On January 1, 2007, leadership of the Medical Staff changed hands as Linda L. Lapos, MD, began her term as President of the Medical Staff, and Matthew M. McCambridge, MD, joined the Medical Staff leadership as he began his two-year term as President-elect. Donald L. Levick, MD, MBA, who served as President from January 1, 2005 through December 31, 2006, will serve as Past President for two years.

Please note that all mail for Dr. Lapos, relating to her position as President of the Medical Staff, should be addressed to Medical Staff Services, Lehigh Valley Hospital, Cedar Crest & I-78, P.O. Box 689, Allentown, PA 18105-1556. Mail relating to patient matters should continue to be sent to Dr. Lapos’ patient office at Colon-Rectal Surgery Associates, PC, 1255 S. Cedar Crest Blvd., Suite 3900, Allentown, PA 18103-6250.

Mail for Dr. McCambridge should continue to be sent to his patient office at Pulmonary Associates, 1210 S. Cedar Crest Blvd., Suite 2300, Allentown, PA 18103-6252.

Mail for Dr. Levick related to CAPOE or I/S issues should be sent to him at Information Services, 1245 S. Cedar Crest Blvd., Suite 100, Allentown, PA 18103. Patient-related mail for Dr. Levick should be sent to his patient office at ABC Family Pediatrics, Allentown Medical Center, 401 N. 17th Street, Suite 203, Allentown, PA 18104-6805.

If you have any questions regarding this issue, please contact Paige Roth in Medical Staff Services at 610-402-8980.
It is said that the only thing certain is change. But that’s not news to members of the Medical Staff of Lehigh Valley Hospital, where 2006 was a year of extraordinary change.

Some of the changes are unique to our hospital and our Medical Staff. And some are the result of external forces and national trends.

The demographics of our Medical Staff are changing. Our staff is getting larger – in 2006 we added almost 80 new physicians. We now have more part-time physicians and more women. The number of doctors in some specialties is growing dramatically, while that’s not the case in others. While our Medical Staff is slightly younger on average than it was a year ago, that’s certainly not true in all divisions.

Practice patterns are changing. For example, procedures that once were the domain of one specialty are being done by other physicians. There are fewer generalists and more specialists and subspecialists. There are more hospitalists as well as more doctors who have decided to restrict their practice to office only. And, there are more hospital-employed physicians – including a new network-owned cardiology group.

The hours residents are allowed to work have decreased – making them less available to help care for patients. There has been rapid growth in the use of Allied Health Professionals. And we all know about the rising costs of liability insurance and other expenses – such as employee health insurance -- related to operating a practice. All this while reimbursements are staying the same or declining.

The hospital is full more of the time, meaning longer waits for beds and for operating room time. A welcome change will be the completion of the major construction project at the Cedar Crest campus, which will mean new buildings, more parking -- and many new employees. Another positive change is that all of our campuses are now smoke-free.

Throughout all this change, we all continue to work to provide the same level of service, the same high-quality care, and the same level of nursing expertise as we grow.

Change happens. You can ignore it. You can complain about it. Or you can address it, become a part of it, and figure out the best way to adapt as we move forward.

Disagreements happen, too. During periods of change, there will be issues where members of the Medical Staff feel at odds with the hospital. It seems to me that the best way to deal with disagreement is to communicate about what’s important to each side, and then collaborate to resolve the issue to the benefit of everyone involved.

Because we can all agree on the main goal: providing the highest quality care possible for our patients and for our community. And to accomplish this, we need both a strong hospital and strong physician practices, with each supporting the other and collaborating on solutions.

Thank you for the confidence you showed in me by electing me president. I’ll do my best to live up to your expectations. Please let me know what’s on your mind.

Linda L. Lapos, MD
Medical Staff President
News from CAPOE Central

Nursing Assessments – Now ALL online

Nursing continues to move their documentation into the online system. In January, 2007, the entire Nursing Assessment (Initial Assessment and Daily Assessments) will be entered online and available in the Viewer under “View Patient Assessment” and “View Patient Admission Care Plan.” Nurses will continue to chart by exception, so much of the documentation will be listing of normals. Any pertinent abnormal will be accompanied by a note, viewable by clicking on the appropriate cell in the Viewer. Longer notes will also be in the Viewer, under the heading of “Nursing Note,” located at the bottom of the Viewer. Having these notes online will facilitate clarity of information and allow for remote viewing of the data.

More on Consults . . .

This is a reminder to complete the “Reason for Consult” field on the consult order screen. The more information you provide, the more efficient your colleague will be when completing the consult, and the less likely you will receive a call for more details. Reasons such as “Patient known to you” or “Dental problem” does not facilitate the consult and will often result in a call from the consultant requesting more information. Also, remember that Emergency consults require immediate attention (within four hours). The Medical Staff member or the Medical Staff member’s designee requesting consultation will personally contact the consultant or the consultant’s designee. Urgent consults require attention within 12 hours. The Medical Staff member or the Medical Staff member’s designee requesting consultation will personally contact the consultant or the consultant’s designee.

Heads Up – Lab Cum reports will be going away

As of March 2007, the nightly Lab Cum reports will no longer be printed. Cumulative lab reports will still be available in the EHMR system after D/C to facilitate dictations. The decision to eliminate the printing of these reports was approved by the Medical Executive Committee in June, 2006, and reaffirmed during the December 2006 meeting. With ubiquitous use of the online system and the Viewer, the need for these reports to be printed daily has been eliminated. Remember, you can view results older than seven days by changing the “Display Options” in the “Viewer Definitions” area.

Communicating about meds

Please remember to D/C medications in the system when you want them to stop. This is very important for continuous infusions and for other critical medications (i.e., Heparin). It is also optimal care to communicate with the nursing unit when you D/C meds from a remote location. This will ensure that the medication is stopped at precisely the appropriate time.

If you have any questions regarding these issues, please contact Don Levick, MD, MBA, Physician Liaison, Information Services, at 610-402-1426, or pager 610-402-5100 7481.

The offices of the Greater Lehigh Valley Independent Practice Association (GLVIPA) have relocated to:

1605 N. Cedar Crest Blvd., Suite 411, Allentown, PA 18104-2351
The telephone numbers have remained the same — Phone: 610-969-0423 Fax: 610-969-0439
Observation Unit

At this time, LVHHN is designating 16 beds on 4A (LVH-Cedar Crest) and 6 beds on 7T (LVH-Muhlenberg) to care for observation patients. These will be protocol driven units. Physicians utilizing these units are expected to follow the established protocols. Protocols will be available via the Resource page in LastWord. The protocol for low risk chest pain patients has been developed. Others, as listed below, are under development.

Some examples of diagnoses appropriate for observation status

... Allergic reaction, generalized – after initial treatment to see if symptoms resolve
... Asthma – to assess response to initial treatments
... Chest pain – with negative EKG and negative MIP #1
... Complications post-outpatient surgery (persistent nausea, vomiting, uncontrolled pain, urinary retention, fluid electrolyte imbalance)
... Kidney stones, renal colic
... Cellulitis
... Weakness/dizziness/syncope
... Gastroenteritis/Dehydration/Nausea/ Vomiting – requiring fluids and assessment of adequacy of oral intake.

If you have any questions about Observation, please call Susan Lawrence, Administrator, Care Continuum, at 610-402-1760.

Information Security in Practice

In an effort to keep you informed of LVH policy, following are a few security topics to keep in mind whether you log in from your practice or from one of the computers at Lehigh Valley Hospital.

Spam. Needless to say, the hospital gets a lot of spam. However, the I/S email administrators do a great job filtering 95% or more. If you receive spam, you should delete it or forward it to "Spam". Never try to unsubscribe from spam – it just makes it worse by confirming to the spammers that you are a real email address, so you'll get more spam.

Web & Email Use. Business networks are for business use. Although I/S doesn’t watch what users do, a record is maintained of all usage. I/S is automatically alerted on obvious non-business use and illegal activity, and then use the complete records to determine a course of action. In the case of Medical and Allied Health Staff members, they are referred to Medical Staff Services for potential corrective action. Assume anything you send in email is available on the Internet to anyone, because email is not and has never been a secure delivery medium. Absolutely no patient information is to be exchanged using LVH email (or your Practice email, so far as HIPAA is concerned) without additional precautions like encryption. Please DO NOT send family photos or clever PowerPoint presentations using the LVH email system, as it clogs it up and slows delivery to all users.

Hardware. Please don't plug in a wireless router from Best Buy. It is not secure. If you want wireless, I/S can help configure it securely. All computers need anti-virus software and security patches. Anti-spyware and firewall software on your PC is also a good idea.

Last but not least, never share your user ID or password. Don’t use another user’s ID or password, and don’t let them use yours.

If you have any questions regarding these issues, please contact Brian Martin, Information Security Manager, at 610-402-1412.
Construction Update

With the ongoing construction at Lehigh Valley Hospital, the following information may be helpful for you and your patients when visiting the Cedar Crest & I-78 campus:

**Pedestrian Bridge**
The Pedestrian Bridge will open near the end of January. Access will be through the Center for Advanced Health Care building to the first level of the John and Dorothy Morgan Cancer Center.

**Five-Story Parking Deck/Surface Parking**
The surface parking lot around the deck has been paved. Beginning in late December, 3-11 shift employees who parked behind the day care center were relocated to this surface area parking.

**Center for Advanced Health Care**
Exterior work has been completed. Work with tenants for suite layout design has begun.

**Kasych Pavilion**
Work continues on the first floor curtain wall. Drywall and stud work continues throughout the building.

**East Front Parking Deck**
The East Parking Deck (pictured above) will open the first week of January. The lower level will be used for valet parking. The upper level will be used for valet parking overflow, short term patient parking and handicapped patient parking. Please encourage all patients and visitors to continue to use the five-story parking deck, shuttle service and valet parking.

**Site Work Renovations**
Storm water piping work continues along the south campus ring road and in the area of the southwest berm that borders LVH property and its neighbors. Work along the southwest berm will continue throughout the winter, weather permitting.

*To get the latest construction update or if you have any questions, please call 610-402-CARE.*

Pictured above is an aerial view of the Kasych Pavilion.
News from Health Information Management

STAT Dictation Line (Work Type 16)

The STAT dictation line was originally designed to facilitate transcription of dictations needed in an emergency situation. Examples of an emergency situation would be a "transfer discharge summary or history and physical for an emergency surgical procedure." While general transcription turn-around time has continued to decrease, the use of the STAT line has steadily increased in volume, making it impossible to determine a true priority or provide rapid turnaround time required for STAT reports.

Therefore, in order to assure that STAT dictations are processed immediately, effective February 1, 2007, physicians and clinicians are requested to call Transcription Services at 610-969-3888 between the hours of 7 a.m. and midnight for STAT dictations. STAT dictations will be transcribed within 2-4 hours, dependent on the dictation length and number of STATs being requested. Dictations entered on the STAT line will be routed into the normal transcription work types. Effective March 1, 2007, the STAT dictation line will be eliminated.

If you have any questions, please contact Marianne Lucas, Operations Coordinator, Transcription, at 610-969-3863.

CMS Restructures the Current DRG System

On August 1, 2006, a new weighting system for inpatient DRG’s began to be phased in over a three-year period. This new reimbursement system was designed to align hospital payments more closely with the cost of a patient’s care by using a system based on hospital costs rather than charges as well as accounting more fully for the severity of the patient’s condition. It was designed to assure that Medicare does not overpay for some services while underpaying for more severely ill patients and those with complex illnesses.

During the first phase, CMS added 20 new DRGs (12 medical, 8 surgical), modified 32 DRGs (to better capture differences in severity) and deleted 8 DRGs.

How is severity measured?

... Principal diagnosis
... Secondary diagnoses
... “History of” statements in the record
... Certain demographics (age, discharge status)
... Certain procedures (non-surgical/OR procedures)

How can physicians help?

Accurate documentation in the medical record continues to be critical to abstracting data to assign diagnosis and procedure codes. Even though ancillary reports, nursing treatments, etc., may include information that indicate increased severity of illness for a specific condition, the information cannot be utilized for diagnosis code assignment unless the information is included in the physician documentation. Physician queries may be generated when additional physician documentation is required for conflicting, ambiguous or incomplete information regarding a significant reportable condition or procedure.

Questions or inquires regarding this issue may be referred to Carolyn Murphy, Director, Atlas/Registries, at 610-969-2871.

Continued on next page
Discharge Summary/Note

A discharge summary/note insures continuity of high quality patient care. It provides a valuable tool on follow-up in the physician’s office, patient readmission, as well as providing a tool for accurate coding and DRG assignment.

The discharge summary/note should concisely recapitulate:

... Diagnoses/procedures
... Reason for hospitalization
... Significant findings
... Procedures performed and treatment rendered
... Condition of the patient on discharge
... Specific instructions given to the patient and/or family (meds/diet/activity, follow-up care, etc.)

A study done by Capital Blue Cross Quality Management staff to assess Primary Care Practitioner medical records for members who had acute admissions revealed that only 65.3% of the time the primary care practitioner’s records had evidence of a discharge summary.

Remember to dictate discharge summaries promptly at the end of the hospital stay to assure that summaries are forwarded to the family or referring physicians for continuity of care. If you know the primary care physician, be sure to indicate that a copy of the reports be submitted to him/her.

HIM Training for Physicians

The HIM Department staff will be available at designated locations at LVH-Cedar Crest and LVH-Muhlenberg to assist physicians in using EHMR efficiently to access historical medical records or for medical record completion. Please plan to stop by if you have questions or would like assistance utilizing EHMR.

Beginning in January for several months, staff will be available from 1 to 2 p.m. at the following locations:

... 1st Tuesday – Medical Staff Lounges – LVH-Cedar Crest/LVH-Muhlenberg
... 2nd Tuesday – OR Lounges – LVH-Cedar Crest/LVH-Muhlenberg
... 3rd Tuesday – Cardiac Cath areas – LVH-Cedar Crest/LVH-Muhlenberg
... 4th Tuesday – Labor and Delivery – LVH-Cedar Crest

If you have any questions regarding this issue, please contact Susan Cassium, Director, HIM Operations, at 610-969-3864.

Documentation Improvement Tip of the Month

Deep vein thrombosis (DVT) is rarely an acute finding without the associated inflammation leading to thrombophlebitis, and in most cases DVT is synonymous with thrombophlebitis. If the physician lists only DVT as a diagnosis but the medical record documentation describes those conditions associated with thrombophlebitis, (swelling, erythema, pain, and induration), the physician will be queried. Complete documentation will reduce DVT queries for physicians.
2007 National Patient Safety Goals

With the arrival of the New Year, it is time to consider the 2007 National Patient Safety Goals (NPSG). The NPSGs originally appeared in 2002 when JCAHO issued a list of six goals that hospitals were supposed to implement and make part of the institutional way of life. Since then, additional goals have been added each year while some have been retired to general JCAHO standards. The safety goals are all based on identified issues or events that have been trended as a result of causing a significant number of serious events. Each goal focuses on how to prevent harm or injury and keep patients safe. These goals provide guidelines to be implemented in order to decrease the number of bad outcomes occurring to patients. The 2007 National Patient Safety Goals focus on 15 patient safety issues. This article will review the new goals and the expectations for implementation.

Goal #13A: Encourage patient’s active involvement in their own care as a patient safety strategy.

The rationale for this goal, according to JCAHO, is that communication with patients and families about all aspects of their care, treatment or services is an important characteristic of a culture of safety. When patients know what to expect, they are more aware of possible errors and choices. Patients can be an important source of information about potential adverse events and hazardous conditions. The expectation for implementation is that patients and families are educated on methods available to report concerns related to care, treatment, services and patient safety issues. At LVH, this goal is met in many ways. On a daily basis, there are discussions with families and patients about their care and their involvement in that care. Discussions with patients should include the following:

... Inform patient that they are part of the health care team
... Provide patient with information about risks associated with procedures or courses of care
... Provide written information about side effects of medicine
... Make sure the patient knows that he/she can ask for test results

... Encourage patients to “speak up” about concerns regarding errors or quality of care
... Encourage patients to ask physicians about conditions and treatments

Patients receive information on their safety and the role they have in promoting safety through viewing of the Patient Safety Video. The patient also receives an information handbook at time of admission that includes safety measures. The patient rights are included in the handbook and there is information on how to report concerns. In addition, unit directors make rounds on a regular basis and discuss patient concerns. In each room, a letter is posted with instructions on how to contact the director for patient issues and concerns. Throughout the hospital stay, staff spends time educating patients and their families about their care, disease processes and medications.

Goal 15A: The organization identifies patients at risk for suicide.

The rationale for this goal is that suicide ranks as the 11th most frequent cause of death (third most frequent in young people) in the United States, with one person dying from suicide every 16.6 minutes. Identification of individuals at risk for suicide while under the care of or following discharge from a health care organization is an important first step in protecting and planning the care of those at-risk individuals. The implementation expectations are that patients being currently treated for emotional or behavioral disorders are screened and assessed for suicide risk. When a patient at risk for suicide is identified, a process will be initiated that will involve an assessment by Psychiatric Emergency Services (PES) and, when needed, a referral to a psychiatrist. As of January, 1, 2007, the Emergency Department will initiate a formal screening process with referrals to PES/psychiatry when a risk is identified. The Behavioral Health areas will be screening for suicide risk on a daily basis in all of the inpatient and outpatient settings. By late spring, a screening process will be rolled out hospital wide for all inpatient areas.

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Goal #8: Accurately and completely reconcile medications across the continuum of care.

This goal was initiated with the 2005 goals and full implementation was expected for 2006. The goal requires a process for obtaining and documenting a complete list of the patient’s current medications at the point of entry to the network facilities. The hospital has 24 hours from time of admission to complete the list and to verify reconciliation. This involves the physician reviewing the list of medications and comparing it to the medications ordered in the hospital. Decisions need to be made about whether a medication is to be continued during the hospital stay. Any discrepancies to the list should be discussed with the physician. Each time a patient is transferred, reconciliation needs to be repeated to ensure that medications are not overlooked.

At the time of discharge, the medications are to be listed on the discharge form. The list is to be compared to the medications given during the hospital visit. Medications need to be reconciled and reviewed with the physician before the patient can be discharged. A complete reconciled list of the patient’s medications is to be communicated to the next provider of service. The minimum requirement is that reconciliation must occur any time the organization requires that orders be rewritten and anytime the patient is transferred to a new service, setting, provider or level of care. In 2007, it is required that the patient be given a reconciled list of medications at time of discharge. The reconciled list needs to be compiled by including the medications that were being taken prior to admission, medications added during the hospital stay, and the medications to be taken at home. The list needs to clearly indicate what the patient is to be taking when they return home.

The remaining goals for 2007 are the same as last year and are listed below:

... Use at least two patient identifiers when providing care, treatment or services.

... Implement a standardized approach to “hand-off” communications, including an opportunity to ask and respond to questions.

... Improve the effectiveness of communication among caregivers by having staff read back verbal and telephone orders.

... Standardized list of “Do Not Use” abbreviations.

... Reduce the risk of health care associated infection by washing hands before and after contact with patients. Use hand sanitizers when hands are not grossly soiled.

... Improve the effectiveness of communication among caregivers by reporting all values defined as critical to a responsible party.

... Implement a fall reduction program and evaluate the effectiveness of the program.

... Prior to the start of any invasive procedure, conduct a final verification process to confirm the correct patient, procedure, site by using active communication techniques (Time-Out).

... Label all medications, medication containers or other solutions on and off the sterile field in perioperative and other procedure settings.

... Identify, and review annually, a list of look-alike/sound-alike drugs used in the organization, and take action to prevent errors involving the interchange of drugs.

... Standardize and limit the number of drug concentrations available in the organization.

In summary, the National Patient Safety Goals are not meant to make our jobs more difficult or to complicate an already complex health care system. Instead, the goals are intended to provide guidelines to decrease the risk of potential patient safety concerns. The goals are prudent patient safety measures and are doable. All of us need to be aware of these goals and how these goals are being met. Practicing these goals and working together as a team to meet them will allow our patients to receive safe and quality care. Your role in meeting these goals will have a significant impact on the outcome for our patients.

If you have any questions regarding the National Patient Safety Goals, please call Kristie Lowery, Patient Safety Officer, at 610-402-3001.
Lehigh Valley Hospital Joins National Network of Children’s Hospitals

The National Association of Children’s Hospitals and Related Institutions (NACHRI) has accepted Lehigh Valley Hospital and Health Network (LVHHN) for associate membership.

LVHHN becomes the only hospital in the Lehigh Valley region to attain NACHRI membership and is one of 204 members and supporters of the non-profit association, a collective voice for health systems devoted to the well-being of America’s 70 million children and their families.

“Participation in NACHRI offers LVHHN a vast communications network with others who understand children, their needs, their treatment and clinical program development,” said John D. Van Brakle, MD, Chair of the Department of Pediatrics. “We look forward to learning from colleagues who share our mission and values, bringing our special insights to the association and joining in the imperative for stronger advocacy on behalf of all children.”

NACHRI associate membership is granted to not-for-profit medical institutions affiliated with a medical school and with a strong emphasis on pediatric graduate education but not the primary teaching site for such a program; with a salaried part-time or full-time pediatric director; a minimum daily pediatric census of 45, excluding normal newborns; hospital policy on the housing of patients under an established age; and recognition as a pediatric referral facility.

LVHHN’s inpatient services consist of a 20-bed pediatric unit, a seven bed pediatric intensive care unit (PICU), a 28-bed neonatal intensive care unit (NICU) and a 13-bed inpatient Adolescent Psychiatry Unit. LVHHN’s trauma center is among just four in the state with “additional qualifications in pediatric trauma” and has a Regional Burn Center with expertise in the care of children certified through the American Burn Foundation. Inpatient areas are supported by a child life specialist, pediatric respiratory therapists, pediatric focused pharmacists, pediatric occupational, physical and speech therapy, pediatric nutrition and a multitude of pediatric board-certified physicians covering 22 clinical specialties. A pediatric intensivist/hospitalist is in-house 24 hours a day, 7 days a week to cover the PICU, inpatient pediatrics and consults throughout the hospital. In addition, a neonatologist/neonatology nurse practitioner is in-house 24 hours a day, 7 days a week to cover the NICU. The home care division of LVHHN provides home care services to children from birth through age 18.

Outpatient/ambulatory services consist of a 10-bed pediatric ambulatory surgery unit (PASU), a Pediatric Specialty Center, outpatient pediatrics (hospital-based primary care pediatric clinic), and a network of community pediatricians and family practice physicians. In recent years, LVHHN has focused on increasing the number of pediatric specialty physicians and services in the Lehigh Valley and serves as a referral center closer to home for children who live in northeast Pennsylvania.

“We welcome Lehigh Valley Hospital and Health Network to the family of care givers devoted to improving the health of children, and we look forward to its active involvement,” said Lawrence A. McAndrews, NACHRI’s President and CEO. “Because of their focus on children, institutions like LVHHN are able to identify emerging trends and problems associated with the health of children.”

Children’s hospitals represent approximately three percent of all hospitals nationwide, but in 2004, they provided more than five million pediatric inpatient days accounting for $29.5 billion worth of pediatric care. In addition, the average children’s hospital sees almost 150,000 children per year on an outpatient basis.

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With headquarters on the Virginia side of the Potomac River just across from the nation’s capital, NACHRI’s primary roles are advocacy for children and children’s hospitals, public policy analysis, education for its members and the public, and research.

Founded in 1968, NACHRI maintains extensive data on children’s health in general and descriptive data on 204 members and the conditions they treat. Some of the issues NACHRI addresses include uninsured children, children dependent on Medicaid, injury prevention, child abuse and neglect, quality of care, patient safety and seriously ill children.

NACHRI is a pioneer in advancing the concept of integrated child health care networks. When fully developed, these networks will make sure that children get the most appropriate and economical health care from experts who are trained at centers of excellence and accountable to the public for children’s health and health care.

Are You on Staff at Good Shepherd Specialty Hospital?

As you may be aware, Good Shepherd Specialty Hospital is a long-term acute care facility located on the 3rd and 4th floors of Lehigh Valley Hospital-Muhlenberg.

Although Good Shepherd Specialty Hospital is located within the walls of Lehigh Valley Hospital, it is a separate facility licensed independently by the Department of Health. Because Good Shepherd Specialty Hospital is a hospital unto itself, the same processes that regulate Lehigh Valley Hospital also apply to this facility.

One of these processes is the requirement for credentialing physicians and allied health professionals by Good Shepherd. Practitioners new to Lehigh Valley Hospital sometimes are of the belief that they are also credentialed to treat patients at Good Shepherd Specialty Hospital. This is not the case.

All practitioners treating or consulting in the treatment of patients at Good Shepherd Specialty Hospital must be credentialed by Good Shepherd. This is also true if you belong to a group who currently has privileges at Good Shepherd Specialty Hospital, and you will be providing coverage as part of that group at Good Shepherd Specialty Hospital. It is necessary for you to apply for staff appointment and go through the Good Shepherd credentialing process.

If you wish to apply for staff privileges, if you are unsure if you currently have privileges at Good Shepherd Specialty Hospital, or if you have any questions, please contact Marianne Sell, Medical Staff Coordinator, at 610-773-3577, or Andrea Molino, Corporate Manager of Medical Staff Services, at 610-776-3302.
Papers, Publications and Presentations

Aras O. Ali, MD, Division of Cardiac Anesthesiology, and Nanette M. Schwann, MD, Vice Chair of Research, Department of Anesthesiology, authored an article, “Off-Pump Coronary Artery Bypass Surgery Outcomes and Management,” which was published in the journal - *Advances in Anesthesia*, Volume 24 (2006).

Alexandria J. George, DO, Andrea Waxman, MD, and Carolyn S. Scott, MD, members of the Department of Obstetrics and Gynecology, and Sharon Kimmel, MHA, PhD, Health Studies, gave an oral presentation titled “Hooking up” and Its Clinical Implications at the ACOG 54th Annual Clinical Meeting held in May in Washington, DC. The abstract was published in Volume 107, Number 4 (Supplement), April 2006 of *Obstetrics & Gynecology*.

Martin A. Martino, MD, Division of Gynecologic Oncology, co-authored two textbook chapters that have been published in *The Menopause: Comprehensive Management* 2006, 5th Edition. The titles of the chapters were “Surgical Care in the Elderly” and “Gynecologic Oncology in the Menopause.”

Thomas D. Meade, MD, Division of Orthopedic Surgery, Section of Ortho Trauma, was an invited lecturer at the 10th Annual Medical Fitness Association meeting held recently in Las Vegas, Nev. He presented on “A Private Practice Model: Building an Integrated Wellness Campus by Partnering with Experts” and “Omega-3 Fatty Acids – An Evidenced Based Alternative to NSAID’s.” Dr. Meade also was an invited guest at the 10th Annual NEPA Spine Symposium held in September in Wilkes-Barre, Pa., where he spoke on “Knees and Nutraceuticals.”

Physician Referral Bonus Program

LVHHN is seeking your assistance in identifying physician applicants for hard-to-fill physician vacancies. If you refer a physician to fill one of the positions listed below, you can earn a $500 reward.

... Orthopedic subspecialists (trauma, foot & ankle, total joint)
... Pediatric subspecialists (pulmonary, neurology, endocrinology)
... Pediatric surgeon
... Cardiologists
... Gastroenterologists
... Maternal-Fetal Medicine subspecialists
... Hematologist/Medical Oncologist

To refer a physician candidate to the Physician and Executive Recruiting Department:
... Go to TAO Email
... Click on Bulletin Boards
... Click on Forms_/LVH
... Right click on Physician Referral Form
... Select “Use” form

If you wish to make a referral and do not have access to TAO Email or if you have questions regarding this program, please contact Frank Gallagher, Physician Recruiter, at 610-969-0275.
Lou A. Lukas, MD, Department of Family Medicine and Medical Director of OACIS Services, has just completed the Harvard Medical School course – Program in Palliative Care Education and Practice (PCEP) – and has earned the distinction of being an HMS Center for Palliative Care Faculty Scholar. This is a six-month program that offers intensive learning experiences for physicians who wish to become expert in the clinical practice and teaching of comprehensive, interdisciplinary palliative care, as well as to gain expertise in leading and managing improvements in palliative care education and practice at their own institutions. Physicians who complete the course are prepared to teach other faculty, practitioners, and trainees in medical and nursing about end-of-life care, to create innovative educational programs, and to lead clinical service reform, including building palliative care programs. Clinicians from around the United States and internationally compete for admission to the program each year.

James L. McCullough, Jr., MD, Division of Vascular Surgery, was recently notified by the American Board of Surgery that he successfully completed the 2006 Vascular Surgery Recertification Examination and is now recognized as Recertified in Vascular Surgery.

Dr. McCullough, who joined the hospital’s Medical Staff in July 1988, is in practice with Peripheral Vascular Surgeons, PC.
Upcoming Seminars, Conferences and Meetings

NYU Cardiologist to Discuss Heart Disease in Women

How far has the medical community come in recognizing and treating heart disease in women?

Mark your calendar for January 16 to hear one expert’s perspective. Cardiologist Jennifer H. Mieres, MD, FACP, FAAC, will present “Update 2007: Advances in Women and Heart Disease” at 4 p.m. in the Auditorium of Lehigh Valley Hospital – Cedar Crest & I-78.

This talk is sponsored by the Regional Heart Center’s Heart Help for Women program.

Dr. Mieres’ presentation will include:

- Lessons of the Past Decade
- State of Women’s Heart Health 2006
- Gender Specific CV Research 2006, including lessons from the Women’s Ischemic Syndrome Evaluation Trial (WISE)
- Call to Action - Making a Difference: Suggestions for hospital-based women and heart disease programs

Dr. Mieres is associate professor of medicine and director of nuclear cardiology at New York University. Her clinical research interests include women and heart disease and the role of cardiac imaging in the diagnosis and risk assessment of coronary disease.

She has been a member of the invited faculty at the Scientific Session for the American Heart Association and the American College of Cardiology. She is a founding member of the American Society of Nuclear Cardiology and is its vice president-elect.

For more information regarding this program, please call Anne Marie Crown at 610-402-0783.

2007 General Medical Staff Meetings

The dates for the 2007 General Medical Staff meetings are as follows:

- Monday, March 12
- Monday, June 11
- Monday, September 10
- Monday, December 10

Meetings will begin at 6 p.m., and are held in the hospital’s Auditorium at Cedar Crest & I-78 and videoconferenced to Rooms C & D of the Educational Conference Center located on the first floor of the LVH-Muhlenberg Tower.

Greater Lehigh Valley Independent Practice Association

Annual Membership Meeting

The GLVIPA Annual Membership meeting will be held on Monday, January 22, 2007, at 6 p.m., in the Auditorium of Lehigh Valley Hospital – Cedar Crest & I-78, at which time the annual election for Board of Trustees will be held.

Please be reminded that the IPA Bylaws require the voting process to be completed by physician members in person or by proxy. If you cannot attend the meeting and wish to vote by proxy, please make certain that your signed proxy is available at the time of the meeting.

If you have any questions, please contact a member of the Nominating Committee or call Eileen Hildenbrandt, Coordinator, GLVIPA, at 610-969-0423.

2007 GLVIPA General Membership Meetings

The dates for the 2007 GLVIPA General Membership meetings are as follows:

- Tuesday, March 27
- Monday, June 25
- Tuesday, September 25

All meetings are held at 6 p.m., in the hospital’s Auditorium at Cedar Crest & I-78.
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Emergency Medicine Grand Rounds
Emergency Medicine Grand Rounds are held on Thursdays, beginning at 8 a.m. (unless otherwise noted), at various locations. Topics to be discussed in January will include:

January 4 – LVH-M Educ. Conference Center
... “Guns, Gangs and Youth Violence” – Sampson Davis, MD, FACEP, Visiting Speaker, Newark Beth Israel Medical Center, Newark, NJ
... “Medical Errors” – Patrice Weiss, MD

January 11 – LVH-M 4th Floor Classroom
... Resident Lecture Series – Tecla Brabazon, DO
... M & M – Charles Worrilow, MD
... Rosen’s – Gavin Barr, Jr., MD

January 18 – EMI – 2166 S. 12th Street
... Resident Lecture Series – Karen Pheasant, DO
... Resident Lecture Series – Rob Tomsho, DO
... “Physician Wellness” – Marna Greenberg, DO
... “Child Abuse” – David Burmeister, DO

January 25 – EMI – 2166 S. 12th Street
... “SART” – Liz Vans, DO
... Resident Lecture Series – Steph Goren-Garcia, DO
... “Domestic Violence” – Turning Point
... Rosen’s – Gavin Barr, Jr., MD

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

Family Medicine Grand Rounds
Family Medicine Grand Rounds are held the first Tuesday of every month from 7 to 8 a.m., in the Educational Conference Center #1 at Lehigh Valley Hospital – Cedar Crest & I-78, located in the Anderson Wing across from the Library, and teleconferenced to the Educational Conference Center, Room B, at LVH-Muhlenberg, unless otherwise noted.

Upcoming programs include:
... January 2 – No Grand Rounds
... February 6 – “Follow-up for Late Effects of Chemo in Children” – Lesley A. Simpson, MD

For more information, please contact Sue Turi in the Department of Family Medicine at 610-969-4894.

Geriatric Trauma Conference
The next Geriatric Trauma Conference will be held on Wednesday, January 3, beginning at noon, in Classroom 3 in the Anderson Wing at Lehigh Valley Hospital – Cedar Crest & I-78. The topic of discussion will be: “Pulmonary Disease in the Elderly” presented by Daniel Ray, MD.

For more information, please contact Marie Locher, Trauma Development, at 610-402-8464.

Medical Grand Rounds
Medical Grand Rounds are held every Tuesday, beginning at noon, in the Auditorium of Lehigh Valley Hospital – Cedar Crest & I-78, and videoconferenced to the First Floor Conference Room at LVH-Muhlenberg. Topics to be discussed in January will include:
... January 9 – “Atopic Dermatitis in Adults” – Joseph Wojciechowski, MD, Assistant Clinical Professor of Dermatology, University of Rochester School of Medicine
... January 16 – “Patent Foramen Ovale” – Yevgeniy Isayev, MD, Division of Neurology
... January 23 – “Update and Management of Hepatitis B” – Santiago Munoz, MD, Chairman, Center for Liver Disease, Albert Einstein Medical Center
... January 30 – “Wound Care” – Mark Knouse, MD, Division of Infectious Diseases

Neurology Conference
The Division of Neurology conferences have moved to Thursdays at noon, and are videoconferenced to the First Floor Conference Room at LVH-Muhlenberg. Topics for January will include:
... January 4 – Division of Neurology meeting (regular meeting canceled)
... January 11 – “Status Migrainosus” – Classroom 1 – Noah Rosen, MD – Thomas Jefferson Hospital
... January 18 – “Headache Center Update” – Boardroom – James Redenbaugh, MD
... January 25 – TBA – Classroom 1 – Dr. Joel Saper

For more information, please contact Sharon Bartz, Program Coordinator, Neurosciences and Pain Research, at 610-402-9008.

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OB/GYN Grand Rounds
The Department of Obstetrics and Gynecology holds Grand Rounds every Friday morning from 7:15 to 8:15 a.m., in the Auditorium of Lehigh Valley Hospital – Cedar Crest & I-78, unless otherwise noted. Topics to be discussed in January will include:

... January 5 – Gynecologic Tumor Board
... January 12 – “Effects of Estrogen on Cognition and Mood” – Pauline M. Maki, PhD, Associate Professor, Departments of Psychiatry and Psychology, Center for Cognitive Medicine, Neuropsychiatric Institute
... January 19 – No Grand Rounds
... January 26 – TBA – Douglas W. Laube, MD, Professor and Chairman, Department of OB/GYN, University of Wisconsin Medical School, and President, ACOG

For more information, please contact Teresa Benner in the Department of Obstetrics and Gynecology at 610-969-4515.

Pediatric Grand Rounds
The Department of Pediatrics holds Grand Rounds every Tuesday, beginning at 8 a.m., in the Educational Conference Room #1 at Lehigh Valley Hospital – Cedar Crest & I-78, unless otherwise noted. Topics to be discussed in January will include:

... January 2 – No Grand Rounds
... January 9 – “Update on Legislature Affecting Children” – Oscar Morffi, MD
... January 16 – TBA
... January 23 – “Pediatric Toxicology” – Ann-Jeannette Geib, MD, Pinnacle Health Toxicology Center
... January 30 – The Gift of Life presentation

For more information, please contact Kelli Ripperger 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 18, beginning at noon (registration at 11:45 a.m.), in the Educational Conference Center, Rooms C and D, at LVH-Muhlenberg.

The topic of discussion will be: “Who is that character in my office anyway?” which will be presented by Roger J. Cadieux, MD, Clinical Professor of Psychiatry, Penn State University College of Medicine.

For more information, please contact Tammy Schweizer in the Department of Psychiatry at 610-402-5255.

Spine Conference
Conferences relating to interesting spine cases are held the first Wednesday of every month beginning at 7 a.m. Attendees typically include spine surgeons, neurosurgeons, physiatrists, pain management specialists, radiologists, among others. All clinicians are invited to bring interesting cases to this meeting.

The next Spine Conference will be held on Wednesday, January 3, in the Educational Conference Room #1 in the Anderson Wing of Lehigh Valley Hospital – Cedar Crest & I-78.

For more information, please contact James C. Weis, MD, Division of Orthopedic Surgery, or Lorraine Pasieka, Clinical Coordinator, at 610-973-6339.

Surgical Grand Rounds
Surgical Grand Rounds are held on Tuesdays, beginning at 7 a.m., in the Auditorium of Lehigh Valley Hospital – Cedar Crest & I-78, and via videoconference in the First Floor Conference Room at LVH-Muhlenberg. Topics for January will include:

... January 2 – No Grand Rounds
... January 9 – GME Annual Report – William Iobst, MD, and James P. Orlando
... January 16 – “Vascular Endothelial Growth Factor (VEGF) Inhibition in Ocular Disease” – Joseph Maguire, MD, Assistant Professor, Wills Eye Hospital
... January 23 – “Pancreas Transplantation at the Cleveland Clinic: Programmatic Evolution to Current Practice” – Venkatesh Krishnamurthi, MD, Director, Pancreas Transplant Program, Cleveland Clinic Foundation
... January 30 – “Rectal Prolapse” – Michael Fealk, DO

For more information, please contact Cathy Glenn in the Department of Surgery at 610-402-7839.
Who’s New

This section contains an update of new appointments, address changes, status changes, resignations, etc. Please remember to update your directory and rolodexes with this information.

Medical Staff

New Appointments

**Thomas M. Boetel, DO**
Coordinated Health
2300 Highland Avenue
Bethlehem, PA 18020-8920
610-865-4880
Fax: 610-997-7171
Department of Medicine
Division of Physical Medicine-Rehabilitation
Provisional Active

**Kenneth Bunch, MD**
Coordinated Health
1401 N. Cedar Crest Blvd.
Second Floor
Allentown, PA 18104-2307
610-433-8080
Fax: 610-433-4376
Department of Medicine
Division of Physical Medicine-Rehabilitation
Provisional Active

**Tina C. Bunch, MD**
Coordinated Health
2300 Highland Avenue
Bethlehem, PA 18020-8920
610-865-4880
Fax: 610-997-7171
Department of Medicine
Division of Rheumatology
Provisional Active

Address Changes

**Adrienne E. Apatoczky, DO**
104 Skyward Drive
Danville, PA 17821-9124
570-275-0835

**Keith F. Rawlinson, MD**
Montage Center for Specialized Medicine
52 Glenmaura National Blvd.
Moosic, PA 18507-2101
570-558-4669  Fax: 570-558-3287

**Igor M. Yampolsky, MD**
The Guidance Program
1255 S. Cedar Crest Blvd., Suite 3800
Allentown, Pa 18103-6240
610-402-5900  Fax: 610-821-2038

Address Addition/Phone and Fax Change

**Albert D. Abrams, MD**
1401 N. Cedar Crest Blvd.
Second Floor
Allentown, PA 18104-2307
484-264-8334  Fax: 610-433-4376

Practice Changes

**Jennifer L. Dupre, DO**
(No longer with Southside Family Medicine)
Lehigh Valley Physician Group
1605 N. Cedar Crest Blvd., Suite 610
Allentown, PA 18104-2371
610-439-7520  Fax: 610-439-7527

**Stephen P. Falatyn, MD**
(No longer with Orthopaedic Surgical Group)
OAA Orthopaedic Specialists
250 Cetronia Road, Second Floor
Allentown, PA 18104-9168
610-973-6200  Fax: 610-973-6546

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Michael S. Hortner, MD
(No longer with The Institute for Laser and Aesthetic Medicine)
Comprehensive Wound Healing Center
421 Chew Street
Allentown, PA 18102-3406
610-776-5930 Fax: 610-776-5485

Shannon Kearney, DO
(No longer with Allergy and Asthma Associates)
Shannon Kearney, DO, PC
3535 High Point Blvd., Suite 600
Bethlehem, PA 18017-7804
610-867-8874 Fax: 610-867-8871
(Effective February 1, 2007)

Pamela F. LeDeaux, MD
(No longer with Lehigh Valley Family Health Center)
Valley Family Medical Center
1251 S. Cedar Crest Blvd., Suite 104B
Allentown, PA 18103-6205
484-664-2910 Fax: 484-664-2917

Nainesh C. Patel, MD
(No longer with Devendra K. Amin, MD, PC)
Lehigh Valley Heart Specialists
1243 S. Cedar Crest Blvd.
Allentown, PA 18103-6268
610-402-3110 Fax: 610-402-3112

New Pager Number

Larry R. Glazerman, MD
Pager – 610-508-0208

Medical Staff Leadership Appointments

Richard C. Boorse, MD
Acting Chief
Division of General Surgery

Paul J. Mosca, MD, PhD
Interim Chief
Section of Surgical Oncology

Resignations

Manassi T. Antonis, DDS
Department of Dental Medicine
Division of General Dentistry

Mary E. Cohen, MD
Department of Psychiatry
Division of Psychiatric Ambulatory Care

David A. Doron, MD
Department of Medicine
Division of Cardiology

William T. Ford, Jr., MD
Department of Medicine
Division of Hospital Medicine/General Internal Medicine

Mark F. Indzonka, MD
Department of Medicine
Division of Cardiology

Albert J. Peters, DO
Department of Obstetrics and Gynecology
Division of Reproductive Endocrinology & Infertility/Gynecology

Mary E. Pipan, MD
Department of Pediatrics
Division of Pediatric Subspecialties
Section of Developmental-Rehabilitation

Farhad Sholevar, MD
Department of Psychiatry
Division of Psychiatric Ambulatory Care/Adult Inpatient Psychiatry

Hesham Tawakol, MD
Department of Pediatrics
Division of Neonatology

In Memoriam

Robert D. Riether, MD
Department of Surgery
Division of Colon and Rectal Surgery
October 24, 1943 – November 5, 2006

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**Allied Health Staff**

**New Appointments**

- **Laura E. Berman, PA-C**
  Physician Assistant-Certified
  (Lehigh Neurology – Yuebing Li, MD, PhD)

- **Deyrdra L. Boatwright, CMA**
  Certified Medical Assistant
  (The Heart Care Group, PC – Gerald E. Pytlewski, DO)

- **Deborah C. Boorse, CRNP**
  Certified Registered Nurse Practitioner
  (Surgical Specialists of the Lehigh Valley – Daniel D. Lozano, MD)

- **Stephanie M. Davis, PA-C**
  Physician Assistant-Certified
  (Lehigh Area Medical Associates, PC – Vipul D. Makwana, MD)

- **Robert P. DeMarco, GRNA**
  Graduate Registered Nurse Anesthetist
  (Lehigh Valley Anesthesia Services, PC – Thomas M. McLoughlin, Jr., MD)

- **Susan A. Dreher, RN**
  Registered Nurse
  (The Pediatric Specialty Center at Lehigh Valley Hospital – Chris CN Chang, MD)

- **Janet L. Matejicka, RN**
  Registered Nurse
  (The Heart Care Group, PC – Martin E. Matsumura, MD)

- **Amy L. Pena, PA-C**
  Physician Assistant-Certified
  (Muhlenberg Primary Care, PC – Larry L. Levin, MD)

- **Carole N. Rottmann, CRNP**
  Certified Registered Nurse Practitioner
  (Pulmonary Associates – Susan G. Gerhardt, MD)

- **Deidre J. Van Assche, CRNP**
  Certified Registered Nurse Practitioner
  (Allentown Associates LLC – Paul K. Gross, MD)

- **Tamar Wiener, PA-C**
  Physician Assistant-Certified
  (OAA Orthopaedic Specialists – Kenneth J. Brislin, MD)

**Change of Supervising Physician**

- **Catherine L. Monhollen, CRNP**
  Certified Registered Nurse Practitioner
  (Center for Women’s Medicine)
  From: Gary J. Conner, MD
  To: Patrice M. Weiss, MD

**Change of Supervising Physician and Group**

- **Kathy S. Attieh, PA-C**
  Physician Assistant-Certified
  From: Muhlenberg Primary Care, PC – Michael Ehrig, MD
  To: Lehigh Valley Heart Specialists – Andrew D. Sumner, MD

- **Ann C. Lushis, CRNP**
  Certified Registered Nurse Practitioner
  From: Lehigh Internal Medicine Associates – Thomas V. Brislin, DO
  To: Wound Health Center – Robert X. Murphy, Jr., MD

**Resignations**

- **Frances V. Fasching, CRNP**
  Certified Registered Nurse Practitioner
  (Surgical Specialists of the Lehigh Valley)

- **Jeffrey R. Trexler, PA-C**
  Physician Assistant-Certified
  (Southside Family Medicine)

- **Majorie A. Trinkle, LPN**
  Licensed Practical Nurse
  (Joseph N. Greybush, MD)
Medical Staff Progress Notes
Linda L. Lapos, MD
President, Medical Staff
Matthew M. McCambridge, MD
President-elect, Medical Staff
Donald L. Levick, MD, MBA
Past President, Medical Staff
John W. Hart
Vice President, Medical Staff Services
Janet M. Seifert
Coordinator, Communications & Special Events
Managing Editor

Medical Executive Committee
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Peter E. Fisher, MD, MBA
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L. Wayne Hess, MD
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Elliot J. Sussman, MD
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Gary W. Szylowski, MD
John D. Van Brakle, MD
L. Kyle Walker, MD
Michael S. Weinstock, MD
Patrice M. Weiss, MD
John F. Welkie, MD
James T. Wertz, DO
Robert E. Wertz II, MD
Thomas V. Whalen, MD
Matthew J. Winas, DO

We’re on the Web!
Visit the Medical Staff Services website at:
http://lvhh.org.dws0158.fast.net/medicalstaff

Medical Staff Progress Notes is published monthly to inform the Medical Staff and employees of Lehigh Valley Hospital of important issues concerning the Medical Staff.

Articles should be submitted by e-mail to janet.seifert@lvh.com or sent to Janet M. Seifert, Medical Staff Services, Lehigh Valley Hospital, 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.