mellitus with mild non-proliferative diabetic retinopathy with macular edema
- **E11.41** - Type 2 diabetes mellitus with diabetic mononeuropathy & Z79.4=Long term use of insulin

If you have any questions, please contact John Pettine, MD, FACP, CCDS, Director, Clinical Documentation Improvement, at john.pettine@lvhn.org.
Robert F. Malacoff, MD, Division of Cardiology, passed the International Board of Heart Rhythm Examiners (IBHRE) 2012 Certification Examination for Competency in Cardiac Rhythm Device Therapy for the Physician and is now credentialed as a Certified Cardiac Device Specialist (CCDS). This certification is for a 10-year period.

The IBHRE competency certification serves as a benchmark for professional excellence and promotes enhancement of the knowledge and skills essential to the delivery of optimal patient care. This exam and certification addresses the knowledge requirements that are critical for physicians tasked with providing specific technology-based interventions and therapies to patients undergoing invasive and non-invasive diagnostic, therapeutic and surgical procedures in cardiac pacing, defibrillation and electrophysiology.

Dr. Malacoff has been a member of the Medical Staff since August, 1989. He is in practice with Lehigh Valley Heart Specialists.

Jeffrey R. McConnell, MD, Division of Orthopedic Surgery/Spine Surgery, Section of Ortho Trauma, was named to Becker’s Spine Review lists – 20 Naval Spine Surgeon Leaders and 20 Spine Surgeons Leading Charitable Care.

Named to the “20 Naval Spine Surgeon Leaders” list, Dr. McConnell was formerly the co-director of the division of spine surgery at Naval Regional Medical Center in Portsmouth. He also co-founded Operation Straight Spine, a charitable mission to provide spinal disease and deformity treatment for poor and under-served people in India, earning him a spot on the “20 Spine Surgeons Leading Charitable Care” list. In the United States, Dr. McConnell also established the Spine Education and Research Foundation to help fund the project. Operation Straight Spine was the first-ever charitable project of its kind in India and consisted of outpatient clinics, major spine surgery interventions, ward rounds and teaching seminars for local support staff and physicians.

Dr. McConnell has been a member of the Medical Staff since April, 2003. He is in practice with OAA Orthopaedic Specialists.

Why did you choose SELECT?

I chose SELECT because much of what I heard about the program from administrators and those involved with the program matched my own experiences about what the future of medicine should be. I am very self-motivated and driven to be the best I can. Being the best I could went beyond being just a scientist or clinician. For me, medicine is an avenue to lead in the largest industry in world while having an influence on thousands of people, not just in a clinical setting, but also from a healthcare policy perspective. Physicians have a singular insight into healthcare by being a higher-level employee AND employer, while still being the primary provider of a service. This provides physicians a unique perspective that other healthcare workers cannot see. The SELECT program for me encompasses all of this and more and will hopefully push me to forefront of physician leadership and self-improvement.

Future Goals/Interests:

I hope to obtain a residency spot in orthopedics and I am trying to prepare for USMLE Step 1. I take one step at a time and right now everything else seems so far beyond next spring.

For more information, 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.
When patients lack the capacity to make decisions related to their care, it becomes necessary to look to the patient’s surrogate decision maker for authority to make those decisions. Surrogate decision makers can be either a health care representative, health care agent or guardian of the person. Each class of decision maker is defined in the law with specified degrees of authority subject to who granted the authority.

An individual is named as a health care agent through a Health Care Power of Attorney because a patient is expressly granting the right to another person to act on his or her behalf. A health care agent has authority to make any health care decisions that the patient could have made and should act in accordance with instructions given by the patient. If the patient has not named a health care agent or have a court appointed guardian, Pennsylvania’s Advanced Directive Law specifies family members, with preference based on kinship, who can make decisions for the patient and are referred to as a health care representative. The health care representative is able to make the same decisions as a health care agent with the exception that a health care representative may not decline health care necessary to preserve life unless the patient is in an end-stage medical condition or permanently unconscious.

Alternatively, a patient may have a court appointed guardian who is subject to the court’s control. The Pennsylvania guardianship law defines the powers and duties of the guardian, and a court may not give a guardian powers controlled by other statues. For example, a guardian may not admit an incapacitated person to an inpatient psychiatric facility since voluntary admissions are governed by the Mental Health Procedures Act.

The person’s guardian is to assert the rights and best interests of the incapacitated person. Related to the authority of a guardian to make end of life decisions, it is necessary to look to Pennsylvania case law. In the case of first impression, *In re D.L.H.* the Pennsylvania Superior Court noted that before the trial court could give a guardian authority to decline life-preserving medical treatment for an adult who did not have end-stage medical illness and was not in a persistent vegetative state, the guardian must first petition the court for the authority to do so, and then prove by clear and convincing evidence that death is in the incapacitated person’s best interest – not in the guardian’s or society’s best interests.

The Court noted that the best interest standard is not based on the surrogate’s view of quality of life or the value that others find in the continuation of the patient’s life, but rather, the value that the continuation of life has for the patient. The medical testimony must demonstrate a severe and permanent medical condition and current state of physical and psychological deterioration and pain. The Court distinguished this case from *In re Fiori* where the Supreme Court held that a close family member is permit-ted to remove life-sustaining treatment with the consent of two physicians and without court involvement when a patient is in a persistent vegetative state.

In summary, it is important to understand the nuances in the law when faced with difficult and complex medical decisions, and surrogate decision makers are involved. The limitations often found in the law are grounded in the state’s interest to preserve life and protect the ethical integrity of the medical community. As a result, a number of policies have been developed at Lehigh Valley Health Network that offers guidance in these challenging circumstances. The policies, “Advance Directive for Health Care” and “Life Sustaining Treatment and Patient Centered Medical Decision Making,” can be found in the Administrative Manual.

If you have any questions regarding this article, please contact Mary Ann La Rock, Esq., in Legal Services at 610-969-2770.
PAPERS, PUBLICATIONS AND PRESENTATIONS

Emergency Medicine residents John V. Ashurst, DO, and Megan Urquhart, DO, along with Matthew D. Cook, DO, Chief, Section of Medical Toxicology, co-authored the article – “Carbon Monoxide Poisoning Secondary to Hookah Smoking” – which was published in the *Journal of the American Osteopathic Association*, Volume 112, Number 10, October, 2012.

Nyann Biery, MS, Manager, Program Evaluation, Department of Family Medicine, and Julie A. Dostal, MD, Department of Family Medicine Vice Chair, Education, were two of the co-authors of the article – “RAFT (Resident Assessment Facilitation Team): Supporting Resident Well-Being Through an Integrated Advising and Assessment Process” – which was published in the November-December 2012 issue of *Family Medicine* (Volume 44, Number 10).

Sigrid A. Blome-Eberwein, MD, Division of Burn/Trauma-Surgical Critical Care/Plastic Surgery, Chad A. Roarabaugh, PA-C, Surgical Specialists of the Lehigh Valley; Christina Gogal, BS, Network Office of Research and Innovation, and Sherrine Eid, MPH, Department of Community Health and Health Studies, co-authored the article – “Exploration of Nonsurgical Scar Modification Options: Can the Irregular Surface of Matured Mesh Graft Scars Be Smoothed with Micro-dermabrasion?” – which was published in the May/June 2012 issue of the *Journal of Burn Care & Research*.

Dennis B. Cornfield, MD, Chief, Section of Hematopathology & Clinical Laboratory Medicine, authored the article – “Erythroblastic sarcoma, an extremely rare variant of myeloid sarcoma” – which was published in the November, 2012 issue of *Human Pathology* (Volume 43, Number 11).

On October 12, Barry H. Glassman, DMD, Division of General Dentistry, made a presentation at the University of Pittsburgh School of Dental Medicine on “Occlusion Myth Busting and Dental Sleep Medicine.” On October 22, he presented on the “Principles of Occlusion and Occluding in Parfunctional Control” in Dublin, Ireland, and repeated that course in London at the British Dental Association on October 25. In addition, he presented “Advanced Concepts for the Treatment of Chronic Pain and Joint Dysfunction” at the British Dental Association on October 26, followed by a “Hands-On Appliance Course” on October 27.

Donald L. Levick, MD, MBA, Chief Medical Information Officer, presented at the Delaware Valley/New Jersey HIMSS Annual Conference in Atlantic City, N.J., on October 4. His topic was “Stopping the Drip (Data Rich, Information Poor), which discussed LVHN’s Data Governance and Analytics strategies and the results of these efforts.

In addition, Dr. Levick presented “Enhancing Practice Value through Meaningful Use and Health IT” at a HIMSS Educational Session held in King of Prussia, Pa., on November 13. The session featured current status of the Meaningful Use EMR Incentive Program and the impact of Meaningful Use on achieving the Institute of Healthcare Improvement’s Triple Aim.

Joseph N. Nader, MD, Division of Cardiology, published a book titled *Eponyms in Cardiology and Cardiovascular Surgery*: Eponyms are names given to persons, places or mythological figures. The book is a collection of the most important eponyms, each one preceded by his picture and a short biography. It is divided into four chapters. Chapter I begins with a historical review of cardiology greatest discoveries. Chapter II deals with eponyms derived from electrocardiography and electrophysiology, while Chapter III deals with eponyms derived from clinical observations. The final chapter deals with hemodynamics and cardiovascular surgery. In January, 2013, Dr. Nader will celebrate 50 years in the practice of cardiology.

Amit Nanavati, MD, Cardiology Fellow, along with Sarang S. Mangalmurti, MD, Division of Cardiology, presented “Novel Approach to Complex Ostial Superficial Femoral Artery Occlusion” at the 10th Annual Vascular Interventional Advances Conference held in Las Vegas, Nev., on October 10.

Daniel E. Ray, MD, Chief, Section of Palliative Medicine and Hospice, presented at the International CHEST conference held in Atlanta, Ga., from October 20-25. He facilitated a series of educational sessions titled “End-of-Life Care in the Movies: When Art Imitates Life.” Dr. Ray was also recognized for Distinguished Service on the Palliative and End-of-Life Care Network for his 2010-2012 leadership.

In addition, the home-based palliative care program, OACIS, was highlighted at the recent Center for Advancement of Palliative Care (CAPC) meeting held in Atlanta, Fla., from November 1-3. Dr. Ray and Donna Stevens co-facilitated a presentation on this program during the meeting.

Jay S. Talsania, MD, Division of Orthopedic Surgery/Hand Surgery, co-authored a case report – “Ulnar nerve ligation after removal of Norplant: a case report” – which was published on-line in the October 12, 2012 issue of *Hand*. 
UPCOMING SEMINARS, CONFERENCES AND MEETINGS

2013 General Medical Staff Meetings

Please mark your calendars – the dates for the 2013 General Medical Staff meetings include:

- Monday, March 11
- Monday, June 10
- Monday, September 9
- Monday, December 9

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

If you have any questions regarding General Medical Staff meetings, contact Linda Maurer in Medical Staff Services at 610-402-9129.

2013 GLVIPa General Membership Meetings

Mark your calendars – the dates for the 2013 Greater Lehigh Valley Independence Practice Association (GLVIPa) membership meetings are listed below:

- Monday, January 28
- Tuesday, March 19
- Monday, June 24
- Tuesday, September 24

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

If you have any questions regarding the GLVIPa meetings, please contact Mary Ann Curcio, Coordinator, GLVIPa, at 610-969-0423.

Cardiology Grand Rounds

“Myocarditis: Update for 2013” will be presented by Leslie T. Cooper, Jr., MD, Director, Gonda Vascular Center, Mayo Clinic, on Friday, December 7, from Noon to 1 p.m., in the Auditorium at LVH-Cedar Crest and teleconferenced to ECC Room D at LVH-Muhlenberg.

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

Family Medicine Grand Rounds

Family Medicine Grand Rounds will be held on Tuesday, December 4, from 7 to 8 a.m., in Kasych ECC Room 9 at LVH-Cedar Crest and teleconferenced to ECC Room A at LVH-Muhlenberg.

“Chronic Kidney Disease: Evaluation, Treatment and Where to Refer” will be presented by Joseph C. Guzzo, MD, Division of Nephrology.

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.

Combined General Medical Staff and Advanced Practice Clinician Meeting

A combined meeting of the General Medical Staff and Advanced Practice Clinicians will be held on Monday, December 10, beginning at 6 p.m., in Kasych ECC Rooms 6, 7 and 8 at LVH-Cedar Crest.

Please note: this meeting will NOT be teleconferenced to LVH-Muhlenberg.

To celebrate the season, hot and cold hors d’oeuvres along with refreshments will be served.

All members of the Medical Staff and Advanced Practice Clinicians are encouraged to attend.

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Continued from Page 10

Medical Grand Rounds
Medical Grand Rounds are held on Tuesdays from Noon to 1 p.m., in the Auditorium at LVH-Cedar Crest and teleconferenced to ECC Room B at LVH-Muhlenberg and the VTC Room at LVH-17th Street. Topics for December will include:

- December 4 – “Update on Hepatitis C” – Joseph Yozviak, DO
- December 11 – “Optimizing Adult Vaccination Rates” – Marie Brown, MD, Rush University Medical Center, Chicago, Ill.

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

Neurology Conferences
The Division of Neurology conferences are held on Thursdays, from Noon to 1 p.m. Conferences are held in Lehigh Neurology’s Conference Room at 1250 S. Cedar Crest Blvd., Fourth Floor, and videoconferenced to Lehigh Neurology’s Bathgate office and Kasych ECC Room 4. Topics to be presented in December will include:

- December 6 – topic to be presented by Glenn A. Mackin, MD
- December 13 – “The Diagnosis of Alzheimer’s Disease and Dementia – Then and Now” – John W. Margraf, MD, and Robert J. Rienzo, MD
- December 20 – Division Meeting

For more information, contact Angeline Regis, Coordinator, Neurosciences, at 610-402-9001.

OB-GYN Grand Rounds
The Department of Obstetrics and Gynecology Grand Rounds will be held on Fridays from 7 to 8 a.m., in Kasych ECC Room 7. The topics for December will include:

- December 7 – “Documentation/ACOG VRQC Standards” – Thomas A. Hutchinson, MD
- December 14 – “Therapeutic Hypothermia” – Lorraine A. Dickey, MD, MBA

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 on Tuesdays at 8 a.m., in Kasych ECC Room 6 at LVH-Cedar Crest. The topics for December will include:

- December 4 – NICU topic – Samir F. Henien, MD
- December 11 – “ITP” – Philip M. Monteleone, MD
- December 18 – “Presentation Skills” – Elaine A. Donoghue, MD, and Amy Smith, Medical Educator

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

Spine Conference
Conferences relating to interesting spine cases are held on the first Wednesday of 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, December 5, 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 December will include:

- December 11 – “NASH (Non-alcoholic Steatohepatitis)” – Christine Du, MD
- December 18 – “Repair of Esophageal Atresia – Past, Present and Future” – William D. Hardin, Jr., MD

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:

- January 2, 16, 29
- February 1, 14, 22, 25

In addition, a two-day provider course will be held on January 8 and 9, 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:

- January 10, 11
- February 15, 18

In addition, two-day provider courses will be held January 3 and 4, and February 5 and 6, 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.

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**LVHN Scholarly Works Institutional Repository**

An institutional repository provides a centralized portal for collecting and linking to the content of all scholarly activities within copyright restrictions. As part of a network initiative, Library Services has been working the past year to get LVHN’s own repository up and running.

**LVHN Scholarly Works** – [http://scholarlyworks.lvhn.org/](http://scholarlyworks.lvhn.org/) is now live! To date, there are over 550 records in the database. Scholarly Works currently consists of posters, articles, books, book chapters, and presentations. The repository is searchable by title, author, subject, keywords, and department. It can provide views and/or reports by author, subject or a specific LVHN department. The mission of the LVHN Scholarly Works is to collect and provide access to the scholarly activities of LVHN employees, staff and affiliated health care providers.

Library Services will be offering education about copyright and negotiating author rights. Look for more information posted on the LVHN bulletin boards.

To access **Scholarly Works** through the Digital Library’s Homepage, go to **Find Fast/Library Services** and click on **Scholarly Works**.

If you have any questions regarding any of the Library’s resources, please contact Library Services at 610-402-8410.
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

Lydia A. Boateng, MD
Pediatric Specialists of the Lehigh Valley
Lehigh Valley Hospital-Muhlenberg
2545 Schoenersville Road, Third Floor
Bethlehem, PA 18017-7384
Phone: 484-884-3333  Fax: 484-884-3462
Department of Pediatrics
Division of Pediatric Subspecialties
Section of Hematology-Medical Oncology
Provisional Active

Caress Christian, MD
Pleasant Valley Family Practice
208 Kevin Lane, Suite 101
Brodheadsville, PA 18322-7044
Phone: 570-992-7620  Fax: 570-992-9884
Department of Family Medicine
Provisional Active

Michael W. Johnson, MD, PhD
Forensic Pathology Associates Inc.
1210 S. Cedar Crest Blvd., Suite 3900
Allentown, PA 18103-6242
Phone: 610-402-8144  Fax: 610-402-5637
Department of Pathology & Laboratory Medicine
Division of Anatomic Pathology
Section of Medical and Forensic Pathology
Provisional Active

Sandra J. Latona, 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

Luis E. Lopez, MD
Centro de Salud LatinoAmericano
Lehigh Valley Hospital
17th & Chew, P.O. Box 7017, Suite 403
Allentown, PA 18105-7017
Phone: 610-969-3600  Fax: 610-969-3601
Department of Medicine
Division of General Internal Medicine
Provisional Active

Jennifer B. Lyons, DO
Trexlergton Family Medicine
Health Center at Trexlertown
6900 Hamilton Blvd., P.O. Box 127
Trexlergton, PA 18087-0127
Phone: 610-402-0101  Fax: 610-402-0102
Department of Family Medicine
Provisional Active

Chau H.M. Nguyen, DO
MacArthur Family Medicine
3691 Crescent Court East
Whitehall, PA 18052-3498
Phone: 610-434-9561  Fax: 610-434-5122
Department of Family Medicine
Provisional Active

Antoine J. Panossian, DMD, MD
Panossian Facial and Cosmetic Surgery LLC
1247 S. Cedar Crest Blvd., Suite 300
Allentown, PA 18103-6358
Phone: 610-628-1228  Fax: 610-432-2332
Department of Surgery
Division of Oral and Maxillofacial Surgery
Provisional Active

Michelle A. Williams-Robinson, MD
LVPG-Pediatrics
Lehigh Valley Hospital
17th & Chew, P.O. Box 7017
Allentown, PA 18105-7017
Phone: 610-969-4300  Fax: 610-969-4332
Department of Pediatrics
Division of General Pediatrics
Provisional Active

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**Medical Staff Leadership Appointments**

**Department of Pediatrics**
Elaine A. Donoghue, MD  
Interim Chair

**Address Changes**

**Afterhours Physician Coverage Group**

Adrian C. Bell, DO  
Richard C. Massaro, DO  
1255 S. Cedar Crest Blvd., Suite 3200  
Allentown, PA 18103-6232  
Phone: 610-402-5200  Fax: 610-402-1675

Courtney E. Bennett, DO  
1255 S. Cedar Crest Blvd., Suite 3200  
Allentown, PA 18103-6232  
Phone: 610-402-5200  Fax: 610-402-1675

Abby S. Letcher, MD  
Vida Nueva at Casa Guadalupe  
218 Second Street  
Allentown, PA 18102-3508  
Phone: 610-841-8400  Fax: 610-841-8401

Craig A. Mackaness, DO  
1255 S. Cedar Crest Blvd., Suite 3200  
Allentown, PA 18103-6232  
Phone: 610-402-5200  Fax: 610-402-1675

Kristin C. Reihman, MD  
Vida Nueva at Casa Guadalupe  
218 Second Street  
Allentown, PA 18102-3508  
Phone: 610-841-8400  Fax: 610-841-8401

Thomas J. Renaldo, DO  
LVHN Elder Care  
1255 S. Cedar Crest Blvd., Suite 3200  
Allentown, PA 18103-6232  
Phone: 610-402-5623  Fax: 610-402-1675

Debbie Salas-Lopez, MD, MPH  
LVPG-Medicine  
1255 S. Cedar Crest Blvd., Suite 3200  
Allentown, PA 18103-6232  
Phone: 610-402-8029  Fax: 610-402-1675

**Status Change to Honorary Status**

John P. Galgon, MD  
Department of Medicine  
Division of Pulmonary (Pulmonary Associates)  
From: Active  To: Honorary Status

**Resignations**

Ayman M. Abdel-Wahab, MD  
Department of Pediatrics  
Division of Pediatric Subspecialties  
Section of Gastroenterology (Pediatric Specialists of the Lehigh Valley)

Jeffrey A. Marsh, MD  
Department of Medicine  
Division of Pulmonary/Critical Care Medicine (Pulmonary Associates)

Diana Pallin, MD  
Department of Medicine  
Division of General Internal Medicine  
Section of Hospital Medicine (Lehigh Area Medical Associates)

Diana V. Sporici, MD  
Department of Medicine  
Division of General Internal Medicine  
Section of Hospital Medicine (LVHN Hospital Medicine at Muhlenberg)

Shawn M. Weigel, DO  
Department of Surgery  
Division of Ophthalmology (Lehigh Valley Eye Center, PC)

**Allied Health Staff**

**New Appointments**

Micah N. Beckstead, PA-C  
*Physician Assistant-Certified*  
Lehigh Area Medical Associates  
1255 S. Cedar Crest Blvd., Suite 2200  
Allentown, PA 18103-6257  
Phone: 610-437-9006  Fax: 610-437-2475  
Supervising Physician: Vipul D. Makwana, MD

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Aaron L. Bittner  
Pacemaker/ICD Technician  
Medtronic USA Inc.  
1441 Drake Lane  
Lancaster, PA 17601-4595  
Phone: 717-951-9335  Fax: 763-367-8385  
Supervising Physician: Gregory T. Altemose, MD

Nathan P. Fenstermacher, PA-C  
Physician Assistant-Certified  
Lehigh Neurology  
Center for Advanced Health Care  
1250 S. Cedar Crest Blvd., Suite 405  
Allentown, PA 18103-6224  
Phone: 610-402-8420  Fax: 610-402-1689  
Supervising Physician: Vitaliy Koss, MD

Meghan L. Williams, PA-C  
Physician Assistant-Certified  
Lehigh Area Medical Associates  
1255 S. Cedar Crest Blvd., Suite 2200  
Allentown, PA 18103-6257  
Phone: 610-437-9006  Fax: 610-437-2475  
Supervising Physician: Jose E. Santiago-Rivera, MD

Change of Supervising Physician

Laura E. Berman, PA-C  
Physician Assistant-Certified  
(Lehigh Neurology)  
From: Yuebing Li, MD, PhD  
To: Frank C. Zhang, MD

Marie H. Popp, CRNP  
Certified Registered Nurse Practitioner  
(Pediatric Specialists of the Lehigh Valley)  
From: Boosara Ratanawongsa, MD  
To: Muhammed R. Sheikh, MD

Additional Supervising Physician and Group

Dena C. Wich, CRNP  
Certified Registered Nurse Practitioner  
(Health Center at Moselem Springs – Joselito A. Ouano, MD)  
Addition of: HealthWorks – Richard F. Goy, MD, MPH

Removal of Supervising Physician and Group

Sharon C. Ravenelle, CRNP  
Certified Registered Nurse Practitioner  
(Bethlehem Gynecology Associates – Karen M. Sciascia, DO)  
Removal of: Lehigh Valley Urogynecology and Reconstructive Pelvic Surgery – Folusho A. Tugbiyile, MD

Resignations

Lauren M. Beidleman, PA-C  
Physician Assistant-Certified  
(Lehigh Area Medical Associates)

David B. Carr  
Intraoperative Neurophysiological Monitoring Specialist  
(Surgical Monitoring Associates, Inc.)

Janice D. Gerlach, CRNA  
Certified Registered Nurse Anesthetist  
(Lehigh Valley Anesthesia Services, PC)

Eric D. Gordon, LPN  
Licensed Practical Nurse  
(WEBB Medical Systems)

Jessica A. Hinkle, RN  
Registered Nurse  
(OAA Orthopaedic Specialists)

Kristine R. Kuhn, PA-C  
Physician Assistant-Certified  
(Eastern Pennsylvania Gastroenterology & Liver Specialists, PC)

Andrew R. Mayette, PA-C  
Physician Assistant-Certified  
(Lehigh Valley Heart & Lung Surgeons)

Vanessa L. Pasch, CRNP  
Certified Registered Nurse Practitioner  
(HealthWorks)

Carla B. Peck  
Pacemaker/ICD Technician  
(St. Jude Medical)

Lorianne M. Teel  
Anesthesia Technical Assistant  
(Lehigh Valley Anesthesia Services, PC)

Erin E. Trauger, PA-C  
Physician Assistant-Certified  
(Eastern Pennsylvania Gastroenterology & Liver Specialists, PC)

Monica L. Waterloo, PA-C  
Physician Assistant-Certified  
(Lehigh Valley Center for Sight, PC)

Amanda B. Yesvetz, PA-C  
Physician Assistant-Certified  
(Northeastern Rehabilitation Associates PC)

Jared C. Zanello  
Pacemaker/ICD Technician  
(Sorin Group USA, Inc.)
Medical Staff Services Office

Robert J. Motley, MD  
President, Medical Staff

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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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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.seif@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.