No doubt you have received holiday greetings that have included wishes for a “Happy and Healthy New Year.” But what does it mean to be “healthy”? One thing is sure – we cannot take our health for granted. Many of us were confronted late last year by the death of a young colleague, as well as the senseless murders of 20 grade school children and seven teachers.

In this emerging era of population health, there is a renewed emphasis on health as being more than the absence of disease. Are our ideas about health similar to those of our patients?

Others look at health more broadly and include the emotional, social and spiritual dimensions. Many consider prayer, meditation, yoga or mindfulness to be healthy activities. Health is seen as more than an individual enterprise. Health involves all dimensions of their humanity and depends on other connections in their lives – family, friends and conditions in their communities. Indeed, social determinants of health – educational attainment, family life, community violence and homelessness – have all been shown to be strong predictors of health (or disease) over a lifetime.

A person’s self-assessment of health turns out to be a powerful indicator. Responses to the single question, “Would you say that in general your health is: Excellent, Very Good, Good, Fair, Poor?” showed a statistically significant correlation with long term outcomes, including mortality. There are online sites to

Continued on next page
help individuals assess their health and create a plan to improve it with greater confidence. Check out www.howsyourhealth.org.

How are physicians doing as a population? Well…not so well. Since the 1980’s, disability insurance companies have seen an uptick in doctors’ claims for mental health issues. In a 2012 survey of almost 8,000 American physicians, 45.8 percent reported at least one symptom of burnout.¹ As clinicians, we’re a “higher risk population.” We work in environments where problems abound. We like to guide our patients to good health, but when it comes to taking care of ourselves, we face the same challenges our patients do.

So, what are the “take home” messages here? Collectively, we may need to broaden how we think about “good health.” We devote a lot of energy to motivating, treating, comforting and caring for our patients. We also have our lives outside of medicine – our families, friends, hobbies and things we would like to enjoy. How do we strike the balance? How do we wash away our stresses? How do we recharge?

The New Year is a great time to ponder these questions and to self-assess: “What do I need to do in 2013 to be healthy?” Maybe you are already well on this road. If you have found things that are working for you, stick with them. Better yet, share them with a colleague – or email me if you would like to share them with a larger LVHN community. I hope to share some of the collective wisdom in a future column.

If you are looking to get started, consider the Mindfulness Training for Medical Professionals mini-course being offered this February and March. As a Medical Staff member, you are entitled to a substantial discount for this skill-building program – stress management and a whole lot more. Bottom line – take the time. Take the time for you! Have a Happy and Healthy New Year!

Robert J. Motley, MD
Medical Staff President


Reminder – Allied Health Staff Reappointment

On January 1, 2013, this year’s biennial reappointment process was put into motion. Applications are now available on the web for approximately 700 members of the Allied Health Professional staff.

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.

If you have any questions regarding the Allied Health Professional staff reappointment process, please contact the Medical Staff Services office at 610-402-8900.
LVH NAMED PENNSYLVANIA’S FIRST COMPREHENSIVE STROKE CENTER BY THE JOINT COMMISSION

In November, Lehigh Valley Hospital (LVH) has attained advanced certification as a Comprehensive Stroke Center. The hospital is the first stroke center in Pennsylvania, and the third in the nation, to receive the Gold Seal which signifies the highest standard of care for stroke patients. The guidelines for the new level of certification were recently developed and approved by The Joint Commission in collaboration with the American Heart Association/American Stroke Association and the Brain Attack Coalition. This certification recognizes the significant resources in staff and advanced training that comprehensive stroke centers must have to treat complex stroke patients.

LVH has been certified as a Primary Stroke Center by The Joint Commission since 2004 and Lehigh Valley Hospital-Muhlenberg since 2006.

“Our stroke patients receive care from a specialized team of neurologists, neurosurgeons, and interventional specialists who have worked to develop procedures that enable rapid diagnosis and treatment for stroke,” said Yevgeniy Isayev, MD, Director of LVHN’s Stroke Center.

To attain the new Comprehensive Stroke Center status, in addition to meeting the primary stroke center requirements, LVH had to meet the following additional criteria:

- Dedicated neuro-intensive care unit beds for complex stroke patients
- 24/7 advanced neurological imaging capabilities
- Must meet annual volumes required for patients with a diagnosis of subarachnoid hemorrhage; providing endovascular coiling or surgical clipping procedures for aneurysm; and administering IV tPA to eligible patients
- Coordinate post-hospital care for patients
- Use a peer review process to evaluate and monitor the care provided to patients with ischemic stroke and subarachnoid hemorrhage
- Participate in stroke research

“We are proud of the many caregivers who dedicate their skills to assure our community stands among the very best in the nation in the treatment and prevention of stroke,” said John E. Castaldo, MD, Chief, Division of Neurology.

Stroke occurs when there is an interruption of blood supply to the brain. Even a brief interruption in blood supply may cause problems. Brain cells begin to die after just a few minutes without blood or oxygen. A loss of brain function occurs with brain cell death. This may include impaired ability with movement, speech, thinking and memory, bowel and bladder, eating, emotional control and other vital body functions.

Recovery from stroke and the specific ability affected depends on the size and location of the stroke. A small stroke may result in problems such as weakness in an arm or leg. Larger strokes may cause paralysis, loss of speech or even death.

Lehigh Valley Health Network treats the highest number of stroke patients in the region using an aggressive, systematic approach to stroke care with the Stroke Alert program. The program is activated by EMS bringing incoming patients with stroke brain emergencies. This rapid triage process allows early diagnostic testing and accesses both emergency medicine and neurology specialist physicians to promptly evaluate and begin treatment. Additionally, patients have aggressive risk factor modifications and ongoing medical follow-up for stroke prevention.
LVH AND LVH-M AWARDED AN “A” FOR PATIENT SAFETY

On November 28, 2012, Lehigh Valley Hospital and Lehigh Valley Hospital-Muhlenberg were honored with an “A” Hospital Safety Score by The Leapfrog Group, an independent national nonprofit run by employers and other large purchasers of health benefits. The A score was awarded in the latest update to the Hospital Safety Score℠, the A, B, C, D or F scores assigned to U.S. hospitals based on preventable medical errors, injuries, accidents, and infections. The Hospital Safety Score was compiled under the guidance of the nation’s leading experts on patient safety and is designed to give the public information they can use to protect themselves and their families.

“Our health network’s priorities are for all of our physicians, nurses and staff to devote time to our patients by working together and trusting in each other as a team to deliver the highest quality care in the safest environment,” said Ronald W. Swinfard, MD, Lehigh Valley Health Network’s President and CEO. “These A scores for hospital safety are evidence of the passion, expertise and compassion demonstrated by all of my colleagues in taking care of our community.”

“Hospitals like this that earn an A have demonstrated their commitment to their patients and their community,” said Leah Binder, President and CEO of The Leapfrog Group. “I congratulate Lehigh Valley Hospital and Lehigh Valley Hospital-Muhlenberg for their safety excellence, and look forward to the day when all hospitals will match this standard.”

To see Lehigh Valley Hospital and Lehigh Valley Hospital-Muhlenberg’s scores as they compare nationally and locally, visit the Hospital Safety Score website at www.hospitalsafetyscore.org, which also provides information on how the public can protect themselves and loved ones during a hospital stay.

Calculated under the guidance of The Leapfrog Group’s nine-member Blue Ribbon Expert Panel, the Hospital Safety Score uses 26 measures of publicly available hospital safety data to produce a single score representing a hospital’s overall capacity to keep patients safe from infections, injuries, and medical and medication errors.

CORE MEASURE PROGRESS NOTE REVISED

Revisions have been made to the Core Measure Progress Note document in the medical record. The purpose of this form is to act as a reminder for documentation needs related to HF and AMI, which include:

- The most recent LVEF
- Reason for not prescribing an ACE-I or ARB if the LVEF is less than 40 percent for both AMI and HF patients
- Reasons for not prescribing ASA on arrival and at discharge, beta blockers and statins at discharge for AMI patients

The form is to be completed by providers on all HF and AMI cases. Please remember that if a patient has a history of HF but is admitted for another reason, the case could be coded as a principal diagnosis of HF and the document should be completed.

The following is a list of the changes:

- The color has been changed to pale pink for easier identification.
- The new location will be the back page of the progress note section of the chart.
- Changes to the form include:
  - The LVEF is now located at the top of the document.
  - The signature line is now for providers only.
  - Removal of Community Acquired Pneumonia Core Measure information, Tobacco Cessation advice, Heart Attack Home Advisor given and the statement “At the time of discharge, none of these diagnosis applied to this patient.”

If you have any questions regarding these changes, please contact Chris Deschler, RN, Clinical Quality Specialist, Quality and Patient Safety, at 484-884-1537.
Retract vs. Discontinue when Ordering Meds

There remains some confusion among users as to when to select **Retract** vs. **Discontinue** when stopping medication orders.

**Retract** should be used when a medication order was entered and the provider realizes it was ordered in error. Either you do not want that medication or you selected the incorrect dose. **Retract** will remove all uncharted actions (doses) of that order. If a dose was charted against, an advisory screen will prompt that the order needs to be discontinued. If the order was truly in error, and a dose was administered, immediate follow up with nursing staff needs to take place to assess the patient’s condition.

Example: A resident enters an order at 9:00 AM for Lasix 40 mg PO qHS. After rounding with the Attending, it is decided the frequency is incorrect and determine that Lasix 40 mg PO BID, and a dose should be given this AM. The appropriate action would be to **Retract** the order and then re-enter the order for Lasix 40 mg PO BID (with “First Dose Now” checked off, if a morning dose is desired). Note that only the person who enters the order can **Retract** the order.

**Discontinue** should be used for a medication that has been given, and it is appropriate to stop (i.e., stopping antibiotics after cultures are negative; or stopping Lasix once a patient has been diuretized). IV fluids or scheduled IV medications should also be **Discontinued** if no further doses are to be given.

Remember:
- **Retract** is used in the event that a medication was chosen in error and no doses have been given.
- **Discontinue** is used when a medication that has been administered is to be stopped.

Attention Surgeons: Removing Foley Catheters—We Can Help

Beginning in January, most of the post-op order sets will be modified, and the “PostOp Foley Care Orders” order set will be pre-selected **ON**. This will facilitate the ordering of the “Nurse Managed Urinary Cath Removal” protocol. If the patient does NOT have a Foley catheter in place, then you have two options. You can uncheck the “PostOp Foley Care Orders” order set in the main post-op order set. If you are presented with the actual order set, you can click the “Back” button, and skip the Foley related orders, and continue with the remainder of the post-op order set.

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.

OPPE — QUALITY IMPROVEMENT EDUCATION

General Internal Medicine / Family Medicine OPPE Performance

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

The OPPE survey for the past cycle changed. In an effort not to overburden the providers, a revised survey was created that will be used for OPPE, the Nurse Education Practice Quality and Retention (NEPQR) grant, and a Diabetes-Oncology grant. Completion of this survey will be considered as submission of OPPE evaluation for this cycle. Survey completion deadline was December 30. If you have not completed the survey to date, please do so.

Moving forward, a shared quality agenda is being developed between the PHO, LVPG, the Division of General Internal Medicine, and the Department of Family Medicine. This collaboration will help facilitate communication and the sharing of data with the goal to complete OPPE without a provider-level survey. An interface from the PHO to Medical Staff Services is being developed in order to allow for this sharing of data and determination of appropriate metrics.

If you have any questions regarding OPPE, contact Bruce A. Ellisweig, MD, Vice Chair of Family Medicine Community Practices, at 610-969-4965, or Jennifer Stephens, DO, Department of Medicine Vice Chair, Quality, at 610-402-6753.
NEWS FROM HOME CARE

The staff of Lehigh Valley Homecare understands the difficulty and frustration that physicians face daily filling out and signing multiple documents. Some of the most troublesome documents are the **Home Health Face-to-Face** encounter form which is required when homecare services are ordered, and the **Home Health Certification (485)** and **Recertification (486)**. As previously mentioned in *Progress Notes*, the Face-to-Face encounter form can be filled out quickly and easily on the day of a patient’s discharge using the hospital computer system (CIS). This form is electronically signed and faxed to the appropriate home care agency.

You may or may not know that there are billing codes which can be used for filling out the Home Health Certification and Recertification forms – **Certification (G0180)** and **Recertification (G0179)**.

An example of one of these physician billing forms used by an LVH practice is pictured to the right. The physician fills out this form when signing the 485/486 and provides it to the practice biller who then generates a charge to Medicare or to another insurance carrier. The form can be included as a part of the permanent record in the patient’s chart.

Billing for this sometimes frustrating and time consuming process of filling out and signing these required forms will not lessen the “hassle,” but at least will provide some reimbursement for physicians taking their time to complete these documents. Remember, patients cannot receive Home Health services unless these forms are completed.

If you have any questions, please contact David M. Caccese, MD, Medical Director, Lehigh Valley Homecare, at 484-695-8743.

ATTENTION: ADVANCED PRACTICE CLINICIANS

**We Need You!**

Are you looking for a way to further the awareness of Advanced Practice Clinician (APC) work in Lehigh Valley Health Network? Do you see a need in the community that APCs in the network could better serve? Or are you just looking to meet other APCs in a dynamic team that can make a difference?

The Advanced Practice Clinician Executive Council has three exciting committees that need your ideas, help, and support.

**Community Outreach Committee** – Led by Brett J. Feldman, PA-C — Works locally and nationally to arrange projects where APCs can meet the needs of the community.

**Education Committee** – Led by Ryann E. Morrison, PA-C — Increases the accessibility of continuing education in the subjects needed for up-to-date APC practice.

**Professional Advancement Committee** – Led by Debra A. Kramer, CRNP — Provides organizational support focused on the professional advancement of APCs in the network and in political processes.

If you have an interest in becoming a member of one of these committees, please call 610-402-APC1 and leave a message.
CAPOE DIET TITLE CONVERSION GO-LIVE

A new Sodexo “National” patient menu will be launched on January 8. Additionally, in February, the LVHN approved Nutrition Care Manual diet titles will be uploaded into Centricity Enterprise. The purpose is to provide clear labeling between the medical nutrition therapy for a diet title and the associated diet education material, all consistent with the electronic “Dietary Manual” found on the hospital intranet home page under Resources > LVHN Policy and Procedure Manuals > Manuals > Dietary Manual.

If you have any questions related to the diet conversion, please contact Kimberly Procaccino, Nutrition Director, at 610-402-8609.

<table>
<thead>
<tr>
<th>Old LVHN Diet Title Name</th>
<th>Converted to the Nutrition Care Manual Diet Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular</td>
<td>House</td>
</tr>
<tr>
<td>NAS or 2g Na</td>
<td>Low-Sodium</td>
</tr>
<tr>
<td>Prudent</td>
<td>Cardiac</td>
</tr>
<tr>
<td>Low Fat</td>
<td>Fat-Controlled</td>
</tr>
<tr>
<td>Bland</td>
<td>GERD</td>
</tr>
<tr>
<td>Immunosuppressed (used as a diet modifier)</td>
<td>Low-Microbial (will remain a diet modifier only)</td>
</tr>
<tr>
<td>Diabetic CCL, CCM, CCH, hi fiber vs. low fiber</td>
<td>Consistent CHO Low, Moderate, High (modifier select fiber)</td>
</tr>
<tr>
<td>Modified Fiber</td>
<td>Low-Fiber</td>
</tr>
<tr>
<td>Fractured Jaw/Blenderized</td>
<td>Wired Jaw</td>
</tr>
<tr>
<td>Dental Soft</td>
<td>Mechanically Altered</td>
</tr>
<tr>
<td>Dysphagia puree, soft, dental soft</td>
<td>DYS Level 1-Puree . 2-Ground, 3-Soft (modifier select Thk Liq)</td>
</tr>
<tr>
<td>Low Lactose</td>
<td>Lactose-Controlled (For Lactose Free diet- use Milk allergy)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Old Pediatric Diet Title Names</th>
<th>Converted to the Peds Nutrition Care Manual Diet Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peds 1-3, 4-14</td>
<td>Infant Nutrition (9-12mo) Preschool Nutrition (age 4-5) &amp; School-age Nutrition (6-14)</td>
</tr>
<tr>
<td>Peds CHO</td>
<td>Peds CHO Counting for DM: 1-3, 4-6, 7-10, 11-16, 17-18 *note: combined 11-14 &amp; 15 &amp; 16</td>
</tr>
</tbody>
</table>

**Why did you choose SELECT?**

I chose SELECT because I wanted to build upon my MPH, develop my leadership and management skills, and hopefully work towards changing healthcare for the better one day. I find the Personal Development Coaches extremely beneficial in helping develop myself not only professionally but mentally. The SELECT curriculum and focus has encouraged me to take a more active role in leadership, develop my ability to look outside the box, and has given me a strong base in understanding the many interlocking players in healthcare.

**Future Goals/Interests:**

At this current moment, I am very interested in both Cardiology and Hospitalist. I believe I would eventually like to merge my role from a physician to an administrative position focused on quality improvement. I have a strong interest in patient safety, risk reduction, and benchmarking in order to improve the care delivered in our nation’s hospitals.

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.

Meet Our Students – Class of 2015

**Name:** Ian Osburn  
**Hometown:** Lake Mary, Florida  
**Undergraduate College:** Florida State University  
**Major:** Biology  
**Graduate College:** Florida State University  
**Degree:** Masters in Public Health  
**Hobbies/Interests:** Camping with my wife and hiking with our three dogs
THE RETAIL PHARMACY VIEW

Surprise! Prescription medicines lower overall health costs

Amid the glacial pace of change in government and health policy, congressional number crunchers have finally acknowledged an indisputable fact long known to health and pharmacy experts – prescription medicines save money. It seems obvious enough. However, it was only at the end of November that the Congressional Budget Office unveiled the results of a new study showing that greater prescription drug access and utilization can reduce healthcare costs in other areas, including hospitalizations. To put it in the CBO’s own words, “Greater prescription drug use by Medicare beneficiaries reduces Medicare’s spending for medical services.” Researchers based that conclusion on a review of dozens of recent studies of the impact of prescription drug therapy on hospitalization rates and other outcomes.

Drugs That Interact With Grapefruit on the Rise (From WebMD)

The number of drugs that can be risky when taken with grapefruit is on the rise, largely due to the influx of new medications and chemical formulations, a new study shows. As it stands, there are now more than 85 drugs that may interact with grapefruit. The number of drugs that may result in potentially fatal side effects when mixed with grapefruit increased from 17 to 43 during the past four years. This equates to more than six new potentially risky drugs a year. Most at risk are older people who use more prescriptions and buy more grapefruit.

Here’s what happens: Grapefruit contains furanocoumarins, which block an enzyme that normally breaks down certain medications in the body. When it is left unchecked, medication levels can grow toxic in the body. This interaction can occur even if grapefruit is eaten many hours before taking the medication. For example, simvastatin, when taken with about a 7-ounce glass of grapefruit juice once a day for three days, produced a 330 percent greater concentration of the drug compared to taking it with water. This can cause life-threatening muscle damage called rhabdomyolysis.

New Generics!

Diovan: valsartan – Should be available by publication date. Diovan/HCTZ has been available for two months.
Tricor: Fenofibrate Nanocrystalized
GRIS-PEG: Grisofulvin
Atacand: Candesartan and Atacand HCT: Candesartan/HCTZ

Coming soon: Next Generation PSE: NEXAFED – This is a Pseudoephedrine HCL 30mg tablet made with Meth-deterring technology to help keep the community safe. According to law enforcement, there were over 6,000 incidents involving Meth in the U.S. in 2011.

If you have any questions regarding this information, please contact Jay Needle, RPh, Manager, Health Spectrum Pharmacy, LVH-Muhlenberg at jay.needle@lvhn.org.

---

Following is a partial list of grapefruit-medications interactions:

<table>
<thead>
<tr>
<th>Type of Medication</th>
<th>Medication Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti-anxiety</td>
<td>Buspirone (Buspar), Benzodiazepams: Halcion, Valium, Xanax</td>
</tr>
<tr>
<td>Anti-arrhythmia</td>
<td>Amiodarone (Cordarone)</td>
</tr>
<tr>
<td>Antidepressant</td>
<td>Sertraline (Zoloft), Amitriptyline (Elavil)</td>
</tr>
<tr>
<td>Antihistamine</td>
<td>Fexofenadine (Allegra)</td>
</tr>
<tr>
<td>Anti-retroviral</td>
<td>Saquinavir (Invirase), indinavir (Crixivan)</td>
</tr>
<tr>
<td>Anti-seizure</td>
<td>Carbamazepine (Carbatrol, Telegretol)</td>
</tr>
<tr>
<td>Calcium channel blocker</td>
<td>Nifedipine (Procardia), nimodipine (Nimotop), nisoldipine (Sular)</td>
</tr>
<tr>
<td>Immuno-suppressant</td>
<td>Cyclosporine (Neoral, Sandimmune), tacrolimus (Prograf), sirolimus (Rapamune)</td>
</tr>
<tr>
<td>Statins</td>
<td>Simvastatin (Zocor), lovastatin (Mevacor), atorvastatin (Liptor)</td>
</tr>
<tr>
<td>Heart</td>
<td>Pravachol and Crestor are not affected</td>
</tr>
<tr>
<td>Thyroid</td>
<td>Losartan (Cozaar), Verapamil (Calan, Isoptin)</td>
</tr>
<tr>
<td>Pain Relief</td>
<td>Carbamazepine (Carbatrol, Telegretol)</td>
</tr>
<tr>
<td>GI</td>
<td>Omeprazole (Prilosec)</td>
</tr>
<tr>
<td>HIV</td>
<td>Norvir</td>
</tr>
<tr>
<td>Cancer</td>
<td>Gleevec, Tasigna</td>
</tr>
<tr>
<td>Erectile Dysfunction</td>
<td>Viagra, Cialis, Levitra</td>
</tr>
</tbody>
</table>

---

Type of Medication | Medication Name
---|---
Anti-anxiety | Buspirone (Buspar), Benzodiazepams: Halcion, Valium, Xanax
Anti-arrhythmia | Amiodarone (Cordarone)
Antidepressant | Sertraline (Zoloft), Amitriptyline (Elavil)
Antihistamine | Fexofenadine (Allegra)
Anti-retroviral | Saquinavir (Invirase), indinavir (Crixivan)
Anti-seizure | Carbamazepine (Carbatrol, Telegretol)
Calcium channel blocker | Nifedipine (Procardia), nimodipine (Nimotop), nisoldipine (Sular)
Immuno-suppressant | Cyclosporine (Neoral, Sandimmune), tacrolimus (Prograf), sirolimus (Rapamune)
Statins | Simvastatin (Zocor), lovastatin (Mevacor), atorvastatin (Liptor)
Heart | Pravachol and Crestor are not affected
Thyroid | Losartan (Cozaar), Verapamil (Calan, Isoptin)
Pain Relief | Carbamazepine (Carbatrol, Telegretol)
GI | Omeprazole (Prilosec)
HIV | Norvir
Cancer | Gleevec, Tasigna
Erectile Dysfunction | Viagra, Cialis, Levitra
PHYSICIAN DOCUMENTATION

ICD-10 Will Change Everything

As you may 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. Transitioning to over 156,000 new ICD-10 codes in 2014 from the 17,000 ICD-9 codes in use since 1979 represents one of the largest changes in healthcare in over 30 years. This will impact nearly every part of the healthcare system and its operations. The bottom line is that much greater documentation specificity will be required.

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.

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

4 NEW GENERAL ICD-10 DOCUMENTATION REQUIREMENTS

- Anatomic site specificity
- Laterality
- Episode of care (Initial, subsequent, sequela)
- Etiologies with Manifestations and Complications

2 NEW ICD-10 ASTHMA DOCUMENTATION REQUIREMENTS

- Severity & Frequency (Use the National Heart, Lung, & Blood Institute Classification System) - (i.e., Moderate Persistent)
- Complications (i.e., with acute exacerbation or with status asthmaticus)

LVHN DIGITAL LIBRARY

PsychiatryOnline Available through the Digital Library

PsychiatryOnline is a web-based portal that features DSM-IV-TR®, the most widely used psychiatric reference in the world. PsychiatryOnline is a continuously updated collection of eBooks, eJournals, quick references for APA Guidelines, patient education materials, and other features.

The DSM® titles include DSM-IV-TR®, DSM-IV-TR® Handbook of Differential Diagnosis, and DSM-IV-TR® Casebook and its Treatment Companion. Other eTextbooks and eJournals available include:

- Textbook of Psychiatry
- Gabbard’s Treatments of Psychiatric Disorders
- Textbook of Psychotherapeutic Treatments
- Textbook of Geriatric Psychiatry
- Textbook of Substance Abuse Treatment
- Textbook of Psychopharmacology
- Manual of Clinical Psychopharmacology
- The American Journal of Psychiatry
- Psychiatric Services
- Journal of Neuropsychiatry
- Clinical Neurosciences
- Academic Psychiatry
- Psychiatric News

There are Self-assessment tools for study, board certification and recertification review, and AMA PRA Category 1 Credits™ are available.

To access PsychiatryOnline through the Digital Library’s Homepage, go to Find Fast/Library Services and click on Psychiatry Online.

If you have any questions on any of the Library’s resources, please contact Library Services at 610-402-8410.
Recently there have been several incidents where misconceptions surrounding WHO may request an Ethics consult has occurred, resulting in patients, families and staff not receiving the assistance they needed. I thought I would take the first installment of the year to go over the basics of an ethics consult here at LVHN. So let’s get started.

**Fiction:** Only healthcare providers with order writing privileges can order an Ethics consult.

**Fact:** ANYONE may REQUEST an Ethics consult. A physician’s order is not required. Patients, families, or other concerned parties including any member of our LVHN staff may independently call 610-402-6000 directly to request a consult.

**Fiction:** An Ethics consult can be cancelled.

**Fact:** An Ethics consult should never be cancelled by anyone other than the requestor. If a cancellation is requested, an Ethics Scout and Team Leader will follow up with the requestor to insure the concerns that prompted the request have been resolved.

**Reasoning:** Ethics consult requests should not be subject to any manipulation or coercion. Voices of those requesting consults should be heard, and in some cases, this is all that is needed. If we allow others to cancel consults, the requestors concerns would not be heard and the issues that prompted the consult may remain unaddressed. The Ethics Committee fully recognizes situations may be resolved prior to consultation. To insure all voices have been heard, the Scout and a Team Leader will follow-up even if a cancellation has been requested.

**Ethics Consult Process:**

Reminder – the Ethics Committee is an all-volunteer committee.

Once an Ethics consult is requested, a Scout for the Ethics Committee, i.e., the On-Call Chaplain, will contact the requestor if possible and begin to gather information. This information will then be passed along to a Team Leader. A Team Leader is a member of the Ethics Committee with additional clinical ethics education and experienced in consultation. While consults may be called directly (610-402-6000) or entered into CAPOE 24 hours/7 days a week to the Ethics Scout, the Ethics Team Leaders are only available Monday through Friday during business hours for in depth review and follow up. Based on the Team Leader’s review, a decision is made as to whether the situation would be best handled by the Ethics Committee, OACIS or Legal/Risk Management. The Ethics Scout/Team Leader will place a note to that effect on the chart and notify the requestor and the appropriate office.

If it is felt that a full Ethics consult is indicated, the Team Leader will notify the patient’s Case Manager and request that a meeting be arranged with the appropriate parties, one of which should be the attending physician. The Team Leader and another member of Ethics or OACIS will facilitate communication among the parties involved. Ethics consultations DO NOT result in decisions about an issue but provide recommendations for those involved with the case to consider.

The Ethics team will periodically follow-up to determine the outcome of the case and whether recommendations have been considered as well as to identify the need for further meetings or discussion.

At this point, due to staffing limitations, full consults are not offered in the outpatient realm. We are in the process of applying for funding to expand our reach. Until then, assistance with ethical issues from a Team Leader will be provided on an as able basis.

The Ethics consultation process is in place to assist all those involved with patient care, including and especially the patients and families.

If you have any questions regarding Ethics consults, please contact Robert D. Barraco, MD, MPH, Chair, Ethics Committee, at robert.barraco@lvhn.org.
CONGRATULATIONS

Michelle N. Carraro, DO, Department of Emergency Medicine, was recently certified in Emergency Medicine by the American Osteopathic Board of Emergency Medicine. Dr. Carraro has been a member of the Medical Staff since March, 2009. She is in practice with LVPG-Emergency Medicine.

Michael R. Goldner, DO, Division of General Internal Medicine/Geriatrics, Section of Hospital Medicine, was recently recertified in Internal Medicine by the American Board of Internal Medicine. He is also board certified in Geriatric Medicine. Dr. Goldner has been a member of the Medical Staff since August, 1989. He is in practice with LVHN Hospital Medicine at Muhlenberg.

Nauman Islam, MD, Division of Cardiology, was recently recertified in Internal Medicine by the American Board of Internal Medicine. He is also board certified in Cardiovascular Disease. Dr. Islam has been a member of the Medical Staff since August, 2011. He is in practice with Lehigh Valley Heart Specialists.

Tatyana Kemarskaya, MD, Division of Geriatrics/General Internal Medicine, was recently recertified in Internal Medicine by the American Board of Internal Medicine. She is also board certified in Geriatric Medicine. Dr. Kemarskaya has been a member of the Medical Staff since January, 2008. She is in practice with LVPG-Internal/Geriatric Medicine.

Timothy S. Misselbeck, MD, Division of Cardio-Thoracic Surgery, Section of Cardiac Surgery/Thoracic Surgery, was recently certified in Thoracic and Cardiac Surgery by the American Board of Thoracic Surgery. He is also board certified in Surgery by the American Board of Surgery. Dr. Misselbeck has been a member of the Medical Staff since October, 2011. He is in practice with Lehigh Valley Heart and Lung Surgeons.

Robert X. Murphy, Jr., MD, Assistant Chief Medical Officer and a member of the Division of Plastic Surgery/Hand Surgery/Burn, has been named President-elect of the American Society of Plastic Surgeons, the world’s largest organization of board-certified plastic surgeons and foremost authority on cosmetic and reconstructive plastic surgery. Dr. Murphy took office at Plastic Surgery, The Meeting, the Society’s annual scientific conference held at the end of October, 2012, in New Orleans, La. As President-elect, Dr. Murphy plans to focus on patient safety, advocacy and public education. Dr. Murphy has been a member of the Medical Staff since July, 1989. He is in practice with Cosmetic & Reconstructive Specialists of the Lehigh Valley.

Brian A. Nester, DO, Chief Strategy Officer, has been elected to the Board of Directors of the Hospital & Healthsystem Association of Pennsylvania for a two-year term beginning January 1, 2013. Dr. Nester has been a member of the Medical Staff since August, 1998. He is a member of the Department of Emergency Medicine and is in practice with LVPG-Emergency Medicine.

Paul F. Pollice, MD, Division of Orthopedic Surgery, Section of Ortho Trauma, was recently recertified in Orthopedic Surgery by the American Board of Orthopaedic Surgery. Dr. Pollice has been a member of the Medical Staff since September, 2001. He is in practice with OAA Orthopaedic Specialists.

Daniel M. Roesler, MD, Division of Trauma-Surgical Critical Care/General Surgery, was recently notified that he successfully passed his certification exam in Surgery and has become board certified in both Surgery and Surgical Critical Care by the American Board of Surgery. Dr. Roesler has been a member of the Medical Staff since August, 2008. He is in practice with Surgical Specialists of the Lehigh Valley.
A. Hamed Amani, MD, Associate Medical Director, Burn Center; Daniel D. Lozano, MD, MBA, Medical Director, Burn Center; and Sigrid A. Blome-Eberwein, MD, Associate Medical Director, Burn Center, co-authored the article – “Brother, have you got a light? Assessing the need for intubation in patients sustaining burn injury secondary to home oxygen therapy” – which was published in the *Journal of Burn Care & Research*, November/December 2012, Volume 33, Issue 6.

Mark A. Gittleman, MD, Division of General Surgery, Section of Surgical Oncology, co-authored a poster presentation – “Prospective neo-adjuvant registry trial linking MammaPrint, subtyping and treatment response: Neoadjuvant Breast Registry – Symphony Trial (NBRST)” – which was presented at the San Antonio Breast Cancer Symposium in San Antonio, Texas, on December 5. Dr. Gittleman is a co-principal investigator of the NBRST registry trial.

Marna R. Greenberg, DO, MPH, Gavin C. Barr, Jr., MD, and Kevin R. Weaver, DO, members of the Division of Emergency Medicine; Jon Willardson, DO, Nicholas Dowling, DO, and Jennifer Sears, DO, Emergency Medicine residents, and Valerie Rupp, CRNP, were co-authors of the article – “Cardiopulmonary Resuscitation: Is the Emergency Department Visit an Opportunity to Recommend Education?” – which was published in the *American Journal of Emergency Medicine*, November 2012.

Chadd Kraus, DO, MPH, Emergency Medicine resident, and Bryan G. Kane, MD, Division of Emergency Medicine, were two of the co-authors of the article – “Ethical Considerations in Education Research in Emergency Medicine” – which was published in *Academic Emergency Medicine*, December, 2012.

Dr. Lipkin presented three lectures at the conference – “Integrating Human Subjects Protections and the Clinical Research Enterprise,” “Supporting Your Institutional Official, Protecting Your Organization, and Enhancing Human Subject Protections,” and “Getting Smaller HRPPs Accredited: Resources and Other Challenges.” In addition, Dr. Lipkin served on the workshop and didactic planning committee for the conference.

Nanette M. Schwann, MD, Department of Anesthesiology Vice Chair, Research, spoke at the 13th International Congress of Cardiothoracic and Vascular Anesthesia held November 14-17, in Auckland, New Zealand. Dr. Schwann’s talk – “Money, Politics, and Policy” – focused on how specialists will be impacted under the Affordable Care Act and specifically how anesthesiologists can improve perioperative care and demonstrating value. Along with leaders, Dr. Schwann highlighted the importance of locally implementing best practice guidelines and developing infrastructure to track risk adjusted outcomes along hospital service lines.

In addition, Dr. Schwann’s poem – “This Thy Bounty” – was published in the November issue of *Anesthesiology* in the *Mind to Mind* section.
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.

GLVIPA Annual Membership Meeting

The annual membership meeting of the Greater Lehigh Valley Independent Practice Association (GLVIPA) will be held on Monday, January 28, 2013, beginning at 6 p.m., in the hospital’s Auditorium at LVH-Cedar Crest. The meeting will also be teleconferenced to ECC Room B at LVH-Muhlenberg.

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

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. Topics to be presented in January include:

- January 3 – “Update on Comprehensive Stroke” – Yevgeniy Isayev, MD (Additional Location – Auditorium)
- January 10 – “Headache Neuromodulation: Botulinum Toxin, Nerve Block and Neurostimulation” – William B. Young, MD, Neurologist, Jefferson University Hospitals (Additional Location – Auditorium)
- January 17 – Division Meeting (1250 S. Cedar Crest Blvd. location only)
- January 24 – “Updates on Neuromuscular Disorders” – Yuebing Li, MD, Neurologist, Cleveland Clinic
- January 31 – “MS Update on Treatment: The Changing Landscape” – Gary W. Clauser, MD

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

OB-GYN Grand Rounds

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

- January 11 – “Evidence Based Prevention of Thrombophlebitis in Gyn and Ob Surgery” – Martin A. Martino, MD, and Joanne N. Quinones, MD
- January 18 – “Documentation in OB” – Daniel G. Kiefer, MD, and Amanda B. Flicker, MD

For more information, contact Julie Gualano in the Department of Obstetrics and Gynecology at 610-969-4515.

Continued on next page
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 January include:

- January 8 – Rheumatology topic – April Bingham, MD
- January 15 – PICU topic – Diane P. Begany, MD
- January 22 – Pediatric Surgery topic – Lorraine A. Dickey, MD, MBA, and William D. Hardin, Jr., MD

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

Psychiatry Grand Rounds

The next Department of Psychiatry Grand Rounds presentation will be held on Thursday, January 17, beginning at Noon (registration at 11:45 a.m.) in ECC Rooms B, C and D at LVH-Muhlenberg. The presentation will also be teleconferenced to Kasych ECC Room 9 at LVH-Cedar Crest.

“A Warming Trend in Medical Education” will be presented by Alan Otsuki, MD, MBA, Associate Dean for Education Affairs, USF Morsani College of Medicine, and Chief, Division of Education, LVHN.

For more information, contact Tammy Schweizer in the Department of Psychiatry 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, January 2, in Kasych ECC Room 6 at LVH-Cedar Crest.

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

Surgical Grand Rounds

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

- January 8 – “Surgical Management of Ulcerative Colitis” – David S. Bub, MD
- January 15 – “War and Plastic Surgery: A Stimulus for Innovation” – Joshua M. Adkinson, MD
- January 22 – “Stem Cell Therapy: An Overview for Clinicians” – John Hong, MD
- January 29 – “Urologic Trauma” – Clifford E. Georges, MD

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

What’s New in Continuing Medical Education?

FYI – Upcoming Events

- Mindfulness Training for Medical Professionals
  7 week course – Thursdays, February 7, 14, 21, 28 and March 7, 14, 21 – 6 to 8:30 p.m., and Saturday, March 9 – 8:30 a.m. to 1 p.m.
  Kasych ECC Room 10 – LVH-Cedar Crest

- Department of Anesthesiology 3rd Annual Winter Retreat
  Friday, January 25 – 4 to 7:30 p.m.
  Saturday, January 26 – 7 a.m. to 2:30 p.m.
  Sunday, January 27 – 7 a.m. to 1 p.m.
  Bear Creek Mountain Resort

- Update in Cardiology 2013
  Saturday, March 2 – 7:30 a.m. to 1 p.m.
  Kasych ECC Rooms 6, 7 and 8

Please call 610-402-CARE (2273) to register for the above events.

For more information regarding these programs, view brochures for the events on the Division of Education’s website on the Network Events Calendar.

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.
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 29
- February 1, 14, 22, 25
- March 6, 18, 19

In addition, a two-day provider course will be held on March 11 and 12, 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:

- February 15, 18
- March 15, 28

In addition, two-day provider courses will be held February 5 and 6, and March 13 and 14, 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 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.

MINDFULNESS TRAINING FOR MEDICAL PROFESSIONALS

Designed and offered exclusively for medical professionals, a new Mindfulness Training for Medical Professionals course is now forming. The seven-week course will held on Thursdays from 6 to 8:30 p.m., beginning on February 7, and conclude with a half-day retreat on Saturday, March 9, from 8:30 a.m. to 1 p.m. Category 1 CMEs are available.

The cost of the course is $395, however, members of the Medical and Allied Health staffs who meet the attendance requirement of six of eight sessions will be eligible for a $200 rebate.

Registrations for the course are now being accepted at 610-402-CARE (2273). For more information about the course, contact Susan D. Wiley, MD, Vice Chair, Department of Psychiatry, at susan.wiley@lvhn.org or 610-402-5900.
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

Steven R. Bowers, DO
HealthWorks
1770 Bathgate Road
Suite 200
Bethlehem, PA  18017-7334
Phone: 484-884-2249  Fax: 484-884-7053
Department of Family Medicine
Section of Occupational Medicine
Provisional Active

Colleen M. Charney, MD
Health Center at Moselem Springs
14351 Kutztown Road
Fleetwood, PA  19522-9273
Phone: 610-944-8800  Fax: 610-944-8213
Department of Family Medicine
Provisional Active

Charles W. Frankhouser, MD
LVH Department of Medicine
Lehigh Valley Physician Practice
17th & Chew, P.O. Box 7017
Allentown, PA  18105-7017
Phone: 610-969-4370  Fax: 610-969-3023
Department of Medicine
Division of General Internal Medicine
Provisional Limited Duty

Cynthia P. Liskov, MD
LVPG-Emergency Medicine
Lehigh Valley Hospital
Cedar Crest & I-78, P.O. Box 689
Allentown, PA  18105-1556
Phone: 610-402-8130  Fax: 610-402-7160
Department of Emergency Medicine
Division of Emergency Medicine
Provisional Active

Tibisay Villalobos, MD
LVH Pediatric Inpatient Care
Lehigh Valley Hospital
Cedar Crest & I-78, P.O. Box 689
Allentown, PA  18105-1556
Phone: 610-402-7632  Fax: 610-402-7600
Department of Pediatrics
Division of Pediatric Subspecialties
Section of Pediatric Infectious Diseases
Provisional Active

Medical Staff Leadership Appointments

Department of Medicine

Daniel P. Bitetto, MD
Chief, Section of Hospital Medicine

Joseph L. Mallon, Jr., MD
Site Leader – Hospital Medicine (LVH-CC)

Medical Directors of Patient Care Units

Cheryl A. Bloomfield, MD
Co-Medical Director, Educational Practices
Lehigh Valley Physician Practice

Maria L. Jones, MD
Co-Medical Director, Primary Care and Specialty Practices
Lehigh Valley Physician Practice

Address Changes

Kristann W. Heinz, MD
Community Physician Practice Growth Initiative
2100 Mack Blvd.
Third Floor
Allentown, PA  18103-5622
Phone: 484-884-8514  Fax: 484-884-8527

Chirag J. Kalola, MD
Advanced Spine Center
1250 S. Cedar Crest Blvd.
Suite 400
Allentown, PA  18103-6224
Phone: 610-402-3300  Fax: 610-402-3355

Continued on next page
Continued from Page 16

M. Bruce Viechnicki, MD
Coordinated Health
1405 N. Cedar Crest Blvd.
Suite 201
Allentown, PA  18104-2308
Phone: 610-366-7000  Fax: 610-366-0255

Primary Office Change

Sandra C. Thomas, DO
College Heights OBGYN Associates
Health Center at Bethlehem Township
2101 Emrick Blvd.
Suite 201
Bethlehem, PA  18020-8059
Phone: 484-895-3230  Fax: 484-895-3285

Practice and Status Change

Kenneth D. Truscott, Jr., MD
Hamburg Family Practice Center
700 Hawk Ridge Drive
Hamburg, PA  19526-9219
Phone: 610-562-3066  Fax: 610-562-3125
Provisional Active

Change to Departmental Assignment

Daniel E. Ray, MD
Department of Medicine
From: Pulmonary/Critical Care Medicine
To: Palliative Medicine and Hospice
(OACIS Services)

In Memoriam

Kara L. Niski, DMD
Department of Dental Medicine
Division of General Dentistry
August 7, 1978 – October 6, 2012

Resignations

Sonia K. Ahluwalia, MD
Department of Medicine
Division of General Internal Medicine
Section of Hospital Medicine
(LVHN Hospital Medicine at Muhlenberg)

Angela M. Camasto, MD
Department of Pediatrics
Division of General Pediatrics
(ABW Pediatric Associates)

Tina M. Casey, DO
Department of Medicine
Division of General Internal Medicine
(Community Physician Practice Growth Initiative)

Gregory E. Dean, MD
Department of Surgery
Division of Pediatric Surgical Specialties
Section of Pediatric Urology
(Urology for Children, LLC)

Deepak P. Grover, DO
Department of Surgery
Division of Ophthalmology
(Lehigh Valley Center for Sight, PC)

Michael G. Packer, MD
Department of Surgery
Division of Pediatric Surgical Specialties
Section of Pediatric Urology
(Urology for Children, LLC)

Jonathan A. Roth, MD
Department of Surgery
Division of Pediatric Surgical Specialties
Section of Pediatric Urology
(Urology for Children, LLC)

Thomas S. Sauer, MD
Department of Surgery
Division of Orthopedic Surgery
(Coordinated Health)

Karan D. Singh, MD
Department of Medicine
Division of Cardiology
(East Penn Heart and Vascular Consultants, PC)

Continued on next page
Allied Health Staff

New Appointments

Shara L. Albrich, PA-C
Physician Assistant-Certified
Careworks
5020 Route 873
Schnecksville, PA 18078-2261
Phone: 610-799-9200  Fax: 610-799-9300
Supervising Physician: Bruce A. Ellsweig, MD

Jessica L. Bowell, 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

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

Lenore H. Hare, CRNP
Certified Registered Nurse Practitioner
Lehigh Valley Urogynecology and Reconstructive Pelvic Surgery
1770 Bathgate Road, Suite 401
Bethlehem, PA 18017-7302
Phone: 484-884-8840  Fax: 484-884-8827
Supervising Physician: Folusho A. Tugbiyel, MD

Diane R. Kuntz
Dental Assistant
Marsha A. Gordon, DDS
1525 Hausman Road
Allentown, PA 18104-9258
Phone: 610-433-5111  Fax: 610-433-4393
Supervising Physician: Raha Ghafurian, DMD

Kimberly M. Lam, PA-C
Physician Assistant-Certified
LVPG-Emergency Medicine
Lehigh Valley Hospital
Cedar Crest & I-78, P.O. Box 689
Allentown, PA 18105-1556
Phone: 610-402-8130  Fax: 610-402-7160
Supervising Physician: Jacob N. Erickson, MD

Nicholas J. Lumi, PA-C
Physician Assistant-Certified
VSAS Orthopaedics
1250 S. Cedar Crest Blvd., Suite 110
Allentown, PA 18103-6224
Phone: 610-435-1003  Fax: 610-435-3184
Supervising Physician: Barry I. Berger, MD

Puja G. Patel, PA-C
Physician Assistant-Certified
LVPG-Emergency Medicine
Lehigh Valley Hospital
Cedar Crest & I-78, P.O. Box 689
Allentown, PA 18105-1556
Phone: 610-402-8130  Fax: 610-402-7160
Supervising Physician: Amit Sareen, MD

Lori Rice, CRNP
Certified Registered Nurse Practitioner
Village Lane Primary Care
6451 Village Lane
Macungie, PA 18062
Phone: 610-967-2772  Fax: 610-967-2599
Supervising Physician: David M. Afzal, DO

Lisa M. Wippel, PA-C
Physician Assistant-Certified
Careworks
5020 Route 873
Schnecksville, PA 18078-2261
Phone: 610-799-9200  Fax: 610-799-9300
Supervising Physician: Bruce A. Ellsweig, MD

Continued from Page 17

Continued on next page
Continued from Page 18

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

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

Change of Supervising Physician and Group

Song-Hee Bohn, CRNP
Certified Registered Nurse Practitioner
From: Health Center at Moselem Springs – Joselito A. Ouano, MD
To: Lehigh Valley Urology Specialty Care – Angelo A. Baccala, Jr., MD

Joan G. Finno, CRNP
Certified Registered Nurse Practitioner
(LVPG-Emergency Medicine – Anthony T. Werhun, MD)
From: Health Center at Moselem Springs – Joselito A. Ouano, MD
To: Village Lane Primary Care – David M. Afzal, DO

Stephanie L. Toman, CRNP
Certified Registered Nurse Practitioner
From: Pulmonary Associates of LVPG – C. Gerard Petersen, MD
To: OACIS Services – Daniel E. Ray, MD

Additional Supervising Physician and Group

Carol K. Carbone, CRNP
Certified Registered Nurse Practitioner
(Anticoagulation Management Service – Bruce A. Feldman, DO)
Addition of: Lehigh Neurology – John E. Castaldo, MD

Resignations

Deborah L. Betz-Harleman, CRNP
Certified Registered Nurse Practitioner
(Valley Independent Hospitalist Group)

Jacqueline C. Clarhaut-Maylott, PA-C
Physician Assistant-Certified
(MacArthur Family Medicine)

Mindy S. Poorman, CRNP
Certified Registered Nurse Practitioner
(Southside Family Medicine)

Heather M. Reifsnyder
Mapping Support Specialist
(Healthworks, Inc.)

HAPPY NEW YEAR 2013
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.