T

here's a stretch of the Atlantic City Expressway coming back from the New Jersey seashore where there were an unusually high number of crashes within a short period of time. The original designers of this highway didn’t realize that this long straight stretch of road made drivers prone to “highway hypnosis”—a state of reduced attention to the details of the road because of its monotonous pattern. Their solution? They installed three huge signs in succession along this dangerous stretch: “STAY AWAKE, STAY ALERT, STAY ALIVE.”

The road of health care nowadays seems more like switchbacks on a mountainside than it does a monotonous stretch of highway. Unexpected turns close to the edges of ravines, narrow lanes and limited options to pass and get ahead. One doesn’t need signs to stay awake and alert!

The current conditions on our road together are difficult. The macroeconomic forces of the U.S. healthcare system have shifted along with consumer attitudes. Scheduled transitions built into the Affordable Care Act are delayed, and the payment arrangements between the federal and state Medicaid programs are still uncertain. Government payers hold big purse strings, and they are looking for value. Insurance exchanges are coming. Based on “early adopter” states, they will be high deductible plans. That means more out-of-pocket costs for patients. While quality has always been important, it is now taken for granted by our patients seeking care. Even though we know how much it takes to improve quality and safety, “value” — a ratio of quality to cost — has become a new expectation, and increasingly we’ll have to compete on cost. Smart business people are pushing on health care from the outside, trying to wring out profit by finding transformative business models supported by technology (see http://www.informationweek.com/healthcare/mobile-wireless/the-doctor-will-see-you-in-walmart/240001489).

Continued on next page
Continued from Page 1

A combination of high deductible plans, conversion of some inpatient days to observation status (cheaper for insurance companies) and improved care management (thereby reducing readmissions and preventing unnecessary ones) has resulted in a rainstorm of negative budgetary variances for our network. Most of the losses have been on the inpatient side, although there are forces also affecting outpatient utilization. The storm came a bit earlier than expected.

Many of us on the road to health care reform have been working hard for a few years now to adapt our care pathways to the new environment. These changes have been good for our patients. Increasingly, care is being delivered in lower cost settings (outpatient centers and ASU’s) by teams trained to deliver quality at lower cost. We’re making investments in technology (including tele-health) that allows us to respond better to a new generation of patients who are demanding convenient access and digitally based tools for health education and self-management. We’re capturing data that all successful health systems (and insurance companies) use to track health utilization patterns and to provide cost and outcome feedback to their clinicians. Each of these initiatives supports what Don Berwick calls “The Triple Aim” (Not sure what this is? See http://www.ihi.org/offerings/Initiatives/TripleAim/Pages/default.aspx ).

Despite the recent rainstorm, the car we’re driving has good tires, a strong engine, fog lights and windshield wipers. Most of all, we have careful, experienced drivers (that’s us!) who will remain alert to conditions, steer carefully, downshift when needed and not be afraid to take a detour or two — even when the GPS signal isn’t strong. We’ll need to watch our fuel efficiency (i.e., pay attention to our fixed and variable costs). We don’t know if there will be wind and hail with the rain or if it will come in bands with lightning and thunder. We don’t want to run anyone else off the road, and we all want to get to the top safely.

As one of the drivers in your car, what will be your strategy? Do you have someone helping you to navigate? Will you rotate drivers so that no one gets too tired? How heavy is your luggage in the back? Are there any “non-essentials” you can part with — outdated processes, old maps, fixed ideas of “how to get there?” Are you talking with each other — keeping each other company during the trip and tackling each other’s fears of what may lie ahead? Are you thinking of getting out of the car and walking alone?

This is a time not for passivity, but for participation. Don’t be afraid to speak up — you may have the next “great idea” or a timely fix for today’s most vexing problem. These are times for mutual respect and sticking together, for wisdom and creativity, for flexibility in working through problems, for humor and courage — all those skills and virtues your years of training and experience have helped you learn. Despite the nasty external forces, we remain a noble profession, enlivened by the same ideals that pointed us toward the care of those less fortunate years ago. It’s frequently sacrificial work — we get wet when we decide to help someone change their flat tire in the rain. Then we get back in the car and keep driving. Stay awake, stay alert, stay alive. Stay encouraged. Give your best to make it a good month.

Robert J. Motley, MD
Medical Staff President

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Medical Staff Dues

Annual Medical Staff dues invoices (dated September 1, 2013) have been distributed to members of the Medical Staff of Lehigh Valley Health Network. Timely remittance of dues is both requested and appreciated. If your practice includes more than one doctor, one check may be issued to cover all the doctors in the group — there is no need to issue individual checks. However, to insure proper credit, please enclose the remittance part of the invoice for each doctor in the return envelope along with the check.

If you have any questions regarding Medical Staff dues, contact Janet Seifert in Medical Staff Services at 610-402-8590.
INFLUENZA IMMUNIZATION POLICY

No matter your role in our health network, we all share the same mission— to heal, comfort and care. To do your job to the best of your ability, you first have to take care of yourself. As flu season approaches, one of the best ways you can help our patients avoid influenza infection is to get a flu shot.

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

There are several places you can get a free flu shot:
- General Medical Staff meeting on September 9
- All employee forums beginning October 3
- Employee Health Services locations during walk-in hours
- Vaccination clinics (check email bulletin boards for dates)
- On units and in practices that participate in our peer vaccination program
- LVPG membership meetings

For your information, the Influenza Immunization policy may be found in its entirety on the intranet. From the LVHN homepage, select Departments – Non-Clinical – Human Resources – Policies and click on “Administration of Influenza Vaccine for LVHN Health Care Personnel.”

Do your part. Get a flu shot and help create a safer health network, a more confident workforce and a healthier community. Thank you for your commitment to our colleagues, patients and community, and for helping to make our mission possible.

For more information regarding the policy, please contact Carol Guanowsky, Director, Employee Health Services, at 610-402-8869.

The LVHN influenza vaccination policy requires all colleagues who cannot receive the influenza vaccine because of medical reasons to submit a form completed by their provider which documents the medical reason. The completed form by the provider is required, and supporting medical documentation must be attached.

You may be asked to complete the form for your patients who are LVHN colleagues. Please address these requests in a timely manner so that LVHN employees are able to meet the deadline for submission of the forms (November 12). Please consider carefully the valid medical contraindications to receiving the vaccine when you are asked to complete the form and recommend exemption only when there is a valid medical reason to do so (i.e., a history of Guillain-Barre syndrome or Guillain-Barre type syndrome within six weeks of receiving the influenza vaccine, or a history of severe allergic reaction to the vaccine or a component of the vaccine).

Refer to the following Centers for Disease Control and Prevention (CDC) website which explains valid contraindications to vaccination – http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5908a1.htm. Note: this year, LVHN will also offer LVHN colleagues a new flu vaccine, Flucelvax, that is produced with no egg components. Flucelvax is not contraindicated for individuals with severe egg allergies and, therefore, can be safely administered to those who could not take the influenza vaccine in the past due to egg allergy.

A request to complete the form when legitimate contraindications do not exist is an opportunity for patient education about the importance of influenza vaccination. All medical exemption forms and supporting documentation will be reviewed by occupational health professionals. Clarification may be requested if needed. Thank you for your assistance with this important patient safety initiative.

Employee Health Services Walk-In Hours

Lehigh Valley Hospital—Cedar Crest
Mondays – 7 to 8 a.m.; 1:30 to 4 p.m.
Tuesdays – 1 to 3 p.m.
Wednesdays – 7:30 to 8:30 a.m.
Thursdays – 1:30 to 4 p.m.
Fridays – 7 to 8 a.m.

Lehigh Valley Hospital—Muhlenberg
Mondays – 1:30 to 4 p.m.
Tuesdays – 7 to 10 a.m.
Wednesdays – 2 to 4 p.m.
Thursdays – 7 to 10 a.m.
Fridays – 8 to 10 a.m.
MINIMALLY INVASIVE GYNECOLOGIC SURGERY AND COEMIG™ DESIGNATION

When patients choose minimally invasive gynecologic surgery at Lehigh Valley Health Network, they are choosing a program with strong benefits including:

- Expertise in general gynecology, gynecologic oncology and urogynecology.
- State of the art surgical care.
- Quicker recovery and return to activities of daily life.

Minimally invasive approaches include robotic, laparoscopic and hysteroscopic technologies. In the hands of physicians, these technologies can treat a variety of gynecologic disorders such as abnormal bleeding, pelvic pain, uterine fibroids, gynecologic cancers as well as urinary incontinence and pelvic organ prolapse.

In recognition of the high-quality, minimally invasive gynecologic surgical care Lehigh Valley Health Network provides at the three hospital locations –

- Lehigh Valley Hospital-Cedar Crest
- Lehigh Valley Hospital-17th Street
- Lehigh Valley Hospital-Muhlenberg

– each site has been designated as a Center of Excellence in Minimally Invasive Gynecology™ (COEMIG™) by the AAGL (American Association of Gynecologic Laparoscopists). The AAGL is the leading association promoting minimally invasive gynecologic surgery among surgeons worldwide. COEMIG designation is earned by select medical institutions that demonstrate significant, ongoing experience performing minimally invasive gynecologic surgeries.

For patients, COEMIG certification reflects a commitment by our gynecologic surgeons and the health network to provide state of the art surgical care, educate patients about minimally invasive gynecologic procedures, as well as continuously improve patient safety and quality of care for minimally invasive gynecologic surgery.

In addition to the hospital designations, eight members of the Medical Staff also have earned COEMIG designation for their significant experience performing minimally invasive gynecologic procedures and their professional commitment to patient education, safety and quality improvement.

**COEMIG™ Designees from Lehigh Valley Health Network include:**

**Richard M. Boulay, MD**
Division of Gynecologic Oncology / Gynecology

**Joseph D. DeFulvio, DO**
Division of Gynecology / Obstetrics
LVHN COEMIG Program Director

**Susan I. Haas, MD, PhD**
Division of Gynecology

**Gregory F. Kainz, DO**
Division of Obstetrics / Gynecology

**Martin A. Martino, MD**
Division of Gynecologic Oncology / Gynecology

**Patrick E. McIntyre, MD**
Division of Obstetrics / Gynecology

**M. Bijoy Thomas, MD**
Division of Gynecologic Oncology / Gynecology

**Steve (Folusho) Tugbiyele, MD**
Division of Urogynecology / Gynecology

For more information regarding the COEMIG™ designation, contact Francine Miranda, Department of Obstetrics and Gynecology Director of Quality Assurance and Performance Improvement, at 610-402-2437.
CONGRATULATIONS

Thomas M. McLoughlin, Jr., MD, Chair, Department of Anesthesiology, was recently elected to serve as a Director of the American Board of Anesthesiology. One of 13 directors, Dr. McLoughlin’s four-year term will begin following the fall meeting of the Board in late September. In addition, Dr. McLoughlin has been an Associate Examiner with the American Board of Anesthesiology since 1996. A member of the Medical Staff since April, 1996, Dr. McLoughlin is a member of the Department of Anesthesiology, Division of Cardiac Anesthesiology. He is in practice with Lehigh Valley Anesthesia Services, PC.

PHYSICIAN DOCUMENTATION

ICD-10 and Provider Education

As you know, ICD-10 will go into effect on October 1, 2014. By then, all providers must become very familiar with the changes in specificity and new documentation concepts as they relate to their particular specialty. Educational sessions for all providers are currently being planned.

To help prioritize these educational efforts, LVHN is utilizing a software product called ICD-10 Compass from The Advisory Board Company to analyze all hospital diagnosis and procedure codes used over the past one to two years. With this tool, those specialty-specific ICD-9 codes are sorted according to those at highest risk for changes in ICD-10.

With this detailed LVHN-specific data, prioritization of the ICD-10 documentation concepts that must be learned for particular specialties can be accomplished.

The following graphs demonstrate the degree to which particular groups will be affected by ICD-10. As you can see in the graphs, at LVHN, Hospital Medicine/Internal Medicine, Cardiology, OB/GYN, Orthopedic Surgery, General Surgery, and CT Surgery will bear the brunt of ICD-10, while in some areas, there may be just a few changes to learn.

Additional ICD-10 tips, education, and preparation plans will be highlighted in future articles. If you have any questions, please contact John Pettine, MD, FACP, CCDS, Director, Clinical Documentation Improvement, at john.pettine@lvhn.org.
On July 29, 2013, USF Morsani College of Medicine and LVHN welcomed the largest SELECT class. The Class of 2017 is a monumental milestone in our collaborative effort to transform medical education – we have realized our full class size and matriculated over 50 students!

Students began their medical education similar to the prior two classes embarking on SELECT specific curriculum during a weeklong Prologue 1. The students were joined by faculty from USF and LVHN. The days were filled and content was focused on the three curriculum areas of leadership, values based patient centered care and health systems.

In addition, students were hosted at the state-of-the-art CAMLS simulation center in downtown Tampa and experienced how to obtain a focused patient history with standardized patients, as well as a mini boot camp learning to take vital signs, give flu shots and practice basic skills used by providers at health fairs.

In two years, the LVHN campuses will be filled with close to 100 bright and eager to learn students from many different areas of the country. Thank you to the many members of our Medical Staff who are already teaching the Class of 2015 during their clinical clerkships.

Home States of the Class of 2017 include:

- Florida – 24
- Pennsylvania – 12
- California – 9
- Maryland, New York, Washington, New Jersey – 2 each
- Georgia, Minnesota, Wisconsin, Massachusetts – 1 each

For more information, contact Michael J. La Rock, MD, Division of General Internal Medicine and Associate Clinical Professor, Morsani College of Medicine, USF Health, at michael.j.larock@lvhn.org.

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**PAPERS, PUBLICATIONS AND PRESENTATIONS**

Ronald S. Freudenberger, MD, Chief, Division of Cardiology, was a co-author of two recently published articles. The first article – “Benefit of Warfarin Compared with Aspirin in Heart Failure Patients in Sinus Rhythm: A Subgroup Analysis of WARCEF, a Randomized Controlled Trial,” – was published online July 23, 2013 in *Circulation: Heart Failure*, a journal of the American Heart Association. The second article – “Stroke in Heart Failure in Sinus Rhythm: The Warfarin versus Aspirin in Reduced Cardiac Ejection Fraction Trial” – was published online July 30, 2013 in *Cerebrovascular Diseases*.

Barry H. Glassman, DMD, Division of General Dentistry, presented at the Annual Conference of the American Academy of Sports Dentistry in Philadelphia on August 2, 2013. Dr. Glassman’s presentation was titled “Sleep Apnea – Are Our Athletes at Greater Risk?” He also presented a program to the Tenth Indiana Chronic Craniofacial Pain Conference in Indianapolis on August 17. The topic presented was the “Integration of PsychoSocial concepts in the Bio PsychoSocial Model of Craniofacial Pain.”

Sweety Jain, MD, Department of Family Medicine, presented a workshop titled “Medical Education and Health Care: The Role of the Arc in a Unique Partnership” at The Arc National Convention, held in Seattle, Wash., in August. The executive director of the local chapter of Arc, Karen Grady, was a co-presenter. The practice and educational innovations implemented at Lehigh Valley Health Network in the area of care of patients with disabilities were showcased at the presentation.
NEW PARENTERAL NUTRITION SUPPORT eLEARNING MODULES

Parenteral nutrition support eLearning modules are now available via The Learning Curve (TLC). Physicians, residents, nurse practitioners, and physician assistants who prescribe TPN therapy are encouraged to complete these modules including the pre- and post-test demonstrating learning comprehension.

To access these modules from TLC, search for “Parenteral Nutrition” and enter Course Code “CDNUTRIC13_APC.”

The series is divided into five modules including:

- Module 1 – Introduction to Parenteral Nutrition
- Module 2 – Macronutrient Composition of Parenteral Nutrition Formulations
- Module 3 – Micronutrient Composition of Parenteral Nutrition Formulations and Basics of Acid-Base Balance
- Module 4 – Prescribing Parenteral Nutrition Formulations
- Module 5 – Monitoring PN Therapy, Prevention and Treatment of PN Complications, Case Studies

If you have any questions regarding the Parenteral Nutrition eLearning tool, please contact Kimberly Procaccino, Nutrition Director, at 610-402-8609.

EKG ORDER REMINDER

Please remember that an order is needed for the performance of EACH EKG. Physicians are requested to enter an order into Centricity Enterprise (CE) for all EKGs that are being performed in the Emergency Departments and all inpatient nursing units. Please note that a single EKG order does NOT cover multiple days of performance.

If you have any questions regarding this issue, please contact Audrey Lichtenwalner, Director of Non-Invasive Cardiology, at 610-402-8924.

LVHN GREAT PLACE TO WORK IN IT

Lehigh Valley Health Network (LVHN) was named one of 2013 Best Places to Work in IT, placing eighth on the list of large organizations and 20th overall on this annual ranking of the 100 top work environments for information technology in all industries.

This is the fifth consecutive year the health network appeared on this list, compiled by IGD’s Computerworld magazine and based on an in-depth survey regarding company offerings of compensation, benefits, diversity, career development, training and retention. In addition, Computerworld conducts extensive surveys of IT workers, their responses to which weigh heavily in determining the top 100 rankings.

Organizations that make the list have dynamic work environments in which IT staffs are encouraged to innovate using creativity and technology, often reaching beyond conventional thinking. 2013 is the 20th year for the Best Places to Work in IT list.

“LVHN is truly a great place to work,” said Harry Lukens, LVHN Chief Information Officer. “The advanced technology and the people who make it work have one mission — that is to support patient care.”
Law, Ethics and the ‘Never-Competent’

by Joseph E. Vincent, MD, Division of Pulmonary

Law and ethics concerning medical ethical issues sometimes collide, but usually laws are a reflection of the ethical milieu in which they are made. Generally a goal of both law and medical ethics is to protect vulnerable persons who, for whatever reasons, cannot adequately defend themselves.

One type of person who definitely cannot speak and defend himself is a person with reduced intellectual capabilities since early in life and therefore has never had the capacity to make autonomous decisions.

Autonomy means respect for persons, self-governance, and self-determination and requires several components in order to give informed consent. There must be adequate, understandable information which the person has the capacity to integrate into his life narrative without coercion; the capacity to understand and evaluate the information and options and to act upon them.

In medical ethics when a previously autonomous person loses capacity and can no longer act autonomously to make decisions, a surrogate (or substitute decision-maker) may speak on the person’s behalf. Various categories of surrogate decision-makers have different powers to speak for the person. A durable power of attorney for healthcare has the ethical and legal authority to make decisions that the patient, who had previous decision-making capacity, could have made when competent/capacitated.

The surrogate is ethically bound to make these decisions on the basis of “substituted judgment” or “best interest.” In the former principle, the surrogate tries to mimic what the person would say if able to speak for himself. If the surrogate has inadequate insight and information about the incapacitated person to use substituted judgment, the decision(s) should be made on the basis of “best interest” which weighs the positive and negative aspects of the proposed actions and determines whether it is truly for the good of the patient. “Substituted judgment” tries to restore the patients’ autonomy, while “best interest” uses the ethical principle of beneficence.

In the case of persons who have never had capacity, never were autonomous, such as patients with severe mental retardation since birth or before reaching majority, the decision-making process becomes quite complicated. In Pennsylvania, the law and regulations proscribe what decision-makers for never-competent persons may do regarding consenting to or refusing medical therapies and interventions. The parents are not in charge and are often superseded by an appointed guardian or legislation/regulation. The parents may participate as a healthcare representative which restricts withholding/withdrawing medical treatment(s), unless two physicians document that the person has an end-stage medical condition or is in a permanent (irreversible) coma.

This is also true of a court-appointed guardian or the director of a facility where the person may have lived for many years. Even a Do Not Attempt Resuscitation (DNAR) order cannot be written unless two physicians have declared the patient to have an end-stage medical condition or irreversible coma. This is not true of a person who had capacity and designated an agent (DPA) who can withhold/withdraw medical therapies and procedures for conditions or diseases that will produce a quality of life which would be unacceptable to the patient, even if there were no end-stage medical condition or irreversible coma.

Pro-disability advocates express the following “rights” for persons with disabilities:

1. Right to life, despite the level of their disability
2. Right to choose curative care
3. Right to the full range of choices available to other community members
4. Right to high quality palliative care

We certainly need to protect these vulnerable patients from prejudicial treatment because of their underlying life-long condition which may not seem like a “life worth living” to an unaffected caregiver. Withholding or withdrawing “curative care” which they have no ability to choose or refuse would also suggest ethical culpability on the parts of the decision-makers or care-givers. They should have access to a full range of treatment options. However, access and acceptance are not the same thing, and often it appears to observers that choices that autonomous or previously autonomous patients can make are not truly available to the never-competent person. An example of this is the option to request a “do not attempt resuscitation” order. In many conditions, CPR (code blue) has an abysmal record of success when there are many other significant co-morbidities. It might even be considered a violent way to die; it surely is not a ‘good death.’

This approach to the never-competent patient seems counter to the fourth right – “to have high quality palliative care.” So often the pressure to do everything possible causes more suffering without any positive outcome. One must wonder whether this is an area where law and ethics diverge and prevents an individual person from getting ethically-equal treatment and care. Perhaps there is a reason to consider it as counter to the equal protection clause of the 14th amendment.

As a society, we should strive to devise ways that law and ethics can work together to protect the vulnerable and preserve the ethical concepts of best interest and do no harm.

As Frank Bruni wrote in his column in the August 10, 2013 edition of the New York Times regarding a different medical ethics issue: “…a senseless prioritization of a… law over logic, compassion, and decency.”

If you have any questions regarding this article, please contact Joseph E. Vincent, MD, via email at joseph.vincent@lvhn.org.
THE RETAIL PHARMACY VIEW

Generic News
Just this past month, Pharmacy staff has noticed a large increase in the cost of some generic medications – anywhere from 5% to 710% from the previous month. When asked for an explanation, the drug wholesaler quoted the manufacturer’s reasons as market conditions or limited players. Some insurance plans charge their co-pays for generics as a flat fee so there will be no change. However, for your patients who pay a percentage of the cost of generic drugs, they may be experiencing a hike in their co-pay.

More bad news for Tylenol (Acetaminophen)
The Food and Drug Administration (FDA) is warning the possibility of Stevens-Johnson Syndrome and two other severe skin reactions associated with the use of Acetaminophen. Problems begin with flu-like symptoms followed by a rash, blistering and extensive skin damage. The FDA recommends discontinuing the drug if any of these symptoms develop.

e-Script Reminder
When an electronic prescription (e-Script) is sent from your office computer to a pharmacy, there is a lag time until it is received. Depending on the server being used and the internal firewalls of the pharmacy, receipt of the e-Script can take over an hour. Please caution your staff and your patients that even though it has left your office, there may be a lag time until the pharmacy receives the e-Script. This will eliminate the need for the pharmacy to call your office looking for the prescription.

New Drugs:
Nesina: Alogliptin – 6.25, 12.5, 25mg:
For glycemic control in adults w/type 2 Diabetes.
Kazano: Alogliptan and Metformin –
12.5/500, 12.5/1000mg
Osenci: Alogliptan and Pioglitazone – 25/15, 25/30, 25/45mg
Tafinlar: Dabrafenib – 50, 75mg: Treatment of unresectable or metastatic melanoma w/Braf V600E mutation.
Mekinist: Trametinib – 0.5, 1.0, 2.0mg: Treatment of unresectable or metastatic melanoma w/ Braf V600E or K mutation.
Pylera: Bismuth, Metronidazole and Tetracycline – 140, 125 and 125mg:
Treatment of H.pylori.
Astagraf XL: Tacrolimus ER – 0.5, 1.0, 5.0mg: Prophylaxis for organ rejection.
Fioricet and Fioricet w/Codeine: Butalbital/Acetaminophen/Caffeine 50,300, 40mg (30MG): Like Vicodin beforehand, Fioricet has decreased the amount of Acetaminophen in its product. The reformulated version has 300mg of APAP vs 325mg. If you write for Fioricet, the patient will be getting the new version which is not yet available generically. Write the generic names or put the mg as 325 if you still want the patient to get the price break. As an additional note – all of the new reformulated Vicodin strengths are available generically, but you must write the strength desired.

New Generics:
Fenofibric Acid: Tilipiix – 45, 135mg: In combo w/Statins to reduce Triglycerides and increase HDL.
Donepezil: Aricept – 5, 10mg: Treat mild to moderate Alzheimers.

If you have any questions or need additional information regarding any of these topics, contact Jay Needle, RPh, Manager, Health Spectrum Pharmacy – LVH-Muhlenberg via e-mail at jay.needle@lehn.org or by phone at 484-884-7004.

ADULT ANEMIA WORKUP GUIDELINES
Health Network Laboratories has created an Adult Anemia Workup Guideline flow chart. The guideline describes different categories of anemia, various lab results with the anemia and causes for the anemia. The flow chart will be added to the Health Network Laboratories handbook which can be found on the LHVN intranet.

If you have any questions, please contact Bala Carver, MD, Chief, Section of Transfusion Medicine & HLA, at 610-402-8142.
UPCOMING SEMINARS, CONFERENCES AND MEETINGS

General Medical Staff Meeting
The quarterly meeting of the General Medical Staff will be held on **Monday, September 9**, beginning at **6 p.m.,** in ECC Rooms 7 and 8 on the first floor of the Kasych Family Pavilion at LVH-Cedar Crest. The meeting will also be videoconferenced to ECC Rooms C and D at LVH-Muhlenberg.

The agenda for the meeting will include:
- Recap of Financial and Operating Performance for FY'13 and What's Ahead for FY'14 – Ronald W. Swinford, MD, LVHN President and CEO, and Ed O’Dea, Chief Financial Officer
- Review of proposed changes to the Medical Staff Bylaws

For the convenience of the Medical Staff, a Flu Vaccine Clinic will be held in conjunction with the General Medical Staff meeting from 5:30 to 6:30 p.m., in the lobby area of Kasych ECC Rooms 7 and 8 at LVH-Cedar Crest and ECC Rooms C and D at LVH-Muhlenberg. Please bring your ID badge for registration purposes.

In addition, a photographer will be available at LVH-Cedar Crest before the meeting from 5:15 to 6:15 p.m., to update your Medical Staff photo which appears on the Find a Doctor site on the internet.

All members of the Medical Staff are encouraged to attend the meeting.

Family Medicine Grand Rounds
Family Medicine Grand Rounds will be held on **Tuesday, September 3**, from 7 to 8 a.m., in Kasych ECC Room 10 at LVH-Cedar Crest, and teleconferenced to ECC Room A at LVH-Muhlenberg.

“Office Procedures Update” will be presented by Neal J. Berkowitz, MD, Department of Family Medicine.

For more information, contact Tammy Winterhalt in the Department of Family Medicine at 610-969-4950 or via email at tammy.winterhalt@lvhn.org.

Medical Grand Rounds
Medical Grand Rounds are held on Tuesdays, from Noon to 1 p.m., in the hospital Auditorium at LVH-Cedar Crest unless otherwise noted. Topics for September will include:
- **September 3** – Resident Presentation of the Year – Part 2 – Jeann Zukas, DO
- **September 10** – “Conflicts of Interest: Old Difficulties and New Opportunities” – Robert D. Barraco, MD, MPH, Chief, Section of Geriatric Trauma, and Stephen E. Lammers, PhD, Ethics Consultant
- **September 17** – “Pancreas Transplantation” – Lynsey S. Blonder, MD, Section of Transplantation Surgery
- **September 24** – QI Forum – “Necessity and Over-utilization” – Scott M. Brenner, MD, Chief, Division of General Pediatrics

For more information, contact Kathy M. Gaspari in the Department of Medicine at 610-402-8024.

Neurology Conferences
The Division of Neurology conferences are held on Thursdays, from Noon to 1 p.m., in Lehigh Neurology’s Conference Room at 1250 S. Cedar Crest Blvd., Fourth Floor, and videoconferenced to Lehigh Neurology’s Bathgate Office. Topics to be presented in September will include:
- **September 5** – Headache Update – Vitaliy Koss, MD, Division of Neurology
- **September 12** – Movement Disorder Updates – Peter J. Barbour, MD, Division of Neurology
- **September 26** – Stroke Update – Neil V. Patel, MD, Section of Neurointerventional Radiology

For more information, contact Angelina Regis, Coordinator, Neurosciences, at 610-402-9008.

*Continued on next page*
Continued from Page 10

Pediatric Grand Rounds

The Department of Pediatrics will hold Grand Rounds on Tuesdays at 8 a.m., in Kasych ECC Room 6 at LVH-Cedar Crest, unless otherwise noted. Topics for September will include:

- **September 3** – Developmental/Rehabilitation Topic – Kimberly S. Kuchinski, MD, MPH, Division of Pediatric Subspecialties, Section of Developmental-Rehabilitation
- **September 10** – GI Topic – Adam R. Paul, DO, Division of Pediatric Subspecialties, Section of Gastroenterology
- **September 17** – Down Syndrome Center – Teresa M. Romano, MD, Division of Pediatric Emergency Medicine, and Donald L. Levick, MD, MBA, Division of General Pediatrics – Location – Kasych ECC Room 7
- **September 24** – Anxiety Topic – John-Paul Gomez, MD, Division of Child-Adolescent Psychiatry

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

Psychiatry Grand Rounds

The next Department of Psychiatry Grand Rounds presentation will be held on **Thursday, September 19**, beginning at Noon (registration at 11:45 a.m.) in ECC Rooms C and D at LVH-Muhlenberg. The presentation will also be teleconferenced to Kasych ECC Room 3 at LVH-Cedar Crest.

“The Diagnostic & Statistical Manual Update (DSM5): Just in Time or Is It Too Late?” will be presented by Laurence P. Kaper, MD, Department of Psychiatry Vice Chair (LVH-M), and Chief, Division of Adult Inpatient Psychiatry.

For more information, contact Tammy Schweizer in the Department of Psychiatry at 610-402-5766 or via email at tammy.schweizer@lvh.org.

Spine Conference

Conferences relating to interesting spine cases are held the first Wednesday of each month beginning at 7 a.m. Clinicians are invited to bring interesting cases to the meeting.

The next Spine Interesting Case Conference will be held on **Wednesday, September 4**, in Kasych ECC Room 6 at LVH-Cedar Crest.

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

Emergency Medicine Institute – Life Support Classes

Upcoming life support classes sponsored by the Emergency Medicine Institute (EMI) are listed below:

**Advanced Cardiac Life Support (ACLS)**

ACLS renewal classes will be held from 8 a.m. to Noon, at the Emergency Medicine Institute located at 2166 S. 12th Street, Allentown, on the following dates:

- October 21, 22, November 12, 13, 25, December 4, 5, 9, 10

In addition, a two-day provider course will be held November 14 and 15, at the Emergency Medicine Institute.

**Pediatric Advanced Life Support (PALS)**

PALS renewal classes will be held from 8 to 4 p.m., at the Emergency Medicine Institute on the following dates:

- October 31, November 21, 26, December 2, 3

In addition, two-day provider courses will be held October 3 and 4, and November 19 and 20, from 8 a.m. to 4 p.m., at the Emergency Medicine Institute.

Registration information and a list of additional classes are available on the EMI website. To access the website from the LVHN Intranet homepage, select Departments – Non-Clinical – EMI.

For more information regarding these classes, contact Christine Ash at the Emergency Medicine Institute at 610-969-0299.

What’s New in Continuing Medical Education?

**FYI – Upcoming Events**

- **The 5th Annual Fleming Infection Prevention and Infectious Diseases Symposium – An Intent to Prevent**
  - September 27 – 7:30 a.m. to 4 p.m.
  - Kasych Family Pavilion – LVH-Cedar Crest

- **8th Annual Innovations in the Treatment of Gynecologic Cancers**
  - September 20 – 7:30 a.m. to 4 p.m.
  - Kasych Family Pavilion – LVH-Cedar Crest

- **5th Annual Ultrasound in Obstetrics and Gynecology: Hot Topics for Good Practice**
  - October 4 and 5 – 7:15 a.m. to 4:45 p.m.
  - LVH-Cedar Crest

To register for the above programs, call 610-402-CARE (2273).
ADVANCED PRACTICE CLINICIANS UPDATE

Meet the APC Staff

A member of the LVHN Allied Health Professional Staff since November, 2011, Valerie A. Rupp, CRNP, is this month’s featured Advanced Practice Clinician.

As a Certified Registered Nurse Practitioner, Valerie works clinically with LVPG Hospital Medicine at Cedar Crest where her duties include examination, diagnosis, and treatment of hospitalized patients during admission, daily rounding, and discharge activities. She joined this practice in 2011 after receiving her degree from LaSalle University as a Nurse Practitioner in Adult Medicine. However, about three months ago, she moved from this full-time position to per diem work in the hospital and accepted a position as the Manager of Simulation Medicine with the Department of Education.

In this position, Valerie oversees the curriculum, staff, and budget of the Simulation Center located on the second floor at 1247 S. Cedar Crest Blvd. The Simulation Center educates physicians, nurses, Advanced Practice Clinicians, medical students, and residents on a variety of hands-on topics. These topics range from central line placement courses for residents to medical student education with standardized patients that provide trainees with an authentic learning environment. The Simulation Center is also equipped with several specialized mannequin learning tools that allow physical examination and treatments to be practiced. These computerized mannequins talk and even bleed – assisting in simulating a wide range of cases from trauma to child birth. There are rooms at the center that are identical to rooms located at our hospitals and practices. The center also provides services to video tape trainees so feedback on skills can be provided.

In addition to being a gifted organizational director, Valerie has dedicated many years to research. Prior to her career as a Nurse Practitioner, Valerie was the Manager of Emergency Medicine Research at Lehigh Valley Health Network. She worked with Drs. William Bond and Brian Nester to help grow this office to generate numerous clinical studies/publications and participate in many clinical trials. Valerie personally has a passion for research in distracted driving and CPR training for new mothers and has presented her research findings both nationally and internationally. She has published articles in several journals including The Journal of Emergency Medicine, Academic Emergency Medicine, Journal of the American Osteopathic Association, and the Journal of Medical Toxicology.

When Valerie isn’t writing her next publication, she loves to spend time with her friends and family, including her three children. Valerie likes to exercise outdoors three to five times per week by going for a run or a bike ride. She also enjoys traveling to Florida where she owns a condo and visits her daughter who attends a Florida university.

Wanted: Quality Improvement Projects

Do you have an idea for a quality improvement project that is intended to enhance the delivery of safe, efficient, and evidence-based care? Advanced Practice Clinicians are invited to become project leaders and submit quality improvement projects to the LVPHO. Accepted projects and participation are eligible for monetary payment. For additional information or to start the project submission process, please contact Joe Cardio, Jr., Account Executive, LVPHO Preferred Vendor Program, at josephjr.cardio@lvhn.org or at 610-969-0237.

Annual Dues for Advanced Practice Clinicians

Annual dues invoices for Advanced Practice Clinicians (dated September 1, 2013) have been distributed. Timely remittance of dues is both requested and appreciated. To insure proper credit, please enclose the remittance part of the invoice along with the check and return in the provided envelope.

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

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

Medical Staff

New Appointments

Elizabeth A. Berger, DO
College Heights OB/GYN Associates
Lehigh Valley Physician Group
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Bethlehem, PA 18017-2352
Phone: 610-317-0208 Fax: 610-317-0210
Department of Obstetrics and Gynecology
Division of Obstetrics/Gynecology
Provisional Active

Jessica Boehmier, MD
Pulmonary Associates of LVPG
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Allentown, PA 18103-6271
Phone: 610-439-8856 Fax: 610-439-1314
Department of Medicine
Division of Pulmonary/Critical Care Medicine
Provisional Active

Gina M. Cavorsi, MD
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Lehigh Valley Hospital-Muhlenberg
2545 Schoenersville Road, Fifth Floor
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Phone: 484-884-6501 Fax: 484-884-6504
Department of Psychiatry
Division of Adult Inpatient Psychiatry/Psychiatric Ambulatory Care
Provisional Active

Adam B. Edwards, MD
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Lehigh Valley Physician Group
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Department of Medicine
Division of Neurology
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Department of Medicine
Division of Neurology
Provisional Active

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Department of Medicine
Division of Endocrinology
Provisional Active

Kenneth D. Katz, MD
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Lehigh Valley Hospital
Cedar Crest & I-78, P.O. Box 689
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Department of Emergency Medicine
Division of Emergency Medicine
Section of Medical Toxicology
Provisional Active

Dmitry Khaitov, MD
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Department of Medicine
Division of Neurology
Provisional Active

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Department of Medicine
Division of Rheumatology
Provisional Active

Chadd K. Kraus, DO, MPH
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Department of Emergency Medicine
Division of Emergency Medicine
Provisional Limited Duty

Lei Li, MD
LVPG-Internal Medicine
Lehigh Valley Physician Group
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Division of General Internal Medicine
Provisional Active

Adam D. Marish, DO
LVHN Hospital Medicine at Muhlenberg
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Division of General Internal Medicine
Section of Hospital Medicine
Provisional Active

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Division of Neurology
Provisional Active

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Department of Surgery
Division of Neurological Surgery
Provisional Active

Kai H. Moy, MD
Pediatric Hospitalist at Pottstown Memorial Medical Center
Lehigh Valley Physician Group
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Department of Pediatrics
Division of General Pediatrics
Provisional Active

Mark I. Notis, DMD
Mark I. Notis, DMD, PC
2323 Highland Street
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Department of Dental Medicine
Division of General Dentistry
Provisional Active

Jeffrey Radecki, MD
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Lehigh Valley Physician Group
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Department of Medicine
Division of Physical Medicine-Rehabilitation
Provisional Active

Continued on next page
Medical Staff Leadership Appointments

Department of Dental Medicine
Deborah A. Campbell, DMD
Vice Chair

Department of Medicine
Jeffrey Radecki, MD
Chief
Division of Physical Medicine-Rehabilitation

Department of Pediatrics
Wendy J. Kowalski, MD
Interim Chief
Division of Neonatology

Address Changes
LVPG-Maternal Fetal Medicine
Lehigh Valley Physician Group
Kara M. Coassolo, MD
Danielle E. Durie, MD, MPH
Daniel G. Kiefer, MD
Daniel M. Kraus, MD
David A. McLean, MD
Joanne N. Quinones, MD
Meredith L. Rochon, MD
Orion A. Rust, MD
William E. Scorza, MD
John C. Smulian, MD, MPH

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LVPG-Maternal Fetal Medicine
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Lehigh Valley Hospital
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Albert P. Sarno, Jr., MD, MPH
Maternal Fetal Medicine Bethlehem Township
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Continued on next page
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Practice Changes

Colleen A. Cooper, MD
Chevaughn V. Daniel, MD
Haoli Jin, MD, PhD
Charles F. Kelley, Jr., MD
Geetika Verma-Johri, MD
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Kayla W. Long, DO
From: LVH-M Emergency Medicine
To: LVPG-Emergency Medicine
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From: Provisional Limited Duty To: Provisional Active

Inna K. Massaro, DO
From: LVH-M Emergency Medicine
To: LVPG-Emergency Medicine
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Lehigh Valley Hospital
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Allentown, PA 18105-1556
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From: Limited Duty To: Provisional Active

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Status Change to Honorary Status

Chris CN Chang, MD
Department of Surgery
Division of Pediatric Surgical Specialties
Section of Pediatric Surgery/Pediatric Trauma
(LVPG-Pediatric Surgery)
From: Active To: Honorary Status

Change of Phone and Fax Numbers

Peripheral Vascular Surgeons of LVPG
Alan Berger, MD
Victor J. Celani, MD
James L. Guzzo, MD
James L. McCullough, MD
John F. Welkie, MD
David A. Winand, MD
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Resignations

David M. Afzal, DO
Department of Family Medicine
(Village Lane Primary Care)

Grayce W. Arnold, DO
Department of Medicine
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Section of Hospital Medicine
(LVHN Hospital Medicine at Muhlenberg)

Justin K. Arnold, DO, MPH
Department of Emergency Medicine
Division of Emergency Medicine
(LVH-M Emergency Medicine)

Anthony K. Killian, MD, PhD
Department of Pediatrics
Division of Neonatology
(LVPG-Neonatology)

Edgardo G. Maldonado, MD
Department of Medicine
Division of General Internal Medicine
(Centro de Salud)

Joshua P. Morrison, DO
Department of Emergency Medicine
Division of Emergency Medicine
(LVH-M Emergency Medicine)

W. Michael Morrissey, Jr., MD
Department of Surgery
Division of Plastic Surgery
(W. Michael Morrissey, Jr., MD, PC)

Daisy Thomas-Gobalakrishna, DO
Department of Family Medicine
(Pleasant Valley Family Practice)

In Memoriam

Dale T. Bowen, MD
Department of Family Medicine
Honorary Status
July 19, 1934 – July 31, 2013

Theodore W. Eastland, Jr., MD
Department of Family Medicine
Honorary Status
April 17, 1937 – July 14, 2013

Allied Health Staff

New Appointments

Joshua N. Barnes, CCP
Perfusionist
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Supervising Physician – Timothy S. Missetteck, MD

Jared P. Foley
Pacemaker/ ICD Technician
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6024 Jean Road, Suite B4
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Phone: 800-547-0394 Fax: 503-635-9936
Supervising Physician – Koroush Khalighi, MD

Andrea B. Reich, PA-C
Physician Assistant-Certified
LVPG Hospital Medicine at Cedar Crest
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Supervising Physician – James L. Mallon, Jr., MD

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Supervising Physician – Korosh Khalighi, MD

Changes of Supervising Physicians

Debra P. Goodwin, PA-C
Physician Assistant-Certified
From: Muhlenberg Primary Care – Gnanaprapakash Gopal, MD
To: MacArthur Family Medicine – Gregory S. Tomcho, DO

Dana R. Ide, PA-C
Physician Assistant-Certified
From: Coordinated Health – Randy Jaeger, MD
To: VSAS Orthopaedics – Eric B. Lebby, MD

Michelle D. Rummel, CRNP
Certified Registered Nurse Practitioner
(Lehigh Valley Bariatric Medicine)
From: Harpreet K. Singh, MD
To: Rena M. Lambert, DO

Janelle M. Sharma, CRNP
Certified Registered Nurse Practitioner
(Lehigh Valley Physician Practice – Maria L. Jones, DO)
(Hematology-Oncoology Associates)
From: Gregory R. Harper, MD, PhD
To: Nicole M. Agostino, DO
Removal of: Lehigh Valley Physician Practice – Edgarado G. Maldonado, MD
Addition of: Colon-Rectal Surgery Associates, PC – Linda L. Lapos, MD

Additional Supervising Physician

Betty Y. Bohorquez, PA-C
Physician Assistant-Certified
(Centro de Salud – Edgarado G. Maldonado, MD)
(Community Health and Wellness Center)
Addition of: Timothy J. Friel, MD

Jennifer A. Rauch, CST
Certified Surgical Technologist
(VSAS Orthopaedics – Prodromos A. Ververeli, MD)
Addition of: OAA Orthopaedic Specialists – Kevin K. Anbari, MD, MBA

Removal of Supervising Physician

Lori G. Cooper, CRNP
Certified Registered Nurse Practitioner
(Lehigh Valley Family Practice Associates, LLP – Eric D. Kane, DO)
Removal of: OAGIS/Palliative Services – Kristin A. Bresman, MD

Address Changes

LVPG-Maternal Fetal Medicine
Lehigh Valley Physician Group
Courtney R. Burans
Lori J. Grischott, RN, MSN
Wendy J. Prutsman, CRNP
Sara B. Robinson
Beverly J. Schmick, LPN
Kay A. Schulman, RN
Karen E. Tiedeken, CRNP
Jerrilyn E. Weitz, CRNP
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Primary Address Changes

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Practice Changes
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Resignations
Linda J. Kugler, CRNP
Certified Registered Nurse Practitioner
(Allentown Anesthesia Associates, Inc.)

Sean P. Lee, CST
Certified Surgical Technician
(OAA Orthopaedic Specialists)

LVHN DIGITAL LIBRARY

New Books Available Through the Digital Library

Library Services has recently added over 400 electronic medical, nursing, allied health and management titles to the collection. The Digital Library now has 1,600 fulltext eBooks.

Some of the new titles include:
- Atlas of Pain Management Injection Techniques
- Berek & Novak's Gynecology
- Burns: A Practical Approach to Immediate Treatment and Long-Term Care
- Central Line Infection
- Cormack's Colon and Rectal Surgery
- Current Practice Guidelines in Primary Care 2013
- Essentials of General Surgery
- Fetal Heart Rate Monitoring
- Gantz's Manual of Clinical Problems in Infectious Disease
- Haimovici's Vascular Surgery
- Handbook of Liver Disease
- Handbook of Palliative Care
- Handbook of Pediatric Otolaryngology: A Practical Guide for Evaluation and Management of Pediatric Ear, Nose and Throat Disorders
- Maingot's Abdominal Operations
- Operative Techniques in Spine Surgery
- Pediatric Acute Care: A Guide for Interprofessional Practice
- Rhinoplasty: Cases and Techniques
- Schrier's Diseases of the Kidney
- Smith and Nesi's Ophthalmic Plastic and Reconstructive Surgery
- Swanson's Family Medicine Review: A Problem-Oriented Approach
- Women's Health Review: A Clinical Update in Obstetrics-Gynecology

The Digital Library eBook collection is accessible from anywhere within the network, through WebSSO and Centricity Enterprise. To access the eBook collection through the Digital Library's Homepage, go to Find Fast/Library Services and click on eBooks. If you have any questions on using eBooks, please contact Library Services at 610-402-8410.

Progress Notes will be available only online starting next month.
Medical Staff Services Office

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President, Medical Staff

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President-elect, Medical Staff

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Past President, Medical Staff

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Coordinator, Communications & Special Events
Managing Editor

Medical Executive Committee

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Matthew M. McCambridge, MD
Thomas M. McLaughlin, Jr., MD
Kevin A. McNeill, MD
Andrew C. Miller, DO
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Robert J. Motley, MD
Michael D. Pasquale, MD
Joseph E. Patruno, MD
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Carmine J. Pellosie, DO, MPH, MBA
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James K. Wu, MD

Progress Notes is published monthly to inform the Medical Staff, Advanced Practice Clinicians, and employees of Lehigh Valley Health Network of important issues concerning the Medical Staff and Advanced Practice Clinicians.

Articles should be submitted by e-mail to janet.seifert@lvhn.org or sent to Janet M. Seifert, Medical Staff Services, Lehigh Valley Health Network, Cedar Crest & I-78, P.O. Box 689, Allentown, PA 18105-1556 by the 15th of each month.

If you have any questions about the newsletter, please contact Mrs. Seifert by e-mail or phone at (610) 402-8590.