LVH Named Among Best in U.S. in Eight Specialties by U.S. News & World Report

Lehigh Valley Hospital (LVH) ranks as one of the nation’s top hospitals in eight specialty care delivery areas in the 2006 U.S. News & World Report guide to “America’s Best Hospitals,” more than LVH or any other hospital in the region has ever achieved. This is the eleventh consecutive year LVH has made the U.S. News rankings. It is the only hospital in the Lehigh Valley region to be ranked in 2006.

The 2006 list recognizes LVH among the nation’s leading hospitals for cancer care, digestive disorders, endocrinology, heart care and heart surgery, kidney disease, orthopedics, respiratory disorders and urology.

“This recognition from U.S. News & World Report belongs to our dedicated teams of physicians, nurses and staff,” said Elliot J. Sussman, MD, LVHHN President and CEO. “It is extremely gratifying to see them receive national recognition for the care they work so hard to deliver to our community everyday. It is a tribute to those clinicians and others that more and more members of our community are choosing Lehigh Valley Hospital for their care. This shows that others are recognizing that commitment and dedication as well.”

According to U.S. News & World Report, “America’s Best Hospitals” assessed care in 16 specialties. In order to be considered, a hospital must meet one of three standards: membership in the Council of Teaching Hospitals (COTH), affiliation with a medical school or availability of specific technology-related services. In each specialty, a hospital must admit and treat a minimum number of
Drifting Goals – The Boiled Frog Syndrome

I still love playing basketball, and I try to play one or two times per week. I realize that my age has impacted my speed and my skills, and this has affected my expectations of how I play. But it wasn’t until I played against my high school aged son that I realized how much my game had deteriorated. I had deluded myself into thinking that I was still “a player.” I knew I was getting slower, but I didn’t think I was that slow. It seemed as if all of a sudden I realized that I was old.

In the systems literature, this phenomenon is called “Drifting Goals” and is exemplified by the story of “The Boiled Frog.” If you put a frog into a pot of hot water, it will jump right out. But, if you put the frog into warm water, it will swim around happily. If you turn up the temperature slowly, the frog will not realize the gradual change and will slowly get cooked to death. The frog’s survival instincts are geared toward sudden changes and not incremental ones.

The concept of drifting goals involves situations in which we lower our goals (performance goals, expectations, etc.) rather than taking corrective action and realizing/addressing the underlying problems. Sometimes this happens because the corrective action may be undesirable or difficult (cutting expenses to reach profit goals); or it may be that we are focused on other factors that seem more important (quality slips while focusing on profit).

When we first started out in medical practice, our goal was to always provide the highest quality care to our patients – attempting to address all of their concerns and various medical conditions. As we acclimated to the demands and reality of office practice, it became apparent that the completeness of the office visit was dependent upon many factors besides the patients’ condition – how packed the office schedule was, the documentation requirements for the visit, how many additional questions the patient asked. In response, we rationalize our actions in the exam room, “I’ll ask her about her diabetes at the next visit – I’ll make sure there’s more time.” Slowly, over time, expectations about the goals of the visit moved away from the original ideals.

Consider the computers on the hospital units. Gradually, the performance of the computers degrades due to spy ware and ad ware, etc.; however, you probably don’t take notice until the performance lag becomes so severe as to render the computer almost unusable. Once maintenance is performed on the computer, it appears to perform at blazing speeds. The dramatic improvement is easily recognized compared to the gradual decrease in performance that occurred over the preceding months.

How do we avoid becoming the “boiled frog?” One tactic is to establish ongoing performance measures. If there are objective measures against which we can judge our performance, it is easier to appreciate subtle change as they occur.

With our patients, this can be accomplished through periodic well exams – monitoring a patient’s weight, blood pressure, cholesterol and blood sugar. It is important to continue monitoring these vital signs and other parameters to ensure that subtle changes are identified before they become severe. How often have we seen a patient who hasn’t been examined for several years, only to find some significant change in his or her health?

Continued on next page
In our office, there are other areas where we can prevent becoming a boiled frog. Patient and employee satisfaction can change very gradually due to personnel changes, or changes in process and procedure. Often, it is not noticed until a more dramatic change occurs – high turnover of staff or an increase in patients transferring out of the practice. Objective measurements of patient and employee satisfaction are easily obtained and can help identify gradual changes.

As with all systems, learning is the key. If you begin to notice unacceptable changes in behavior, a process or system, design a method to objectively measure it and then initiate a preventive maintenance program to address any issues or problems. Then we can all swim around in the water without getting “boiled.”

Donald L. Levick, MD, MBA
Medical Staff President

REFERENCE:
“Drifting Goals”; The Systems Thinker, Nov 2004 - Vol 15, No. 9

patients with sufficiently complex conditions, or be cited by at least one physician as among the best in that specialty in the past three years of *U.S. News* surveys. These hospitals received a score that equally weighs reputation, mortality and certain care-related factors such as nursing and patient and community services. LVH cares for more patients at its Cedar Crest & I-78 site than any hospital in a nine-county region in six specialty areas including heart care/heart surgery and orthopedics, two of the specialties for which LVH is cited in the *U.S. News* rankings. The nine counties include Berks, Bucks, Carbon, Monroe, Montgomery, Lehigh, Luzerne, Northampton and Schuylkill.

“It is always nice to be recognized for the work that you do and to be considered among the best in your field,” said Donald L. Levick, MD, Medical Staff President. “It is especially gratifying when others notice that the quality of care you provide is improving the health and lives of the community. I’m extremely proud of my colleagues, our nurses and our staff because their expertise, commitment and teamwork in caring for our patients have earned this distinction.”
National Provider Identifier

The Centers for Medicare & Medicaid Services (CMS) has announced the availability of a new identifier for use in the standard electronic health care transactions. The National Provider Identifier (NPI) will be the single provider identifier, replacing the different provider identifiers you currently use for each health plan with which you do business. This identifier, which implements a requirement of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), must be used by most HIPAA covered entities, which are health plans, health care clearinghouses, and health care providers that conduct electronic transactions.

On May 23, 2007, HIPAA covered entities must use NPIs to identify health care providers in standard transactions such as claims, eligibility inquiries and responses, claim status inquiries and responses, referrals, and remittance advices. Health care providers include individuals such as physicians, dentists, and pharmacists, and organizations such as hospitals, nursing homes, pharmacies, and group practices. Health care providers who transmit health information electronically in connection with any of the standard transactions are required by the NPI Final Rule to obtain NPIs, even if they use business associates, such as billing agencies, to prepare the transactions.

If you have not yet obtained your NPI, you may apply for it in one of following ways:

... You may apply through an easy web-based application process which takes about 20 minutes. The web address is https://nppes.cms.hhs.gov, or

... You may prepare a paper application which is available on-line at https://nppes.cms.hhs.gov or by calling 1-800-465-3203.

Once you have obtained your NPI, please fax a copy of the correspondence you received listing your NPI to Medical Staff Services at 610-402-8926.

Additional information regarding the NPI is available on-line at www.cms.hhs.gov/hipaa/hipaa2. This site contains Frequently Asked Questions and other information related to the NPI and other HIPAA standards.

Physician Referral Bonus Program

Lehigh Valley Hospital and Health Network (LVHHN) has earned a national reputation for providing quality patient care. In order to maintain this level of clinical excellence, it is necessary to recruit well-trained and highly-skilled physicians. The demand for qualified physicians, coupled with the decrease in the number of physicians being trained each year, has created an extraordinarily competitive market. 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 Pam Adams, Physician Recruiter, at 610-969-0208.
News from CAPOE Central

“Where are My Orders?”
The CAPOE team occasionally receives calls regarding apparently “lost orders” in which the physician is having difficulty finding orders in the Order Profile. Often, the answer lies in the Double Scroll Bars on the far right of the Order Profile. If there are more orders than can be viewed by scrolling the window with the small scroll bar, these Up and Down Double Scroll Bars appear (see arrow in diagram below). If you click on the Down Arrow on the Double Scroll Bar, the “next page” of orders will display. The Up and Down Double Scroll Bars will advance you forward and backward one page of orders at a time. Please remember that when you see these buttons on the right side of the screen, there are more orders to view.

“The Keyboard is Acting Weird”
Another call that is received on the CAPOE helpline is related to the keyboard apparently not responding. This may present as difficulty logging in or the inability to type in doses or comments. If this occurs, make sure that “NUM LOCK” is not on. When the NUM LOCK key is on, several of the main keys on the right side of the keyboard will act as a number pad, instead of entering the letters as indicated. Please remember to check if NUM LOCK is on when the keyboard does not seem to be working as expected.

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.

Documentation Improvement Tip of the Month
The underlying cause of foot ulcers in a diabetic patient may be diabetic neuropathy, peripheral vascular disease, or superimposed infection. Sequencing of the diagnosis depends on physician documentation of the circumstances of admission. The physician must clearly state a cause and effect relationship of diabetes and the foot ulcer for diabetic foot ulcer to be coded. If there is a question as to linkage, a physician query will be generated.
2006 National Patient Safety Goals

Patient Identifiers

Patient identifiers is a National Patient Safety Goal that has been around since the goals were implemented by JCAHO. The rationale for this goal, according to JCAHO, is that errors involving the wrong patient occur in virtually all aspects of diagnosis and treatment. The intent of this goal is to reliably identify the individual as the patient for whom the service or treatment is intended and to match the service or treatment to that individual. It is required that two patient identifiers be used whenever administering medications or blood products, taking blood samples and other specimens for clinical testing or providing other treatments or procedures. The room number should not be used as an identifier. Acceptable identifiers are the patient name, date of birth, identification number, telephone number, photograph or other person-specific identifiers. The use of barcoding, that includes two or more identifiers, does comply with the requirement.

As a provider of care, this means that you need to ask the patient to state his or her name and date of birth and then check the patient’s identification bracelet to verify information. Barcoding helps to accomplish this for medication administration, in addition to asking the patient. When barcoding is not available, the identification bracelet must be checked for name and date of birth. Asking the patient if he is “Tom Jones” is not acceptable. Many confused patients have responded yes to that question, when in fact they were not “Tom Jones” but were “Tom Smith.”

Errors have also occurred when staff have entered the wrong patient information on the electronic record. Before entering information on a record, be sure to check for two patient identifiers. Verifying patient name and date of birth, through the use of labels, will help to confirm that the information is placed on the correct medical record.

If you have any questions or concerns about patient identifiers, please contact Kristie Lowery, Patient Safety Officer, at 610-402-3001.

Deep Vein Thrombosis

Lehigh Valley Hospital has launched a major effort to raise awareness of deep vein thrombosis (DVT). Members of the Medical Staff, Nursing and Pharmacy have all worked diligently over the past several years to improve awareness of DVT and increase compliance rates for DVT prophylaxis. In mid-July, a prompt for DVT prophylaxis tied to all of the adult admission orders in CAPOE took effect. This prompt requests the user to order one of the evidence-based DVT prophylaxis therapies. Users have the option to not select any prophylaxis, but are then asked to provide documentation for their decision.

In addition to this initiative, there are various new patient education materials available. Some brief information regarding DVT is included in the patient admission packet. There are “Learn More About” patient education materials available on DVT and PE. Finally, LVH has created a video about DVT that runs on the hospital’s education channel. This video can be viewed three times a day and runs in both English and Spanish.

For more information regarding this issue, please contact Michael J. Pistoria, DO, Division of General Internal Medicine, at 610-402-8045 or via email.
Coming Soon . . . Pilot of New Insulin Orders to Improve Glucose Control

In the past several years, there has been definitive evidence demonstrating a strong association between elevated glucose levels in hospitalized patients and increased rates of morbidity, mortality, and associated costs. In fact, national guidelines for inpatient care from both the American Association of Clinical Endocrinologists and the American Diabetes Association recommend the following hospital glucose targets for non-pregnant adults:

- Intensive Care Settings – Maximum of 110mg/dl
- Non-Critical Care Units – Pre-prandial of 110mg/dl; Maximum of 180mg/dl

In response to these recommendations, Lehigh Valley Hospital’s multi-disciplinary Diabetes Management Quality Council team has diligently reviewed evidence based strategies to work towards these targets. Two new insulin order sets have been developed/modified as a response to this emerging evidence:

- Insulin IV Infusion Orders for Hyperglycemia Control (not for DKA or HHS)*
- Transition Orders to Convert From IV to Subcutaneous Insulin

These new order sets are slated to be piloted on MICU/SICU/ICU-W; TNICU/TTU; ACU/PCU; and 4C this fall. The pilot will follow completion of order sets into CAPOE, and education for physicians and nursing staff.

As a physician ordering the **new IV insulin orders**, you will need to specify:

- Start date and time for the infusion
- Primary IV solution (Note: If NPO and not on TPN or TF, IV fluid should reflect a glucose source of not less than 5 gm/hr).
- Target BG range for insulin titration
  - 80-110 mg/dl target range - Suggested for all ICU settings
  - 90-140 mg/dl target range - Optional range for non-critical care areas

Traditionally, IV insulin orders have only been indicated for the NPO population as it provides only basal insulin and cannot be properly titrated in response to patients who are eating due to the natural rise in glucose post meal. An option for this new order set is to add subcutaneous rapid-acting insulin as a meal based bolus, based on carbohydrate intake, keeping the IV insulin as basal insulin and subcutaneous meal insulin as bolus insulin, similar to pancreatic function.

The **Transition Order** set provides guidelines for appropriate conversion from IV to subcutaneous insulin therapy to maintain optimal glucose control and includes appropriate insulin regimen suggestions for use in Type 1 and Type 2 diabetes. The orders emphasize the use of basal/background insulin, with rapid-acting meal insulin and insulin correction based on individual sensitivity factors. Traditional sliding scales have no scientific basis and are ineffective approaches to glucose management, actually proven to precipitate hyperglycemia when used alone. All insulin doses for glucose correction should be based on an individual sensitivity factor and should be used in combination with background insulin or oral medications.

Recent data from several of the pilot units over a one-month period demonstrated that 51-60% of glucoses were > 130 mg/dl. Glucose values, time to goal with IV insulin, hypoglycemia rates, and satisfaction rates with ease of use of order sets will be evaluated three months after the pilot. Additional parameters related to LOS and costs will also be explored.

If you have any questions or need support with this change in practice, please contact Larry N. Merkle, MD, Chief, Division of Endocrinology, or Joyce Najarian, RN, MSN, CDE, Director of Helwig Diabetes Center, at 610-402-1731.

*The IV insulin order set being piloted is modified from the Atlanta column calculated method from Dr. Bruce Bode. In a comparison study by the Amarillo Group in Texas, it was reported to be the best protocol for achieving target glucose levels quickly, even when the initial BG is high, compared to the Portland, DIGAMI, and Leuven protocols. Time to BG < 180 is 3 hours, < 140 in 4-5 hours, with hypoglycemia rates < 1%.
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 Walkway
While exterior panels are being installed to the bridge connecting the Center for Advanced Health Care with the John and Dorothy Morgan Cancer Center (pictured below), watch for lane closures along the ring road. Traffic control will be in place.

East Parking Deck
Foundation work continues (see below). The completion date for the new parking deck has been pushed up! Scheduled completion date is October 1.

Kasych Family Pavilion
Mechanical, electrical and plumbing work has begun inside the Kasych Family Pavilion (pictured above). Roof work has begun and air handling equipment was installed last month.

Main Entrance
A temporary canopy (pictured above) has been installed over the main entrance doors to protect patients and visitors from the weather during the remaining construction in this area of the hospital. Currently, new sidewalks are being constructed.

Continued on next page
Parked from Page 8

Parking

Where should patients and visitors park?

... Bright yellow signs are posted near the information booth along the ring road directing patients and visitors to the parking deck and the valet area.

... When in doubt, visitors should ask the traffic attendants stationed along the roadway to direct them where they need to go.

Parking Maps

... New construction maps outlining Phase II of the expansion project have been mailed to physician offices and outpatient treatment areas. If you need more copies of the map, please contact 610-402-CARE (2273).

Valet Parking

... Valet parking is provided 24-hours a day, seven days a week.

... 16 valet parking attendants are on duty during peak traffic hours.

Parking Deck

... Shuttles run in a continuous loop from the parking deck, to the 1210 building, to the hospital’s main entrance.

... Patients and visitors may park anywhere in the deck.

... Employees assigned to park in the deck MUST park on Levels 4 and 5.

Hospital Entrances

... Patients may still be dropped off and picked up at the hospital’s main entrance

... The Cancer Center entrance with the blue canopy is a good alternative for patients and visitors going to the 1210 building, the Heart Care Group or visiting a patient in the Jaindl Pavilion.

... Patient/Visitor parking lots located in the rear of the hospital near the 1230 building, 1220 building (MRI) and Emergency Department will remain open to the public.

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

Roberto CM Bergamaschi, MD, PhD, Division of General Surgery, a co-author with the Rectal Prolapse Recurrence Study Group, published the article, “How accurate are published recurrence rates after rectal prolapse surgery? A meta-analysis of individual patient data,” which appeared in the June 2006 issue of the American Journal of Surgery.

Barry H. Glassman, DMD, Division of General Dentistry, made two presentations at the Dawson Alumni Meeting held in April in Orlando, Fla. His topics included “Joint Vibration Analysis in Diagnosis of Internal Derangements” and “Dental Sleep Medicine.” Also in April, in addition to delivering the Keynote Address at the BioRESEARCH Annual Conference in Milwaukee, Wis., he lectured on “The Role of Parafunctional Control in Migraine Therapy.” In June, Dr. Glassman presented a full-day seminar on “TMD for the General Dentist” for Dental Services Laboratory in Toronto, Canada.

Peter A. Keblish, MD, Division of Orthopedic Surgery, Section of Ortho Trauma, was an invited guest speaker at the Moscow (Russia) State University, the major teaching facility of the city. Dr. Keblish was the guest of Dr. Vadim Dubrov, Professor of Orthopedics, who had received a portion of his orthopedic training at Yale University in the early 1990’s. Dr. Keblish presented a scientific program dedicated to modern concepts in total knee replacement. Presentations included surgical approaches, implant techniques, patella management and rationale of mobile bearing total knee designs. In addition, Dr. Keblish presented difficult case management for the resident staff. Conference attendees included orthopedic surgeons from all major Moscow hospitals and the resident staff.

Indru T. Khubchandani, MD, Division of Colon and Rectal Surgery, was re-elected as Director General at the XXI Biennial Congress of International Society of University Colon and Rectal Surgeons in Istanbul, Turkey, held from June 24 to 28. The meeting was held jointly with the Turkish Society of Colorectal Surgeons and was attended by 580 surgeons representing 28 countries. Dr. Khubchandani was the Program Chairman and presided over two panels.

William L. Miller, MD, Chair, Department of Family Medicine, co-authored an editorial, “Annals Journal Club: It’s Time to Get RADICAL,” which was published in Annals of Family Medicine, Volume 4, Number 3, 2006.

Michael A. Rossi, MD, Chief, Division of Cardiology, and Joshua B. Skibba, MD, Division of General Internal Medicine, were two of the co-authors of a paper, “Impact of a Quality Initiative Using Information Technology to Improve JCAHO Core Measure Performance for AMI and CHF,” which was presented at the American Heart Association’s 7th Scientific Forum on Quality of Care and Outcomes Research in Cardiovascular Disease and Stroke held in May in Washington, DC.

Patrice M. Weiss, MD, Vice Chair of Education and Research and Residency Program Director, Department of Obstetrics and Gynecology, presented a clinical seminar titled “Disclosure of Unanticipated Outcomes and Medical Errors,” as well as a Luncheon Conference Workshop titled “Communicate or Litigate” at the 54th Annual Clinical Meeting of the American College of Obstetricians and Gynecologists held in Washington, DC, in May.
Upcoming Seminars, Conferences and Meetings

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 Room #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, unless otherwise noted. The next scheduled program is as follows:

**August 1**

... “Peripheral Vascular Disease” – Raymond A. Durkin, MD, Division of Cardiology

For more information, please contact Staci Morrissey in the Department of Family Medicine at 610-969-4285.

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 August will include:

... August 4 – No Grand Rounds – EMR Training for Residents
... August 11 – Gynecologic M & M
... August 18 – “Ovarian Cancer Awareness”
... August 25 – “Sexuality in Persons with Chronic Illness/Disability”

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 August will include:

... August 1 – To Be Announced
... August 8 – “Acute Management of Diabetic Ketoacidosis” – L. Kyle Walker, MD, Division of Pediatric Critical Care Medicine

... August 15 – Case Conference – Jan H. Floyd, MD, Division of General Pediatrics
... August 22 – “Update of Pediatric Epilepsy” – Shu G. Xu, MD, Division of Pediatric Subspecialties, Section of Neurology
... August 29 – “Sleep Disorders” – Lisa Meltzer, PhD, Assistant Professor of Clinical Psychology in Pediatrics, University of Pennsylvania School of Medicine, and Clinical Psychologist, The Sleep Center, Children’s Hospital of Philadelphia

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, August 17, beginning at noon, in the Banko Family Center, Rooms 1 and 2, at LVH-Muhlenberg.

The topic of discussion will be “Diabetes in Mentally Ill Patients” to be presented by Leslie Lucien Citrome, MD, MPH, Director of the Clinical Research and Evaluation Facility at the Nathan S. Kline Institute for Psychiatric Research in Orangeburg, NY, and Professor of Psychiatry at the New York University School of Medicine.

For more information, please contact Natalie Kern in the Department of Psychiatry at 610-402-5713.

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

The dates of the next two meetings are August 2 and October 4, both of which will be held 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 Lisa Smoothers, Clinical Coordinator, at 610-973-6338.
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

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

Eric C. Bruno, MD
LVPG-Emergency Medicine
Lehigh Valley Hospital
Cedar Crest & I-78, P.O. Box 689
Allentown, PA 18105-1556
(610) 402-8111 Fax: (610) 402-4546
Department of Medicine
Division of Emergency Medicine
Provisional Active

Dale A. Dangleben, MD
Practice of Charles J. Scagliotti, MD
1210 S. Cedar Crest Blvd., Suite 3000
Allentown, PA 18103-6208
(610) 770-3270 Fax: (610) 432-3249
Department of Surgery
Division of General Surgery
Provisional Active

John-Paul Gomez, MD
Muhlenberg Behavioral Health
Banko Family Community Center
2545 Schoenersville Road
Bethlehem, PA 18017-7384
(484) 884-5783 Fax: (484) 884-5757
Department of Psychiatry
Section of Child-Adolescent Psychiatry
Provisional Active

Natalie M. Grider, MD
Kutztown Family Medicine
15050 Kutztown Road
Kutztown, PA 19530-9275
(610) 683-7393 Fax: (610) 683-5470
Department of Family Medicine
Provisional Active

T. Daniel Harrison, DO
General Surgical Associates
1240 S. Cedar Crest Blvd., Suite 208
Allentown, PA 18103-6218
(610) 439-4055 Fax: (610) 439-8650
Department of Surgery
Division of General Surgery
Provisional Active

Christine A. Kenny, MD
Pleasant Valley Family Practice
12 Kevin Lane
Brodheadsville, PA 18322-9731
(570) 992-7620 Fax: (570) 992-9884
Department of Family Medicine
Provisional Active

Marc B. Lewbart, DO
LVPG-Emergency Medicine
Lehigh Valley Hospital
Cedar Crest & I-78, P.O. Box 689
Allentown, PA 18105-1556
(610) 402-8111 Fax: (610) 402-4546
Department of Emergency Medicine
Division of Emergency Medicine
Provisional Active

Continued on next page
Continued from Page 13

Karen K. Yeo, DDS
Practice of Dr. Peter M. Cilento
1104 S. Cedar Crest Blvd.
Allentown, PA 18103-7901
(610) 437-4486
Fax: (610) 437-5071
Department of Dental Medicine
Division of Prosthodontics
Provisional Active

Address Changes

Aesthetic Surgery Associates
John A. Altobelli, MD
Johnny S. Chung, MD
Robert B. Kevitch, MD
W. Michael Morrissey, Jr., DMD, MD
250 Cetronia Road, Suite 301
Allentown, PA 18104-9168
(610) 437-2378
Fax: (610) 820-9983

Richard S. Kolecki, MD
701 Ostrum Street, Suite 401
Bethlehem, PA 18015-1153
(610) 317-9968
Fax: (610) 317-9800

Mishkin, Shore, Urankar, Nichols
Mark H. Mishkin, MD
Li T. Nichols, MD, PhD
Stephen R. Shore, MD
Nancy A. Urankar, MD
798 Hausman Road
Suite 240
Allentown, PA 18104-9119
(484) 223-3300
Fax: (484) 223-3464

Michael A. Rossi, MD
Lehigh Valley Heart Specialists
1243 S. Cedar Crest Blvd.
Allentown, PA 18103-6268
(610) 402-3110
Fax: (610) 402-3112

Practice Changes

James J. Bradbury, DO
(No longer with LVH Department of Medicine)
Afterhours Physician Coverage Group
1240 S. Cedar Crest Blvd.
Suite 410
Allentown, PA 18103-6218
(610) 402-5200
Fax: (610) 402-1675

Bruce A. Feldman, DO
(No longer with The Heart Care Group)
Lehigh Valley Heart Specialists
1243 S. Cedar Crest Blvd.
Allentown, PA 18103-6268
(610) 402-3110
Fax: (610) 402-3112

J. Patrick Kleaveland, MD
(No longer with The Heart Care Group)
Lehigh Valley Heart Specialists
1243 S. Cedar Crest Blvd.
Allentown, PA 18103-6268
(610) 402-3110
Fax: (610) 402-3112

Joseph R. Paprota, MD
(No longer with LVH Department of Medicine)
Afterhours Physician Coverage Group
1240 S. Cedar Crest Blvd.
Suite 410
Allentown, PA 18103-6218
(610) 402-5200
Fax: (610) 402-1675

C. Gerard Petersen, MD
(No longer with Bethlehem Pulmonary Associates)
Pulmonary Associates
1210 S. Cedar Crest Blvd.
Suite 2300
Allentown, PA 18103-6252
(610) 439-8856
Fax: (610) 439-1314

Ernesto Rodriguez, MD
Merged with
OBGYN Associates of the LV
(Same address and phones)
1007 W. Hamilton Street
Allentown, PA 18101-1012
(610) 774-9694
Fax: (610) 774-9697

Continued on next page
Continued from Page 14

Priyanka P. Roy, MD
(No longer with Primary Care Associates in the LV, PC)
Sacred Heart Internal Medicine
450 Chew Street
Suite 204
Allentown, PA 18102-3434
(610) 776-5105
Fax: (610) 606-4432

Caroline J. Shedlock, MD
(No longer with LVH Department of Medicine)
LVPG-Hospitalist Services
1240 S. Cedar Crest Blvd.
Suite 412
Allentown, PA 18103-6218
(610) 402-5369
Fax: (610) 402-5959
From: Provisional Limited Duty
To: Provisional Active

Sultan M. Siddique, MD
(No longer with The Heart Care Group)
Premier Heart Specialists
241 N. 13th Street
Easton, PA 18042-3282
(610) 258-7701
Fax: (610) 258-7702

Joshua B. Skibba, MD, MD
(No longer with LVH Department of Medicine)
Afterhours Physician Coverage Group
1240 S. Cedar Crest Blvd.
Suite 410
Allentown, PA 18103-6218
(610) 402-5200
Fax: (610) 402-1675

Brian W. Zimmer, DO
(No longer with LVH Department of Medicine)
LVPG-Medicine
1210 S. Cedar Crest Blvd., Suite 3600
Allentown, PA 18103-6208
(610) 402-1150
Fax: (610) 402-1153
From: Limited Duty
To: Provisional Active

Resignations

Eric D. Becker, MD
Department of Psychiatry

Daniel A. Forman, DO
Division of General Internal Medicine

Joel R. Garcia, MD
Division of General Internal Medicine

Joseph M. Laureti, DO
Division of Cardiology

Jennifer C. Reap, DO
Division of General Internal Medicine

Suzanne J. Templer, DO
Division of General Internal Medicine

Patrick F. Walsh, DO
Division of General Internal Medicine

Scott C. Yeaw, MD
Division of Urology

Allied Health Staff

New Appointments

Amy P. Blaszkowski, PA-C
Physician Assistant-Certified
(Orthopaedic Specialists – Kenneth J. Brislin, MD)

Jean B. Cain, CRNP
Certified Registered Nurse Practitioner
(Lehigh Neurology – John Castaldo, MD)

Margaret A. Hayn, CRNP
Certified Registered Nurse Practitioner
(HealthWorks – Carmine Pellosie, MD)

Tisha Kelly-Brown, CRNP
Certified Registered Nurse Practitioner
(Muhlenberg Behavioral Health – Joel Lerman, MD)

Deborah R. Miller, CRNP
Certified Registered Nurse Practitioner
(ABC Family Pediatrics – Debra L. Carter, MD)

Marcie Redenbaugh, PA-C
Physician Assistant-Certified
(LVPG-Emergency Medicine – Gavin C. Barr, Jr., MD)

Robin J. Ulrich
Anesthesia Technical Assistant
(Lehigh Valley Anesthesia Services, PC – Thomas M. McLoughlin, Jr., MD)

Change of Supervising Physician

Christine J. Breithoff
Certified Coder
From: John J. Cassel, MD, PC – John J. Cassel, MD
To: Pulmonary Associates – Jay H. Kaufman, MD

Lorraine O. Dillon, PA-C
Physician Assistant-Certified
From: Lehigh Valley Surgical Oncology – Paul J. Mosca, MD, PhD
To: Plastic Surgery Associates of Lehigh Valley – Randolph Wojcik, Jr., MD

Diane Rizzetto, RN
Registered Nurse
From: The Heart Care Group – David B. Goldner, MD
To: The Heart Care Group – Paul Gulotta, MD

Cynthia L. Ward, RN
Registered Nurse
From: The Heart Care Group – David B. Goldner, MD
To: The Heart Care Group – Paul Gulotta, MD

Resignation

Will Boucharel
Intraoperative Neurophysiological Monitoring Specialist
(Surgical Monitoring Associates, Inc.)
Medical Staff Progress Notes

Donald L. Levick, MD, MBA
President, Medical Staff
Linda L. Lapos, MD
President-elect, Medical Staff
Alexander D. Rae-Grant, MD
Past President, Medical Staff
John W. Hart
Vice President, Medical Staff Services
Janet M. Seifert
Coordinator, Communications & Special Events
Managing Editor

Medical Executive Committee

Scott W. Beman, MD
Gregory Brusko, DO
Michael J. Consuelos, MD
Wayne E. Dubov, MD
Peter E. Fisher, MD, MBA
John P. Fitzgibbons, MD
L. Wayne Hess, MD
Michael W. Kaufmann, MD
Sophia C. Kladias, DMD
Richard A. Kolesky, MD
Robert Kricun, MD
Linda L. Lapos, MD
Donald L. Levick, MD, MBA
Edgardo G. Maldonado, MD
Matthew M. McCambridge, MD
Thomas M. McLoughlin, Jr., MD
William L. Miller, MD
Edward M. Mullin, Jr., MD
Alexander D. Rae-Grant, MD
Victor R. Risch, MD, PhD
Deborah W. Sundlof, DO
Elliott J. Sussman, MD
Ronald W. Swinfard, MD
Gary W. Szydlowski, MD
John D. Van Brakle, MD
L. Kyle Walker, MD
Michael S. Weinstock, MD
John F. Welkie, MD
James T. Wertz, DO
Robert E. Wertz II, MD
Matthew J. Winas, DO

We’re on the Web!
If you have access to the Lehigh Valley Hospital intranet, you can find us on the LVH homepage under Clinical Resources on the left side of the page—“Med Staff Services”

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.