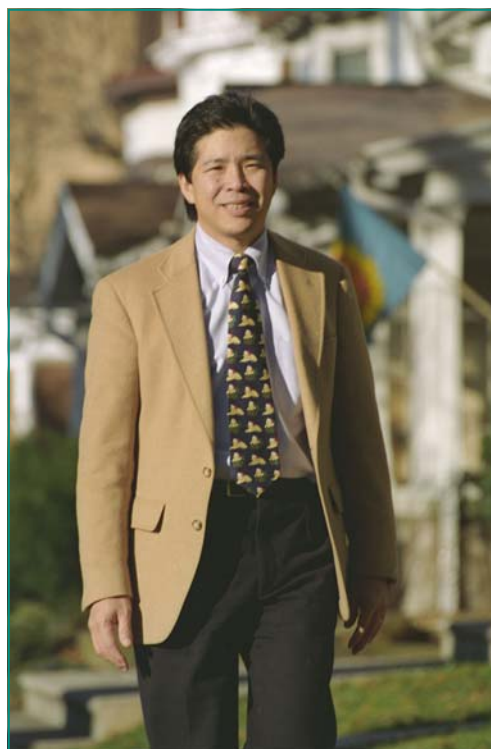


# Medical Staff PROGRESS NOTES

## A Man of the Community

*Mark Young, MD, leaves a legacy of health and service*

*by Kyle Hardner, Public Affairs*



Education and Research. "He was always Mark; never Dr. Young," says Administrative Coordinator, Noreen Bachman. "He supported us like he supported the community – with vigor, enthusiasm and humor."

Dr. Young, who died suddenly on April 24, lived for his adopted hometown of Allentown, where he served on school committees and championed health initiatives. Everything he did benefited the community in some way.

That community started inside Moyer House, where Dr. Young "once jokingly said that it was "MHWPM" – Moyer House Women Plus Mark," recalls Lenore McGonigle, Director of School Health.

Ms. Bachman, who worked as Dr. Young's secretary for six years, remembers the "Mark Young Penalty Fund." "Any time he'd forget to have me change an appointment on his calendar, he'd hold himself accountable by fining himself a dollar," she says. While those mistakes were few, he'd donate the money to an LVHHN community project, like Allentown's Central Elementary School pediatric health center.

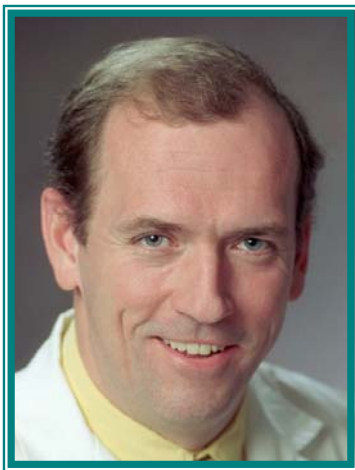
**H**e served meals to arts festival volunteers, personally returned calls to his patients and mentored young researchers making their first scientific presentation. He answered "ask a doctor" questions at an inner-city soup kitchen, led reforms in local schools and attended shows featuring colleagues and friends.

To those who shared Allentown's Moyer House with him, Mark Young, MD, was far more than Senior Vice President for

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## From the President

*"Nothing is more fatal to health than over care of it."*

-Benjamin Franklin

*"The public blames the medical profession for giving too many tranquilizers and antidepressants. But what would you do? Doctors like to see healing as the result of their work. Yet today we often must be content with far less. There are so many things wrong with people's lives that even our best is just a stopgap."*

-Richard A. Swenson, M.D.

Everyone has heard the sob story about the cost of medication. It is up there with job creation, the price of gas, and worries about Social Security as a 'national issue'. From time to time, the newspapers do an editorial, run a heart-wrenching story, and wring their hands. We imagine our senior citizens eating Meow Mix so they can pay for their Lipitor. Then we go back to business as usual. It's just not a very sexy issue. We'd rather talk about fancy new technical breakthroughs, complex surgeries, and the latest nanotechnology. Physicians have a thing for the gee whiz, and get bored pretty easily when you talk about mundane stuff like pharmaceutical costs, drug interactions,

and the altered metabolism of octogenarians.

I realize when I say "medication costs" that this means different things to different people. For some, it means the rapacious pharmaceutical companies jacking up the price of medications. This comes out of the school of thought whose approach to rising health care costs is "if only we could get rid of all of this fraud and waste, we'd save money", a noble but misguided sentiment. Politicians have been promising to cut out all the fraud and waste for hundreds of years; there still seems to be some of it around even after all those promises. Let's remember, the pharmaceutical industry is in the business of making profits through selling medications. Unregulated, they are no more likely to drop their charges than OPEC is likely to cut the price of gas to \$15.00. The pharmaceutical industry has lobbied hard to be left alone, and I take my hat off to them for their success. We can rant and rave about them, but at the end of the day, we either have to regulate or bargain with them; complaining has proven to be ludicrously ineffective.

For others, the over-prescription of medications is an issue. Here we are on firmer ground. The physician's pen is powerful. It is often easier to prescribe something than to look over all the medications and see what might be causing dizziness, or a lightheaded feeling, or muscle cramps, or any of the innumerable side effects that are reviewed in the PDR and whatever PALM based drug information system you use. When was the last time you reviewed the medications your patients are on, and thought hard about which ones are actually doing something good, and which

ones might be causing harm? Do you say to yourself, I can't change these ones, those were from Dr. X? Problem is, many elderly patients have Doctors X, Y and Z as well as a smattering of others. Each one adds a few more 'necessary' meds to the list. What's the evidence of benefit of five or more medications taken in concert? It probably makes sense to consider stopping medications more often than starting them.

Then again, there's the issue of medications for diseases that were previously untreatable. In my practice, I treat people with multiple sclerosis, and use very expensive medications that cost \$12,000 a year, but which also change the course of this disease. New medications for Alzheimer's disease cost upwards of \$150 per month, but may improve some measurable aspects of function. As we get more useful or better medications, we have to ask ourselves where these fit in the care of our patients, and begin to consider the larger implications of this bulge on the balloon of health care costs. We also need to make sure that we don't use these for people who won't benefit from them.

There's lots of evidence that we use a more expensive medication when a less expensive one is equally effective or perhaps superior. There's that bias for the new and trendy, as well as the bias to use those samples in the cabinet. That cute drug rep who came by last week suggested we try Zebes-taval for our patient's whatever. She or he will be by next week with their district manager, and it would really make their day if we'd give it a go on a few people. He or she never writes the scripts; somehow, that get's left to us.

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So medication costs are complex; it's not just as simple as sending off to Canada for meds. They have their issues too. New medications for conditions that previously had no treatment; expensive new medications for old problems; too many medications; it's hard to see how we can hold the line. Wouldn't you rather just talk about the new cath lab with digital bells and whistles? It's a lot more interesting.

Well, next time you whip out your Pharma™ brand pen to write a few scripts, consider the following:

1. How much does a month's supply cost?
2. Even if it is covered, is there a less expensive solution?
3. How will this interact with the other meds?
4. What's the evidence this will extend life or decrease major morbidity?
5. Will this patient actually take the medicine?

6. Will the drug do what you want and how will you know?
7. Would this person be better off on less medication?
8. What will be the downside of the common side effects for this person?

Medication side effects continue to be a major cause of both admission to hospital and of prolongation of admissions. William Osler, at the turn of the last century, said that physicians had harmed about as many as they had helped up until that time, and that he wasn't too hopeful about the 20th century. Let's try with restraint, caution, and knowledge to prove him wrong for the 21st.



Alexander D. Rae-Grant, MD  
Medical Staff President

## Medical Staff Survey Action Plan Update

Thanks again to those physicians who participated in the Jackson Organization Survey that was completed in November and December 2003. Over 190 physicians completed this survey, about 55% of those surveyed. In addition to physicians who practice primarily at Cedar Crest & I-78 and LVH-Muhlenberg, referring physicians were also surveyed.

Results of the survey were shared with you in **Medical Staff Progress Notes** and **CheckUp** and were presented to the following groups:

- × Nursing
  - Senior Vice President of Patient Care Services
  - Patient Care Operations Council
- × Medical Executive Committee (2 presentations)
- × General Medical Staff
- × Extended Senior Management Council
- × Department Heads

- × Marketing Department
- × Information Services
- × Board of Trustees
- × Leadership including the Chief Executive Officer, Chief Medical Officer, and Chief Operating Officer

Many of your concerns were centered around the same issues that have commanded the attention of Senior Management Council, Troika, and the Chairs for the past few years. There were no surprises, and your overall satisfaction with the function of the institution, the direction the institution is taking, Nursing, Information Services, Radiology and Laboratory services was high. In the next few issues, we will share the action plan, formulated from your survey results and specific recommendations.

Again, thanks for letting us know!

## Strategic Initiatives—What are they and what do they mean to me?

by Jon K. Larrabee, Senior Strategic Planner

Like most financially healthy organizations, Lehigh Valley Hospital and Health Network (LVHNN) recognizes the need to regularly invest in capital purchases such as new and renovated facilities, equipment, program expansion, replacement beds, and new information systems to remain a thriving community-focused organization. In recent years, LVHNN has invested more than \$70 million each year to fund these capital improvements, in addition to the \$800 million annual operating budget, which includes wages, benefits, supplies, depreciation and other needed services to provide high quality patient care.

A major role of capital investment is to keep the equipment and facilities up to date. In fact, LVHNN's capital investment rate is greater than that of its peers, as measured by national credit rating agencies such as Moody's. These agencies use an indicator – Average Age of Plant (AAP) – to determine the level of capital investment at each hospital. LVHNN's seven-year AAP is approximately 20 percent lower than the nine-year average of other, highly rated hospitals. This means that LVHNN's commitment to providing the best environment possible for providing excellent patient care through investing in new equipment, facilities and programs exceeds that of most other hospitals across the country.

While this level of capital investment is impressive, what also sets LVHNN's capital spending apart from many other hospitals is that each year several million dollars

are set aside, to be accessed only through a disciplined, rigorous process known as Strategic Initiatives (SIs). SIs are designed to focus on new programs or services, or a significant expansion or reworking of a current program or service that presents a strategic opportunity for LVHNN. SI projects may or may not show immediate financial or operational gains, but over the long term would significantly contribute to LVHNN's vision of being a premier academic community medical center.

SI proposals are presented for review and prioritization to the Extended Senior Management Council (ESMC) in September. Business plans are then developed for the highest rated SIs and presented to senior management in December for final discussion and inclusion, when appropriate, in the next year's budget.

Following is a summary of the SIs that have been recently implemented, as well as those that will be implemented over the next several months.

### Hospitalists

Recognizing that more and more physicians across the nation are choosing to have hospital-based Hospitalists manage their patients who need inpatient care, the Department of Medicine is developing a Hospitalist service at both the LVH-Muhlenberg and LVH-Cedar Crest campuses. The LVH-M program is operational and has admitted more than 500 patients to date.

The LVH-CC program will start next month. For more information, contact Michael J. Pistoria, DO, program medical director, at (610) 402-8045.

### Cancer Services

The success of the Cancer Center at LVH-M has prompted a major effort to expand medical oncology and infusion suite capacity. In addition, full-service radiation oncology services are expanding to include simulator capabilities and a second linear accelerator. And, the region's first hospital-based Gamma Knife will be operational at LVH-M in the near future. For more information, contact Victor R. Risch, MD, Chair, Department of Radiation Oncology, at (610) 402-0700.

### Tele-Intensivists

While it is well known that intensivist-led care of critically ill patients results in better patient outcomes, the national shortage of these board-certified specialists has spawned an innovative solution to expand their reach and sphere of influence. Combining a bed-side, critical care electronic medical record with state-of-the-art tele-medicine technology, the tele-intensivist and support team will be able to safely manage the care of more than 50 critical care patients, located in multiple units, from a central control center. For more information on this innovative program, contact Stephen C. Matchett, MD., program medical director, at (610) 402-9396.

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## Maternal Fetal Medicine

While the vast majority of deliveries are routine and complication-free, occasionally there is a need to consult with board-certified maternal-fetal medicine (MFM) specialists to help coordinate the care of high-risk patients. LVHHN is significantly enhancing this service, in collaboration with Neonatology. In the near future, MFM physicians will be present in the Labor and Delivery area 24 hours a day, 7 days a week. They will be immediately available to consult with, and/or manage high-risk patients for OB/Gyn physicians throughout the region. For more information, contact L. Wayne Hess, MD, Chair, Department of Obstetrics and Gynecology, at (610) 402-9505.

## Emergency Department Electronic Documentation

Traditional, manual ED documentation processes are cumbersome, and cause system inefficiencies by limiting chart access to whoever is holding it at that moment. By switching to an electronic charting tool, information from the electronic medical record will be readily available to all members of the care team, as well as private physicians who need timely updates on care provided by the ED to their patients. It will also integrate diagnostic test results into the medical

record, resulting in greater department efficiency and lower patient treatment times. For more information, contact Richard S. MacKenzie, MD, Vice Chair, Department of Emergency Medicine, at (610) 402-8128.

## Lehigh Valley Headache Center

Managing patients with chronic headaches is, at times, a dysfunctional process – resulting in frustration for physician and patient alike. To provide relief to all involved, the Headache Center will provide a single point of contact, using a nurse coordinator to appropriately involve members of a multi-disciplinary care team, including neurologists, chronic pain specialists, neurosurgeons, physical therapists, psychologists and psychiatrists. For more information, contact Peter J. Barbour, MD, program medical director, at (610) 402-8420.

## Vascular Improvement Plan (VIP) For Life

Using a systems approach, VIP improves patient outcomes through vascular disease management, education, coordination of services and improved communication with patients and physicians. Heart, stroke, PVD and diabetes patients are educated about their own risk factors for vascular disease and motivated to make important lifestyle changes to

achieve positive outcomes. For more information, contact John E. Castaldo, MD, Chief, Division of Neurology, at (610) 402-4088.

## Regional Heart Center Expansion

As the utilization of the existing cath lab space at LVH-Muhlenberg continues to grow, the need exists for an additional cath lab, with peripheral capability. Consequently, when the new patient tower opens next Spring, a total of three cath/EP labs will be operational. This will further expand the capabilities of the Regional Heart Center (RHC) across the network. For more information, contact Michael A. Rossi, MD, RHC medical director, at (610) 402-7510.

These exciting initiatives are examples of LVHHN's commitment to its continued long-term success. And your help is needed to identify additional ways of accomplishing its mission and vision. Now is the time to start thinking of possible Strategic Initiatives that you would like to have proposed for consideration. Please forward your ideas to your division chief or department chair for further consideration, development and possible inclusion in the SI process. Or, if you would like to discuss the process further, please contact Jon Larrabee, Senior Strategic Planner, at (484) 884-1009.

## Coding Tip of the Month

Coding the diagnosis of premature infant is based on the diagnostic statement of the attending pediatrician. Prematurity cannot be coded based on the infant's weight alone, but on the clinical assessment of the maturity of the infant as documented in the medical record. If maturity of infant is not documented or there is conflicting information, a physician query will be generated for the attending physician to clarify this information.

## News from CAPOE Central

### April Trip Winner will be Departing from LVH-M

Dr. Michelle Liu, one of the LVH-M Hospitalists, won the CAPOE Compliance Trip Drawing for the month of April. The drawing was held on Friday, April 30, 2004 in the Medical Staff Lounge. Dr. Liu was unavailable for comment, but was quite excited when she claimed her prize.

### STAT Labs - now in their own order set

There has been a change to the list of STAT labs. They are listed in the same place, under the LAB button. However, all the STAT labs are now listed in an order set. This was done to fix an occasional issue that STAT labs remained on the Order Profile list, even after they were completed and resulted in the system. Please check it out.

### STAT Orders - Please remember to do more than click

CAPOE has certainly made it easier to enter orders on patients from anywhere inside or outside the hospital. This remote access facilitates timely care for our patients. Entering orders, especially STAT orders, represents one piece of the quality healthcare puzzle. Verbal communication with other members of the healthcare team is still essential. Please remember to alert your nursing colleagues when you enter STAT orders, so that they may begin to act on the order in an appropriate amount of time.

### I've forgotten how to sign my handwritten orders

Overall CAPOE utilization is now greater than 70% on the live units. The efforts of the attendings and residents are commendable and have clearly differentiated LVH on

a national level. As CAPOE usage grows, the number of handwritten orders continues to decrease. However, problems with illegible signatures remain, and have caused issues with ancillaries such as Radiology and the Heart Station. Please remember that if you do handwrite an order, please print your name and pager number under your signature. As an alternative, Medical Staff Services will order a stamper for you with your name and pager number. (Call 610-402-8590 for more information.) Knowing exactly who wrote the order facilitates timely communication and accurate billing. Of course, using CAPOE is the best solution.

If you have any questions regarding any of these issues, please contact me.

Don Levick, MD, MBA  
Physician Liaison, Information Services  
Phone: 610-402-1426  
Pager: 610-402-5100 7481

## AMA President Discusses Medical Liability Crisis

On April 23, the departments of Surgery and Medicine hosted Donald J. Palmisano, MD, JD, President of the American Medical Association, at the Stahler-Rex Lectureship in the Cedar Crest & I-78 auditorium. Dr. Palmisano's well-attended presentation – "The Medical Liability Crisis: Facts Don't Cease to Exist Because They're Ignored" – was teleconferenced to LVH-Muhlenberg, LVH-17, and Gnaden Huetten Memorial Hospital in Lehigh.

According to Dr. Palmisano, Pennsylvania's legal system allows for frivolous medical liability suits, which clog the courts and deter new doctors from establishing their practices in the state. Dr. Palmisano said, "Stabilizing the medical liability insurance market will make it easier for crisis states, like Pennsylvania, to keep physicians in practice and attract those who practice in the high-risk

specialties of obstetrics, neurosurgery, and orthopedic surgery." He recommends that federal lawmakers enact liability reforms and

cap limits similar to those that have worked in California for the last 25 years. He explained, "No matter how long it takes, the AMA will continue to push Congress for real reform. At stake is nothing less than the health of our patients." After the presentation, he met with various LVH administrators and participated in a case conference with the LVH surgery residents.



## Partners in Your Care<sup>©</sup>

As part of LVHHN's continuing effort to provide quality care, a hand hygiene program intended to engage the patient in asking their health care provider if they have washed their hands will be launched in July 2004. All admissions will receive a brochure on the program, "Partners in Your Care"<sup>©</sup>, which explain how patients can become an active member of their health care team by **asking health care workers** who have direct contact with them, "**Did you wash your hands?**" The hand-washing segment of the Patient Safety Video also encourages patients to ask their health care provider if they have washed their hands. In addition to the brochure, patients will receive a sample of waterless hand sanitizer to use during their inpatient visit.

This patient empowerment program is strictly voluntary for the patient and non-punitive to the health care worker. "Partners in Your Care"<sup>©</sup>

was piloted on 5ATT, 5B and 5C at LVH-Cedar Crest, and 4S at LVH-Muhlenberg in August 2003 with great success in the improvement in hand hygiene compliance. Positive feedback was also received from participating patients regarding the program.

According to the Centers for Disease Control, over 2.4 million patients nationwide develop hospital-acquired infections each year with 30,000 deaths reported as a direct cause of these infections. Although it has been well established for over a century that hand washing is the single most important factor in the prevention of hospital acquired infections, numerous studies have demonstrated that it occurs less than 50% of the time prior to patient contact.

"Partners in Your Care"<sup>©</sup> was developed by the University of Pennsylvania where studies have exhibited a 35-40% **sustained increase** in hand

hygiene compliance. "Partners in Your Care"<sup>©</sup> uses the patient as a continuous prompter for health care workers to improve their hand hygiene compliance. Utilizing a patient empowerment program to increase hand hygiene compliance will also assist LVHHN in meeting JCAHO's National Patient Safety Goal #7: "Reduce the risk of healthcare-acquired infections". The goal requires compliance with the current CDC hand hygiene guideline that suggests the use of a patient empowerment program as an effective means to increase and sustain health care worker hand hygiene compliance.

Participation in Partners in Your Care<sup>©</sup> provides health care workers an ideal opportunity to partner with their patients to increase hand hygiene compliance.

If you have any questions or need more information regarding this program, contact the Infection Control Department at 610-402-0680.

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Dr. Young drew his own family into his work. His wife, pediatrician Ellen Bishop, MD, worked at Central's health center for two-and-a-half years, and his daughters, Erica and Suzanne, volunteered at Moyer House.

Dr. Young's vision and guidance helped community projects thrive, including programs that help adults quit smoking, children stay fit, and domestic violence victims find support and safety.

Dr. Young saw community as local and global. He supervised residents at the LVPG Internal Medicine practice at least once a month and regularly rounded with residents. He and

his family traveled to Kenya in 1997 to support a new medical school, then brought Kenyan medical students to LVHHN. "When I started here, he hosted me in his house and helped me find an apartment," says resident Marcellus Assiago, MD, whom Dr. Young met on his trip to Kenya.

Dr. Young returned to Kenya earlier this year to study the devastating impact of AIDS on the Kenyan population and learn more about HIV medicine. He also studied with LVHHN's AIDS Activities Office, hoping to become certified in the specialty and enhance contributions to the worldwide AIDS epidemic.

Dr. Young sought opportunities to stretch himself – to go into areas

outside his comfort level and learn – and encouraged colleagues to do the same. He avidly supported local arts as a board member and volunteer at Mayfair since 2001.

No matter how busy he was, Dr. Young always shared time and his trademark smile with colleagues. "Before meetings, he'd ask everyone what they did over the weekend," recalls Tom Wasser, Director of Health Studies. "He was interested in his colleagues as people first." A man who enlivened and enriched the people and groups he loved so much, Dr. Young leaves a legacy of personal service. "His spirit will be a part of this community for years to come," says Community Health Vice Chair, Judy Sabino.

# LVH Honors Medical Staff Members for Career Milestones

Over 70 doctors and dentists on the medical staff of Lehigh Valley Hospital (LVH) were honored for their years of service, commitment and dedication at the 2004 Physician Recognition Dinner held at the Holiday Inn Conference Center in Fogelsville on May 1.

With almost 300 physicians, board members, hospital administrators and guests in attendance, Alexander D. Rae-Grant, MD, Medical Staff President, expressed praise



to his colleagues. "We celebrate you, your accomplishments, your service, your professionalism, your stick-to-it-ive-ness. We celebrate your nearly 2,000 years of service to the Medical Staff. We laud you, we praise you and extol you: we give it up for you."

Receiving special recognition was the past president of the medical staff, and those physicians and dentists who served 50 and 25 years on the medical staff. Honorees included:

## Past President of the Medical Staff

**Edward M. Mullin, Jr., MD**  
*Division of Urology*

## 50 Years of Service



**Herbert L. Hyman, MD**  
*Division of Gastroenterology*



**Allan E. Trevaskis, MD**  
*Division of Plastic Surgery*



**Stanley E. Zeeman, MD**  
*Division of Cardiology*

## 25 Years of Service

**Peter J. Barbour, MD**  
*Division of Neurology*

**Donald E. Barilla, MD**  
*Division of Endocrinology*

**Thomas V. Brislin, DO**  
*Division of General Internal Medicine/Geriatrics*

**Christopher L. Brown, MD**  
*Division of Diagnostic Radiology*

**Sam Bub, MD**  
*Department of Family Medicine*

**Thomas O. Burkholder, MD**  
*Division of Ophthalmology*

**David P. Carney, MD**  
*Division of General Internal Medicine/Geriatrics*

**Bala B. Carver, MD**  
*Division of Anatomic Pathology*

**John J. Cassel, MD**  
*Division of Cardiology*

**Proctor L. Child, MD**  
*Division of Anatomic Pathology*

**Peter M. Cianfrani, MD**  
*Department of Family Medicine*

**Carl F. D'Angelo, MD**  
*Division of Gastroenterology*

**William T. DeFeo, DPM**  
*Division of Podiatric Surgery*

**Fabio L. Dorville, MD**  
*Division of General Internal Medicine/Geriatrics*

**Bruce A. Ellsweig, MD**  
*Department of Family Medicine*

**Mark P. Elstein, DMD**  
*Division of Oral and Maxillofacial Surgery*

**Thomas P. Englert, DMD**  
*Division of Oral and Maxillofacial Surgery*

**Domenico Falcone, MD**  
*Department of Anesthesiology*

**John D. Farrell, MD**  
*Department of Family Medicine*

**Gregg T. Frey, DDS**  
*Division of Orthodontics*

**Theodore H. Gaylor, MD**  
*Division of Otolaryngology-Head & Neck Surgery*

**Gene H. Ginsberg, MD**  
*Division of General Internal Medicine/Geriatrics*

**Mark A. Gittleman, MD**  
*Division of General Surgery*

**Joel M. Glickman, MD**  
*Division of Endodontics*

**Tirun A. Gopal, MD***Division of Primary Obstetrics  
and Gynecology***Charles A. Gordon, MD***Division of General Internal  
Medicine/Geriatrics***John M. Gray, DO***Department of Family Medicine***Joseph C. Guzzo, MD***Division of Nephrology***Houshang G. Hamadani, MD***Department of Psychiatry***David S. Hyman, MD***Division of Ophthalmology***John S. Jaffe, MD***Division of Urology***Jeffrey A. Jahre, MD***Division of Infectious Diseases***John D. Karabasz, DMD***Division of Prosthodontics***Charles F. Kelley, Jr., MD***Division of General Pediatrics***Jay E. Kloin, MD***Division of General Internal  
Medicine/Geriatrics***Peter W. Kozicky, MD***Division of Orthopedic Surgery***Neal Kramer, DPM***Division of Podiatric Surgery***Glenn S. Kratzer, MD***Division of General Internal  
Medicine/Geriatrics***Jack A. Lenhart, MD***Department of Family Medicine***Joseph B. Lennert, MD***Division of Urology***Howard M. Listwa, DO***Division of Primary Obstetrics and  
Gynecology***Charles L. Ludivico, MD***Division of Rheumatology***Alphonse A. Maffeo, MD***Department of Anesthesiology***Judith A. McDonald, MD***Division of General Internal Medicine***Thomas J. McKee, DMD***Division of Periodontics***Gerald J. Morrow, MD***Division of General Surgery***Alexander Nedwich, MD***Division of Anatomic Pathology***Hugh J. O'Donnell, Jr., DDS***Division of Pediatric Dentistry***Stephen T. Olex, DO***Division of Cardiology***Joseph Pascal, MD***Division of Urology***Nicholas O. Prusack, DDS***Division of Oral and Maxillofacial Surgery***Robert N. Pursell, MD***Division of Nephrology***Gregory J. Radio, MD***Division of Primary Obstetrics and  
Gynecology***Luther V. Rhodes III, MD***Division of Infectious Diseases***Michael Rhodes, MD***Division of Trauma-Surgical Critical Care***Thomas S. Sauer, MD***Division of Orthopedic Surgery***Stephen R. Shore, MD***Division of General Internal Medicine***Bruce J. Silverberg, MD***Division of Cardiology***Frederic A. Stelzer, MD***Division of Gastroenterology***Robert L. Stull, DO***Department of Family Medicine***Robert M. Taxin, DO***Department of Family Medicine***Philip J. Tighe, DMD***Division of Orthodontics***Leo W. Todd, Jr., DO, PhD***Department of Family Medicine***William A. Tuffiash, MD***Division of Allergy***James R. Wall, MD***Division of Dermatology***Allen J. Weinstein, DO***Division of Diagnostic Radiology***Sam S. Weng, MD***Division of General Internal Medicine***Douglas C. Wiseman, DO***Division of Allergy*

New this year was the addition of five special awards. These awards were designed to celebrate activities which were not otherwise recognized but which are key to the functioning of the medical staff and the institution. Recipients of the special awards include:

**John D. Van Brakle, MD***Chair, Department of Pediatrics  
Medical Staff Community Service  
Award***Stephen C. Matchett, MD***Chief, Division of Critical Care Medicine  
Medical Staff Team Builder Award***Geoffrey G. Hallock, MD***Associate Chief,  
Division of Plastic Surgery  
Medical Staff Physician Research  
Award***Janet M. Seifert***Coordinator, Communications and  
Special Events, Medical Staff Services  
Friend of the Medical Staff Award***Luther V. Rhodes III, MD***Chief, Division of Infectious Diseases***Mark C. Knouse, MD****Marcelo Gareca, MD****Jaan P. Naktin, MD****Eric T. Young, MD***Members of the Division of  
Infectious Diseases***Doctors' Doctor Award**

Recipients of the Doctors' Doctor Award are: (L to R) Eric T. Young, MD, Luther V. Rhodes III, MD, Jaan P. Naktin, MD, and Mark C. Knouse, MD. Missing from photo is Marcelo Gareca, MD.

The dinner, which is held every three years, serves as a celebration to honor the more than 1,200 physicians on the Medical Staff.

## Palliative Care Initiative

### Spirituality, Palliative Care and the ICU

The Palliative Care Initiative at Lehigh Valley Hospital continues to research and assess the multifaceted dimensions of comfort care for intensive care patients and their families. The Palliative Care Committee is comprised of a physician, palliative care nurses, research experts and a chaplain. This group of dedicated and creative individuals collaborate to discover how supportive and comfort measures are provided to patients who are admitted to the MICU, SICU and TNICU. These "intensive" areas have traditionally been understood, and justifiably so, as aggressive "cure" areas. However, the question that has been raised among the medical community over the past few decades is how does or should aggressive care interface with comfort care.

Along with the overall assessment of patient's needs such as pain, anxiety and dyspnea management, the area of spirituality is being given a more "intensive" look. A spiritual assessment tool has been designed to be completed by the ICU chaplain within 24 hours of consultation. The spiritual assessment provides a baseline understanding of a patient's family, ethnic, spiritual and religious background. Spirituality, which should not be confused with religiosity, is that which gives meaning to the human life. It is that resource within the person that allows one to transcend the pain and suffering of a given moment. Periods of serious illness can be opportunities for patients to raise meaningful questions about one's life and relationship with self, others, their spiritual community, the transcendent

and even their relationship with their home, where they have found solace and comfort. Assessing one's spirituality provides the ICU chaplain and clinicians with relevant insights concerning the patient and family's readiness to discuss, for example, their values, priorities, and, at times, end of life wishes.

The spiritual assessment assists in the overall care of the patient by providing the chaplain a forum in which to conduct a pastoral conversation with patients and families. These conversations are proving to provide yet another venue, which establishes and encourages a supportive, caring relationship with another member of the health care team, the ICU chaplain. They help identify family dynamics, which can either support or hinder the goals of patient care. In crisis situations, the assessment allows the chaplain to debrief families that are overwhelmed by a sudden illness or trauma and who might be anticipating grief.

Relevant information gathered during the spiritual assessment is shared with the physicians, nurses and caseworkers to complete the overall plan of care. By assessing a patient's and family's spiritual plan and resources, a more holistic and intentional spiritual plan of care can be developed to meet comfort needs.

### Fast Fact of the Month

Title: Fast Fact and Concept #019; Taking a Spiritual History

Author(s): Ambuel, B.; Weissman, D.

This Fact Fact & Concept reviews the components of a spiritual history--largely derived from the work

of Maugans TA. The SPIRITual History. Arch Fam Med. 5:11-16, 1997.

Educational Objective(s): Learn the questions to ask to explore a spiritual history.

Illness raises fundamental questions for patients – For what may I hope? Why do I suffer? Does my suffering have meaning? What happens after I die? When a physician stands with a patient as they face death, the physician inevitably plays a role in supporting the patient's inquiry into these fundamental, spiritual questions. In addition some patients have specific preferences or needs regarding medical care, death and dying that are based upon their religious beliefs. The physician often plays an important role in supporting a patient's exploration of these issues. Taking a spiritual history is one way to support the patient in this exploration.

### Taking a Spiritual History

#### **S-spiritual belief system**

- Do you have a formal religious affiliation? Can you describe this?
- Do you have a spiritual life that is important to you?
- What is your clearest sense of the meaning of your life at this time?

#### **P-personal spirituality**

- Describe the beliefs and practices of your religion that you personally accept. Describe those beliefs and practices that you do not accept or follow.
- In what ways is your spirituality/religion meaningful for you?
- How is your spirituality/religion important to you in daily life?

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### ***I-integration with a spiritual community***

- Do you belong to any religious or spiritual groups or communities?
- How do you participate in this group/community? What is your role?
- What importance does this group have for you?
- In what ways is this group a source of support for you?
- What types of support and help does or could this group provide for you in dealing with health issues?

### ***R-ritualized practices and restrictions***

- What specific practices do you carry out as part of your religious and spiritual life (e.g. prayer, meditation, service, etc.)
- What lifestyle activities or practices does your religion encourage, discourage or forbid?
- What meaning do these practices and restrictions have for you? To what extent have you followed these guidelines?

### ***I-implications for medical care***

- Are there specific elements of medical care that your religion discourages or forbids? To what extent have you followed these guidelines?
- What aspects of your religion/spirituality would you like to keep in mind as I care for you?
- What knowledge or understanding would strengthen our relationship as physician and patient?
- Are there barriers to our relationship based upon religious or spiritual issues?

- Would you like to discuss religious or spiritual implications of health care?

### ***T-terminal events planning***

- Are there particular aspects of medical care that you wish to forgo or have withheld because of your religion/spirituality?
- Are there religious or spiritual practices or rituals that you would like to have available in the hospital or at home?
- Are there religious or spiritual practices that you wish to plan for at the time of death, or following death?
- From what sources do you draw strength in order to cope with this illness?
- For what in your life do you still feel gratitude even though ill?
- When you are afraid or in pain, how do you find comfort?
- As we plan for your medical care near the end of life, in what ways will your religion and spirituality influence your decisions?

### **Questions for personal reflection and discussion:**

- Do you feel comfortable discussing spiritual and religious issues with a patient?
- What roles are appropriate for a physician to take in this exploration?
- What roles are inappropriate for a physician to take?

### **References:**

Maugans TA. The SPIRITual History. Arch Fam Med. 5:11- 16, 1997.  
Ambuel, B & DE Weissman. Discussing spiritual issues and maintaining hope. In DE Weissman & B Ambuel,

Improving End-of-Life Care: A Resource Guide for Physician Education, 2nd Edition. Medical College of Wisconsin, Milwaukee, 1999.

Griffith, JL & ME Griffith. Hope in suffering/pain in health: Talking with patients about spiritual issues. Presented at The Eighteenth Forum for the Behavioral Sciences in Family Medicine, Chicago, Illinois, October, 1997.

**Contact:** David E. Weissman, MD, FACP Editor, Journal of Palliative Medicine Palliative Care Program Director Medical College of Wisconsin (P) 414-805-4607 (F) 414-805-4608

**Copyright Notice:** Users are free to download and distribute Fast Facts for educational purposes only. Citation for referencing: Weissman, D. Fast Fact and Concepts #19: Taking a Spiritual History. July, 2000. End-of-Life Physician Education Resource Center [www.eperc.mcw.edu](http://www.eperc.mcw.edu).

**Disclaimer:** Fast Facts provide educational information, this information is not medical advice. Health care providers should exercise their own independent clinical judgment. Some Fast Fact information cites the use of a product in dosage, for an indication, or in a manner other than that recommended in the product labeling. Accordingly, the official prescribing information should be consulted before any such product is used.

If you have any questions regarding palliative care, please contact Daniel E. Ray, MD, Division of Pulmonary/Critical Care Medicine, at 610-439-8856 or pager 610-776-5554.

## **Congratulations!**

**Larry N. Merkle, MD**, Chief, Division of Endocrinology, was the recipient of the Physician Friend of Nursing Award which was presented at the Friends of Nursing Celebration held on Thursday, May 6, at the Holiday Inn Conference Center in Fogelsville, Pa.

## Papers, Publications and Presentations

**Eamon C. Armstrong, MD**, Department of Family Medicine, was interviewed for an article, which was published in the March 5, 2004 issue of *Medical Economics*. The article was titled "A New Way to Measure What Residents Learn."

**Scott A. Gradwell, DMD**, Division of Periodontics, was recently invited by the Greater Cleveland Dental Society to be a guest lecturer for their North Coast Spring Meeting, which was held on May 7 in Cleveland, Ohio. His lecture included a breakdown of treatment modalities for periodontal disease with an emphasis on the systemic and local delivery of chemotherapeutics, accompanied by traditional mechanical therapy.

**Peter A. Keblish, Jr., MD**, Division of Orthopedic Surgery, Section of Ortho Trauma, was co-author of a scientific exhibit at the recent 2004 American Academy of Orthopaedic Surgery (AAOS) meeting in San Francisco, Calif. The exhibit – "Comparison of Isokinetic Strength in Resurfaced and Retained Patellae in Bilateral TKA" – was co-authored by orthopedic surgeons at Schulteiss Clinic in Zurich, Switzerland, a major total joint center of Europe, and Dr. Jens Boldt, former orthopedic fellow. The AAOS meeting is the largest of its kind in the world and covers all orthopedic subspecialties.

**Indru T. Khubchandani, MD**, Division of Colon and Rectal Surgery, was invited to speak at the combined 29<sup>th</sup> Mexican Society of Coloproctology and the 6<sup>th</sup> Latin American Iberian Society Meeting, held in Puerto Vallarta from May 3 to 8. He gave an oration, participated in a panel discussion, and gave two lectures. He was awarded Honorary Professorship by the University of Guadalajara, Mexico.

In addition, Dr. Khubchandani attended the Annual Meeting of the American Society of Colon and Rectal Surgeons held May 8 to 11 in Dallas, Texas. He introduced the invited speaker who gave the Bacon Oration.

**Zubina M. Mawji, MD, MPH**, Division of General Internal Medicine, and **William F. Iobst, MD**, Internal Medicine Residency Program Director, co-authored a chapter, "Quality Improvement in Graduate Medical Education," in the most recent *Guide to Medical Education in the Teaching Hospital*.

**William L. Miller, MD**, Chair, Department of Family Medicine, co-authored a chapter in the *Oxford Textbook of Primary Medical Care*. The title of the chapter is "Methods: qualitative."

**Christopher J. Morabito, MD**, Chief, Division of Neonatology, presented a paper at the national American Pediatric Society-Society for Pediatrics Research annual meeting held in San Francisco, Calif. The paper – "Validation of a Critical Care Family Satisfaction Survey in the Pediatric Critical Care Setting" – was co-authored by Dr. Morabito, **Thomas Wasser, PhD**, Director of Health Studies, and **Julie W. Stern, MD**, Chief, Division of Pediatric Subspecialties.

During a recent visit to New Orleans, La., **Michael J. Pistoria, DO**, Associate Program Director, Internal Medicine Residency Program, attended the Society of Hospital Medicine Annual Meeting where he gave a poster presentation titled "The Society of Hospital Medicine Core Curriculum Project." Dr. Pistoria is chair of the Society of Hospital Medicine's Core Curriculum Task Force and is a member of the Society of Hospital Medicine's Education Committee.

In addition, Dr. Pistoria attended the Association of Program Directors of Internal Medicine Spring Meeting, held April 20 and 21, where he presented a workshop titled "Hospitalists: A Program Director's New Best Friend" with Alpesh Amin, MD, from the University of California-Irvine.

Dr. Pistoria also attended the American College of Physicians Annual Meeting on April 23, where he participated in the "Surviving the Match" workshop which gave medical students the opportunity to talk with Internal Medicine residency program directors about the process of applying to residency programs.

**Patrice M. Weiss, MD**, Program Director, Obstetrics and Gynecology Residency Program, recently presented two luncheon conferences at the Annual Clinical Meeting of the American College of Obstetricians and Gynecologists in Philadelphia. Dr. Weiss presented and proctored "Disclosure of Unanticipated Outcomes and Medical Errors" and "Using the Electronic Residency Application Service (ERAS) to Create a Pre-Interview Candidacy Score."

## Upcoming Seminars, Conferences and Meetings

### General Medical Staff Meeting

A General Medical Staff meeting will be held on **Monday, June 14**, beginning at **6 p.m.**, in the hospital **Auditorium, Cedar Crest & I-78**, and via videoconference in the **First Floor Conference Room at LVH-Muhlenberg**. All members of the Medical Staff are encouraged to attend.

### Greater Lehigh Valley Independent Practice Association

The quarterly General Membership Meeting of the Greater Lehigh Valley Independent Practice Association will be held on **Monday, June 28**, beginning at **6 p.m.**, in the **First Floor Conference Room at LVH-Muhlenberg** with videoconferencing to the **Auditorium at Cedar Crest & I-78**. Please plan to attend to hear the latest updates.

### Geriatric Trauma Education Conference

"Clarifying Confusion" will be presented by Francis A. Salerno, MD, Chief, Division of Geriatrics, on Wednesday, June 2, beginning at noon in the Center for Critical Care Education Room, located on the second floor of the Jaindl Pavilion.

At the completion of the conference, participants will recognize that illness in the elderly presents as Geriatric Syndromes; identify that delirium is a geriatric syndrome and will be able to differentiate delirium, dementia and depression; and apply this knowledge to the clinical setting.

Lunch will be provided.

For more information, contact Susan Marques in the Center for Education at 610-402-2554.

### Special Educational Conference

"Diagnosing and Treating Migraine Patients" will be presented by John E. Castaldo, MD, Chief, Division of Neurology, on Monday, June 7, in the Educational Conference Room #1 (across from the Library) at Cedar Crest & I-78. Registration will begin at 5:30 p.m., followed by the presentation at 6 p.m.

The program is being offered for neurologists, primary care physicians, and all those who wish to enhance their knowledge and ability to successfully treat migraine patients.

Dinner will be provided.

For reservations or more information, please contact Sharon Bartz in Neurosciences at 610-402-9008.

### Emergency Medicine Grand Rounds

Emergency Medicine Grand Rounds are held on Thursdays, beginning at 8 a.m., at various locations. Topics to be discussed in June will include:

#### June 3 – Cedar Crest & I-78 Auditorium

- × Visiting Speaker – Steve Parillo, DO, Albert Einstein Medical Center – "Anorectal Emergencies" and "Pass it on – Some Thoughts for 25 Years of Practice"
- × DVT/PE, Hypercoagulability States – David Richardson, MD
- × St. Luke's case review

#### June 10 – LVH-Muhlenberg 4<sup>th</sup> Floor Classroom

- × Resident's lecture
- × Medico-legal / EMTALA Consents & Nightmares
- × Resident's lecture
- × Rosen's (pages 1607-1701)

#### June 17 – EMI, 2166 S. 12<sup>th</sup> Street

- × "Who Wants To Be . . ."
- × Medical Command Tapes
- × Resident's lecture

#### June 24 – LVH-Muhlenberg 4<sup>th</sup> Floor Classroom

- × Pediatric Topic Conference
- × M&M
- × Resident's lecture
- × Rosen's (pages 1701-1755)

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

### Family Medicine Grand Rounds

Family Medicine Grand Rounds are held the first Tuesday of every month from 7 to 8 p.m., in the Educational Conference Room 1, Lehigh Valley Hospital, Cedar Crest & I-78, unless otherwise noted. The topics for June and July will include:

- × June 1 – "Taking AIM to Improve America's Health – Americans in Motion, The AAFP's Response to Obesity"
- × July 6 – "Overuse Injuries"

For more information, please contact Staci Smith in the Department of Family Medicine at 610-402-4950.

### Medical Grand Rounds

Medical Grand Rounds are held every Tuesday beginning at noon in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78, and via videoconference in the First Floor Conference Room at LVH-Muhlenberg. Topics to be discussed in June will include:

- × June 1 – Resident Research Presentation
- × June 8 – "Parasites"
- × June 15 – Resident CPC Presentation

Have a nice summer! Medical Grand Rounds will resume on Tuesday, September 7.

For more information, please contact Judy Welter in the Department of Medicine at 610-402-5200.

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## OB/GYN Grand Rounds

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

- × June 4 – Resident Research Day
- × June 11 – “Cerclage”
- × June 18 – “Ethnicity-Based Pre-Natal Screening”
- × June 25 – GYN M&M

For more information, please contact Teresa Benner in the Department of Obstetrics and Gynecology at 610-402-9515.

## Department of Pediatrics

The Department of Pediatrics holds conferences 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 June will include:

- × June 1 – “Treatment of Overuse Injuries in Children”
- × June 8 – “Hot Topics in Quality Assurance”
- × June 15 – “Medical Volunteering Abroad”

- × June 22 – “Nature vs. Nurture: Fetal Origins of Adult Disease” – **Location Change: Auditorium, Cedar Crest & I-78**
- × June 29 – “Treatment and Evaluation of Shoulder Injuries in Children”

For more information, please contact Kelli Ripperger in the Department of Pediatrics at 610-402-2540.

## Surgical Grand Rounds

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

- × June 1 – Resident Paper Presentations

Have a safe and happy summer! Surgical Grand Rounds will resume on Tuesday, September 14.

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



## News from the Libraries

### Recently Acquired Publications



#### Library at 17<sup>th</sup> & Chew

- « Nanci. Ten Cate's Oral Histology. 2003
- « Lindhe. Clinical Periodontology & Implant Dentistry. 2003

#### Library at Cedar Crest & I-78

- « Warfield. Principles and Practices in Pain Management. 2004
- « Fleisher. Atlas of Pediatric Emergency Medicine. 2004

#### Library at LVH-Muhlenberg

- « Tintinalli. Emergency Medicine. 2004
- « Chaitow. Palpation and Assessment Skills. 2003

If you have any suggestions for new books, please send them to Barbara Iobst in the Library at Cedar Crest & I-78.

### OID Training

To arrange for instruction in the use of OVID's MEDLINE and its other databases, please contact Barbara Iobst, Director of Library Services, at 610-402-8408.

## 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



#### Deborah A. Campbell, DMD

Dental Clinic  
Lehigh Valley Hospital  
17<sup>th</sup> & Chew, P.O. Box 7017  
Allentown, PA 18105-7017  
(610) 402-2436 Fax: (610) 402-9684  
Department of Dental Medicine, Division of General Dentistry  
Provisional Active  
Appointment Date – 6/24/2004

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### Practice Change

**Susan J. Kucirka, MD**

(No longer with Riverside Dermatology Associates)  
Family Dermatology of the Lehigh Valley  
4110 Independence Drive, Suite 300  
Schnecksville, PA 18078-2584  
(610) 769-4200  
Fax: (610) 769-4204

### New Fax Number

**Thomas P. Harakal, MD**

Fax: (610) 261-9601

### Change of Status

**James F. Frommer, Jr., DO**

Department of Family Medicine  
From: Active To: Provisional Affiliate

### Status Change to Honorary

**Charles S. McConnel, Jr., MD**

Department of Surgery  
Division of Otolaryngology-Head & Neck Surgery  
From: Affiliate To: Honorary  
Effective – 7/1/2004

**Carmen B. Montaner, MD**

Department of Anesthesiology  
From: Active To: Honorary

**Ronald E. Wasserman, MD**

Department of Medicine  
Division of Neurology  
From: Affiliate To: Honorary

### Six-Month Leave of Absence

**William T. Monacci, MD**

Department of Surgery  
Division of Neurological Surgery  
Section of Neuro Trauma

### One-Year Leave of Absence

**Ludmila M. Kissi, MD**

Department of Medicine  
Division of General Internal Medicine

### Resignations

**K. Sarah Hoehn, MD**

Department of Pediatrics  
Division of Critical Care Medicine

**Khalid Karim, MD**

Department of Medicine  
Division of General Internal Medicine

**Michael K. Kim, MD**

Department of Surgery  
Division of Otolaryngology-Head & Neck Surgery

**Bradley S. Marino, MD**

Department of Pediatrics  
Division of Critical Care Medicine

**Marisa A. Mastropietro, MD**

Department of Obstetrics and Gynecology  
Division of Gynecology  
Section of Pelvic Reconstructive Surgery

**Lauri A. Passeri, DMD**

Department of Dental Medicine  
Division of General Dentistry

**Steven Puccio, DO**

Department of Surgery  
Division of Orthopedic Surgery

**Craig A. Sabre, MD**

Department of Family Medicine

**Steven E. Schultz, MD**

Department of Pediatrics  
Division of Critical Care Medicine

**Mark Unger, DMD**

Department of Dental Medicine  
Division of General Dentistry

**Elleda C. Ziemer, DO**

Department of Family Medicine

### Death

**Harry A. Kaupp, Jr., MD**

Department of Surgery  
Division of Vascular Surgery

### Allied Health Staff

#### New Appointments

**Anatoliy Kinel**

Intraoperative Neurophysiological Monitoring Specialist  
(Surgical Monitoring Associates, Inc – Mark C. Lester, MD)

**Karen A. Landis, CRNP**

Certified Registered Nurse Practitioner  
(Pulmonary Associates – Jonathan Hertz, MD)

**Patrick S. Lynch**

Pacemaker/ICD Technician  
(Guidant Corporation – Norman H. Marcus, MD)

**Erica M. Rose, PA-C**

Physician Assistant-Certified  
(Orthopaedic Associates of Bethlehem, Inc – Ranjan Sachdev, MD)

**Jody L. Smith, RN**

Pacemaker/ICD Technician  
(Guidant Corporation – Robert F. Malacoff, MD)

**Kimberly A. Wert, PA-C**

Physician Assistant-Certified  
(Colon-Rectal Surgery Associates, PC – Robert D. Riether, MD)

#### Change of Supervising Physician

**Clare Laracy, PA-C**

Physician Assistant-Certified  
(Neurosurgical Associates of LVPG)  
From: Joseph P. Coladonato, MD  
To: P. Mark Li, MD

#### Address Change

**Seith J. Schentzel, PhD**

Mitchell Psychiatric Center  
555 Harrison Street  
Emmaus, PA 18049-2339  
(610) 965-6418 Fax: (610) 965-6382

#### Resignation

**Frances C. Kriebel**

Anesthesia Technical Assistant  
(Lehigh Valley Anesthesia Services, PC)

**LEHIGH VALLEY**  
**HOSPITAL**  
AND HEALTH NETWORK

Cedar Crest & I-78  
P.O. Box 689  
Allentown, PA 18105-1556

Phone: 610-402-8590  
Fax: 610-402-8938  
Email: [janet.seifert@lvh.com](mailto:janet.seifert@lvh.com)

***Medical Staff Progress Notes***

Alexander D. Rae-Grant, MD  
President, Medical Staff

Donald L. Levick, MD, MBA  
President-elect, Medical Staff

Edward M. Mullin, Jr., MD  
Past President, Medical Staff

John W. Hart  
Vice President, Medical Staff Services

Janet M. Seifert  
Coordinator, Communications & Special Events  
*Managing Editor*

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James C. Weis, MD  
Patrice M. Weiss, MD

***We're on the Web!***

***If you have access to the Lehigh  
Valley Hospital intranet, you can  
find us on the LVH homepage under  
Departments — Non-Clinical  
“Medical 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](mailto: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.