

Progress Notes

Published for the Medical Staff
and Advanced Practice Clinicians
of Lehigh Valley Health Network

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FROM THE PRESIDENT



Work/Life Balance

Living a life in critical care and working in an Intensive Care Unit, whether a physician, nurse, technical partner, or administrative partner, gives a unique perspective on life. At Lehigh Valley Health Network, with a NICU, PICU, Trauma Unit, Kascyh MICU/SICU, CICU, Burn Unit, NSICU and Muhlenberg ICU, we admit more than 13,000 critically ill patients each year. The medical service alone now admits about 4,400 critically ill patients each year. Unfortunately, yet far better than predicted, about seven percent of my MICU patients will not survive their admission. Every day my partners and I sit with grieving families and help them get through some of the most difficult days. It is during or after these moments where I take a pause and think about life and specifically what is most important in life. I have sat with hundreds of dying patients and, interestingly, I have never in my 17 year career heard even one of them say they wished they would have worked harder to have made more money to buy that bigger home or nicer car. Occasionally, when I am alone in the ICU with a patient near the end of life, he or she will tell me that they wish they would have lived their lives differently.

Because of my job, I am routinely reminded of what is truly important in life – my family and being a father. The longer I am in this line of work the more I am convinced that two generations from now, my grandchildren will probably know I was an intensive care unit physician, the next generation probably will know I was a doctor but won't know what kind, and in four generations, who knows? Really, all that is going to be left behind of me is my family, and through them what kind of father I was. As physicians, most of us work more than 60 hours a week and have been doing so for many years. We are dedicated to our patients and that is good, but we all have to remember to keep our work and family lives in balance.

Continued on next page

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On August 31, 2009, one of our long-time Medical Staff members and a former President of the Medical Staff, John A. Kibelstis, MD, passed away. John was a partner in our practice. In addition, I grew up and went to school with John's oldest daughter, Maureen. I was glad to be able to attend his funeral with a number of other members of the LVHN Medical Staff. As I was sitting in church listening to John's oldest son deliver his eulogy, it occurred to me that John kept his work life and his family life in good balance. John worked incredibly hard throughout his career as a physician and at the same time his children described him as being an incredible father. John, along with Joe Vincent and John Galgon, established our ICUs and staffed them 24 hours a day, seven days a week, 365 days a year. This was during a period when the old A&SHHC was performing more than 1,500 coronary artery bypass operations each year, and if a blood gas needed to be obtained on a ventilated patient, a physician had to draw it. Universally, John Kibelstis was well liked by the staff. He was remembered for being happy, kind and polite, even at 3 a.m., and always whistled while he worked. He was incredibly dedicated to

his outpatients as well. He made house calls to one of his patients monthly for eight years as she was chronically mechanically ventilated and homebound. John was also known as the type of person who could not walk past a piece of garbage without picking it up. After working long, hard hours toiling over critically ill patients, John would return home ready to play games, help with homework, or just sit and talk.

Lately, I have had several nudges to think about what is important in life. For me, family comes quickly to mind. As I try to keep the balance between my work life and family time, John comes to mind as a wonderful example. He taught me that a balance can exist with a bit of attention and effort. As the holiday season approaches, I hope you all can get a few days away from work to be with your families and enjoy life. Take care. Be safe. Happy Holidays!

Matthew M. McCambridge, MD

Matthew M. McCambridge, MD
Medical Staff President



PHYSICIAN SATISFACTION SURVEY



As was done in 2003 and 2006, the Medical Staff Leadership and LVHN Management has again commissioned HealthStream Research (formerly the Jackson Organization), an independent research company based in Franklin, Tenn., to conduct a confidential opinion survey of our Medical Staff.

By now, you should have received an introductory letter regarding this year's survey along with your password. The survey is designed to take only a few minutes of your time and is now available for you to complete on-line. Your opinions are very important and will be used to improve the quality of services provided to you and your patients.

Please take a few minutes over the next few days to complete the survey on-line and provide your feedback. If possible, please complete your survey on-line by **December 10**. If you do not complete the survey by mid-December, HealthStream Research will follow up with you by telephone.

To take your survey on-line, point your web browser to: <http://www.healthstreamsurveys.com/LVHN09> and insert your password.

This survey is a valuable opportunity to voice your opinion about key issues facing the hospital and medical professionals in general, as well as provide the opportunity to express opinions about the strengths and weaknesses of the Network. As in the past, you will be provided with the results of the survey along with strategies for addressing your concerns.



HealthStream Research will administer the surveys and tabulate the results. Please be assured that your answers will be kept **confidential** and will be presented only as part of a composite of all physician responses.

If you have any questions or concerns regarding the survey, please contact Matt McCambridge, MD, Medical Staff President, or John W. Hart, Vice President, Medical Staff Services, at 610-402-8980.

SYSTEM FOR PARTNERS IN PERFORMANCE IMPROVEMENT (SPPI)

Value Stream 1 – In-Hospital Patient Flow Update

Launched in June, 2008, **Value Stream 1 – In-hospital Patient Flow** used process mapping to identify seven potential bottleneck areas to focus on to help improve the efficiency of care delivered to our patients.

Rapid Improvement Events (RIE's) were conducted by pulling together multidisciplinary groups for four days of concentrated work to identify the problem, current condition, goals/target state and conduct experiments or countermeasures to improve the process. Following these events, results were analyzed to determine if the countermeasures were successful.

Access to and Utilization of Physical Therapy Services

The first RIE looked at was Access to and Utilization of Physical Therapy Services. Through increased use of the mobility protocol, changes in physical therapy work processes (single piece flow) and standardization of PT equipment storage and availability on the units, the PT department has seen an increase in productivity seeing over 300 more patients in September, 2009 than the previous year with three less staff. This event was closed in October, 2009 with PT continuing to work on process improvements and Patient Care Services continuing to work on improving the ambulation/mobility of patients.

Organization of Supplies and Equipment

The second area tackled by Value Stream 1 was Organization of Supplies and Equipment. Using a standardized visual management system called 6S, staff has been able to organize the supply and equipment rooms to reduce time wasted looking for patient care items. The units have also been able to decrease the number of phone calls to SDS which resulted in a “run” to the unit to deliver supplies or equipment that were unavailable. All supply and equipment rooms throughout LVHN will be organized using this methodology by March, 2010.

Stay tuned for future updates from Value Stream 1 in upcoming issues of *Progress Notes*.

If you have any questions regarding this issue, please contact one of the co-sponsors of Value Stream 1 – Sue Lawrence, Vice President, at 610-402-1765; Mike Pistoria, DO, Medical Staff President-elect, at 610-402-8045; or Kim Jordan, Administrator, at 610-402-8246.

NEWS FROM THE DIVISION OF EDUCATION

In late summer, Lehigh Valley Health Network and the Division of Education hosted an advisory accreditation visit from the Liaison Committee for Medical Education (LCME) Secretariats, relative to our medical school affiliation with University of South Florida (USF) Health. The purpose of the meeting was to clarify next steps for continued successful accreditation of USF College of Medicine with the inclusion of LVHN as a regional medical campus. At the conclusion of their visit, the LCME Secretariats were impressed by our “synergy of people and ideas” and also commented “the key change is that LVHN will now own a brand identity with their students and applicants.” The next USF Health accreditation review will occur in the years 2012-2013.

The LVHN Medical Staff will continue to play an important role in a successful relationship with our medical school affiliate by participating in teaching, by engaging in faculty development to improve our teaching process (such as the Teaching Leader Series), and by actively engaging in curricular development. Our anticipated Health Care Leadership Track Curriculum (a joint venture between USF Health and LVHN faculty) will require considerable thought and development over the next two years. Your input is welcome in all phases of its design, organization and implementation. Our goal is to train future physicians who are committed to leadership, quality, lean methodologies and teamwork.

Members of the Medical Staff will be notified when the application process for USF faculty appointments is in place. Until then, questions may be addressed to William Bond, MD, Acting Chief, Division of Education, at 610-402-2413 or via email at william.bond@lvh.com.

PHYSICIAN DOCUMENTATION

Top 4 Tips to Avoid Queries

The physician query process involves asking a physician to clarify inconsistent, vague or otherwise unclear documentation about a patient's diagnosis or a procedure that was performed. The purpose of this is accurate coding and ultimately, proper assignment of severity of illness scores and case mix index (CMI).

At LVHN, three topics that generate many physician queries are:

1) chronic CHF, 2) diagnoses that are POA (present on admission), and 3) inconsistent documentation.

Following are four tips to avoid these queries:

- 1) If a patient has a history of CHF and is on diuretics, please consider documenting "chronic systolic (and/or diastolic) CHF."
- 2) When documenting a diagnosis, if diagnosis is determined to have been present on admission (POA), please state as such.

3) Please carry all diagnoses through entire record including discharge summary. Despite accurate diagnosis documentation with appropriate treatment, regulatory agency auditors may deny claims if that diagnosis is not carried through the entire record. In addition, please note if a diagnosis has been ruled out.

4) Attending physicians need to provide conclusions with a definitive diagnosis (after study) as the reason for admission.

In the end, it's all about getting a complete chart that accurately reflects the quality of care given to a patient.

If you have any questions regarding this issue, please contact John P. Pettine, MD, Lead Coach, Clinical Documentation Improvement Project, via email at john.pettine@lvh.com or pager 610-402-5100 8373.

CODING TIP OF THE MONTH

Simple, Intermediate, Complex Repairs

This article explains coding guidelines concerning documentation requirements for Simple, Intermediate and Complex closure of wounds.

Simple Repair – Wound is superficial involving primary epidermis and dermis, or subcutaneous tissue without significant involvement of deeper structures and requires one layer closure.

Intermediate Repair – Includes repair of the wound that, in addition to above, requires a layered closure of one or more of the deeper layers of subcutaneous tissue and superficial (non muscle) fascia, in addition to the skin (epidermal and dermal) closure. Single layer closure of heavily contaminated wounds that have required extensive cleaning or removal of particular matter also constitutes intermediate repair.

Please Note: "layered closure of subcutaneous tissue" will not qualify for Intermediate repair, unless documentation of deeper layer of subcutaneous tissue and superficial fascia is present.

Complex Repair – Includes repair of wound requiring more than layered closure, scar revision, debridement, extensive undermining, stents or retention sutures. Necessary preparation includes creating of defect for repair or repair of complicated lacerations or avulsions.

If you have any questions regarding this issue, please contact Lilit Margolin, Health Information Management, at 610-969-2867.

ORDER TPN BEFORE 2 P.M.

"Order TPN before 2 p.m." is the rule of thumb for ensuring that your patient receives timely and accurate Total Parental Nutrition (TPN). TPN formulation orders are outsourced to CAPS – a facility in Philadelphia – for compounding. In order for LVHN to receive TPN from CAPS in a timely manner, the orders must be in by 2 p.m., without exception. Dietitians will put "TPN on hold" for the physician to review and put through as a new TPN order. In most cases, the dietitian will call or page the physician to discuss the "TPN on hold" and, at that time, ask the physician to move the hold status to an actual order.

If you have any questions regarding TPN ordering, please contact Judy Holaska, Clinical Nutrition Specialist, at pager 610-402-5100 1162 or the TPN pharmacist at 610-402-8879. Remember, if the TPN order is not received in the Pharmacy by 2 p.m., the hospital policy is to hang Dextrose 10%.

CONGRATULATIONS



Sanjay M. Mehta, MD, Medical Director, RHC–Surgical/Vascular Unit (LVH-M), was recently elected President of the Pennsylvania Association for Thoracic Surgery at its 47th Annual Meeting held October 8-10, in Amelia Island, Fla. Dr. Mehta has been a member of the LVHN Medical Staff since May, 2007. He is in practice with Lehigh Valley Heart and Lung Surgeons.



Alexander M. Rosenau, DO, Vice Chair, Department of Emergency Medicine, was re-elected to a second three-year term to the Board of Directors of the American College of Emergency Physicians (ACEP) at the annual ACEP Scientific Assembly held on October 4 in Boston, Mass.

On October 14, the Certifying Commission in Medical Management (CCMM) recognized Dr. Rosenau as a Certified Physician Executive following fulfillment of the CCMM requirements and the prerequisite course of study from the American College of Physician Executives. Dr. Rosenau has been a member of the LVHN Medical Staff since June, 1987. He is in practice with LVPG-Emergency Medicine.



Michael F. Szwerc, MD, Chief, Section of Thoracic Surgery, was recently re-elected to a third consecutive term as Treasurer of the Pennsylvania Association for Thoracic Surgery at its 47th Annual Meeting held October 8-10, in Amelia Island, Fla. Dr. Szwerc joined the LVHN Medical Staff in August, 2005. He is in practice with Lehigh Valley Heart and Lung Surgeons.



Thomas V. Whalen, MD, Chair, Department of Surgery, was elected Chair of the Central Judiciary Committee (CJC) of the American College of Surgeons (ACS) Board of Regents. The Central Judiciary Committee is a Regental Committee which has the general supervision and direction of disciplinary matters under the Board of Regents. Complaints of any nature concerning a Fellow of the College (licensure issues, inappropriate expert witness testimony, etc.) may be brought before the CJC for review and recommendation to the entire Board for discipline. Dr. Whalen has been a member of the LVHN Medical Staff since October, 2006. He is in practice with LVPG-Pediatric Surgery.

NEWS FROM CAPOE CENTRAL

Foley catheters: Going, Going, Gone! (in 2 days)

Evidence-based guidelines show that for most surgical procedures, Foley catheters can be removed by the second post-op day. This will decrease the incidence of Foley-related UTI's which can complicate the hospital stay and increase length/cost of care. Several of the post-op order sets have been modified to include an order set which will facilitate the removal of the Foley on POD #2. These order sets include the General Surgery, Colon/Rectal, Major Large/Small Bowel, Lap Choley, and other order sets.

The new order set is titled "Post Op Foley Care Orders." The order set consists of several orders that are all pre-selected to be ON. The first order is for tracking the use of the order set. The second and third orders are the standard orders to document the presence of the Foley and the Bladder Scan Protocol order. The fourth order is "Post Op Foley Cath Removal." This order will open to two orders – one order is to remove the Foley on POD #2; the second choice is for the clinical scenario that requires the Foley to remain in place longer than two days. This order requires a justification to keep the Foley in place.

Please remember to utilize this order set and to document the reason if the Foley needs to remain in place more than two days.

CAPOE Support? Give us 10 (digits, that is)

When calling the CAPOE Support Line (610-402-8303, Option #9), please remember to enter your full call back number. When the CAPOE team receives a four digit return number, it is difficult for them to determine if the number is from LVH-CC, LVH-M or a pager number. This can cause delays in the return call. Please remember to enter your full call back number.

For login questions and issues regarding non-CAPOE related issues (other LastWord questions or questions about other clinical systems), please use Option #1.

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

ETHICS CORNER

Changes in Advance Directives – PA Law – Act 169

Pennsylvania's current Advance Directive law – Act 169 of 2006¹ – became effective on January 29, 2007. By amending existing laws and adding several new provisions, this Act established a comprehensive framework for health care decision making. It created a new health care power of attorney (HCPOA) offering patients the option of naming another individual, referred to as a health care agent (HCA), to act on their behalf and to provide instructions on how the HCA should make health care decisions for them. The HCA may make medical decisions on behalf of the patient at any time specified in the HCPOA and in accordance with the patient's written directions.² The new law also empowered individuals to name a health care representative (HCR) to make decisions on their behalf in the absence of a health care power of attorney. Since the HCR does not have the benefit of the patient's written instructions, this designated individual makes decisions for the patient based upon the patient's known preferences and values. A patient can designate an HCR in writing or by verbally informing their physician of the person they want to act on their behalf. If neither an HCA nor HCR is named, decision making on behalf of an individual who cannot make decisions for themselves falls to the next of kin based on a list of priorities.³ Unlike an HCA, an HCR or next of kin may **not** refuse medical treatment which will sustain a patient's life unless the patient is incompetent and in an end stage medical condition or is permanently unconscious.

With the addition of the new advance directive options available to patients, merely asking a patient "Do you have a Living Will?" would not suffice to comply with the Federal Self-Determination Act⁴ and regulatory requirements. Therefore, to ensure that LVHN honors Act 169 and the wishes of our patients while meeting regulatory agency requirements, an Advance Directive Information Sheet was developed. The new form, the culmination of a multi-disciplinary effort, standardizes the process of inquiring about and documenting the existence of living wills, health care powers of attorney and health care representatives upon admission. Every "bedded patient" (inpatient, observation and overnight ambulatory patient), ambulatory surgery patient and transitional skilled unit resident will be asked if he or she has a living will, health care power of attorney and/or a designated representative or spokesperson for health care decisions. The responses will be documented on the new paper form or in LastWord. A registered nurse on the hospital unit or the case manager in the TSU will review the electronic health record (EHMR) to determine if the patient had previously provided an advance directive (AD) which might include a Living Will, or documents naming an HCA or HCR. If an AD is present, it will be printed for the current record and the patient will be asked if this Advance Directive continues to be in effect. The new form, together with a copy of the patient's Advance Directive, if any, will be placed behind a new **black** Advance Directive tab in the medical record.

The new Advance Directive Information Sheet is not just a nursing tool. The form contains a place to document progress notes related to advance directives. This will provide all practitioners with a consistent place to record conversations with the patient or their surrogate regarding the patient's goals of treatment and wishes regarding health care decisions. The recording of this important information in a standard location will help to ensure that the patient's goals and wishes regarding health care are honored.

For additional information on the Advance Directive Information Sheet or to see a sample of the form, please refer to the revised Advance Directive Policy contained in the Administrative Manual which is accessible from the Network's intranet under "Resources – Applications – Administrative Manual."

If you have any questions regarding this issue, please email Robert D. Barraco, MD, MPH, Chair of the Ethics Committee, at robert_d.barraco@lvh.com.

¹ 20 Pa.C.S.A. §5421, *et seq.*

² Previously, individuals were only able to authorize an agent to make limited medical decisions in a general power of attorney. These documents are often referred to as a "Durable Power of Attorney" and the agent as an "Attorney-in-Fact." They are still effective but will be seen with decreasing frequency due to the new health care power of attorney.

³ The priority list is:

1. current spouse, unless an action for divorce is pending, and the adult children of the patient who are not children of the spouse
2. other adult children
3. a parent
4. adult brother or sister
5. an adult grandchild
6. an adult with knowledge of patient's preferences, values and beliefs.

⁴ Self-Determination Act of 1990, 42 U.S.C. §§1395cc(a)(1)(Q), 1395mm(c)(8), 1395cc(f), 1396a(a)(57),(58) and 1396a(w). This law requires documentation in a patient's medical record as to whether or not the individual has executed an advance directive.

LVHN UNVEILS NEW SIMULATION CENTER

A virtual hospital that teaches caregivers how to respond to different health care scenarios

Most people who learn a new professional skill have margin for error. However, when learning a new skill in the health care setting, an error can impact a life. The Lehigh Valley Health Network (LVHN) Interdisciplinary Simulation Center is a place where physicians, nurses, and other health care professionals are physically present and working together to help a simulated patient. This experience teaches them how to respond when facing the same scenario in real life.

“This is an extremely valuable educational resource for our caregivers and medical students,” said Elliot J. Sussman, MD, LVHN’s President and CEO. “They will take the lessons they learn in the Simulation Center to the bedside, enhancing the care we provide to our community.”

Located at 1247 S. Cedar Crest Blvd., the Simulation Center includes simulated burn, intensive care and medical-surgical patient care rooms, and a large multipurpose room that can serve as a resuscitation bay or operating room. X-rays, electrocardiograms (EKGs) and other real patient care technology are used during training. Rooms also are equipped with audio/visual equipment that allows simulations to be recorded. Participants review recordings in a debriefing room to discuss their experience and reflect upon what they learned.

“One of the most important lessons caregivers learn is how to interact with colleagues from different specialty areas within our health network,” said William F. Bond, MD, Interim Chief of LVHN’s Division of Education. “Working in teams, they learn how to communicate clearly, be appropriately assertive and manage critical resources.”

During scenarios, high-tech mannequins serve as patients. The center’s neonatal, infant and adult mannequins are programmed to respond a certain way during a simulation. Participants can check a pulse, listen to heart and lung sounds and observe the chest rising and falling. Like a real patient, the simulator’s vital signs and heart rhythm react to the medication and fluids administered by the caregiver. The center also has a birthing simulator and a mannequin for central venous catheter insertion training.

As LVHN begins a new partnership with the University of South Florida’s College of Medicine, the Simulation Center will be especially beneficial. “We’re creating a Health Care Leadership Track; a medical education curriculum to train a new generation of 21st century physician leaders,” said Ronald W. Swinfard, MD, LVHN’s Chief Medical Officer. “The Simulation Center is an important piece of the program because it will give medical students a better understanding of what it takes to deliver high quality, safe care in an evolving technological world.”

The rooms that make up the Simulation Center formerly served as prototypes of patient care rooms in the Kasych Family Pavilion, Lehigh Valley Hospital-Cedar Crest’s new seven-story tower. Staff toured the rooms and gave opinions about how the design and layout could be improved before the real rooms were built. Community donations received through LVHN’s Nite Lites gala were used to transform the space into an effective educational resource. Ongoing support is made possible through the Dorothy Rider Pool Health Care Trust.



Dr. William Bond (left) and nurse Deborah Arnold with LVHN’s Division of Education demonstrate a newborn teaching mannequin for the media at the unveiling of the new Simulation Center on November 17.

PAPERS, PUBLICATIONS AND PRESENTATIONS



On October 8, **Aaron D. Bleznak, MD**, Department of Surgery Vice Chair of Operations and Clinical Affairs, presented a poster – “Surgical and Fiscal Implications of BRCA Testing and Genetic Analysis” – at the American Society of Clinical Oncology Breast Cancer symposium held in San Francisco, Calif. Co-authors of the poster include **Robert X. Murphy, Jr., MD**, Plastic Surgery Residency Program Director; Joshua Adkinson, MD, surgical resident; Sherrine Eid, Biostatistician, Health Studies, and Tara Namey, Genetic Counselor.

In addition, on October 13, Dr. Bleznak moderated a panel discussion on “Complex Cancer Case Management – Breast Cancer” at the 95th annual Clinical Congress of the American College of Surgeons held in Chicago, Ill.



Timothy J. Friel, MD, Division of Infectious Diseases, and **Debbie Salas-Lopez, MD, MPH**, Chair, Department of Medicine, co-authored an article – “Striving for Cultural Competence in an HIV Program: The Transformative Impact of a Microsystem in a Larger Health Network” – which was published in *Health & Social Work* (November, 2009, 34(4): p.309-313). Additional co-authors included Judith Sabino, Cultural Awareness Program, and Lynn Deitrick, Community Health.



Eric J. Gertner, MD, Division of General Internal Medicine; **Julie A. Dostal, MD**, Department of Family Medicine Vice Chair for Education (LVH); and **Marna R. Greenberg, DO**, Department of Emergency Medicine Director of Research, were three of the co-authors of the article “Tobacco Screening Multicomponent Quality Improvement Network Program: Beyond Education,” which was published in *Academic Emergency Medicine* (November 2009, Volume 16, Number 11). Additional co-authors of the article were Sharon Kimmel, PhD, Cancer Program, Suzanne Smith, Tobacco Treatment Program, and Judith Sabino, Cultural Awareness Program.



Nelson P. Kopyt, DO, Chief, Division of Nephrology, co-authored an article – “Simultaneous Control of PTH and CaXP is Sustained over Three Years of Treatment with Cinacalcet HC1” – which was published in the *Clinical Journal of the American Society of Nephrology* 4: 1465-1476, 2009.



Abby S. Letcher, MD, Department of Family Medicine, and Kathy Perlow, Community Health, co-authored the article, “Community-Based Participatory Research Shows How a Community Initiative Creates Networks to Improve Well-Being,” which was published in the *American Journal of Preventive Medicine* (Volume 37, Issue 6, Supplement 1, p.A1-A6, S187-S308, December, 2009).



Edward R. Norris, MD, Department of Psychiatry Vice Chair, Research and Education, won second place for his poster “Randomized Placebo-Controlled Trial of Ramelteon for Seasonal Affective Disorder,” which was presented at the 56th Annual Academy of Psychosomatic Medicine meeting on November 12, in Las Vegas, Nev. Additional co-authors include Karen Burke, RN, Behavioral Health; Carol Foltz, PhD, Health Studies, and **Michael W. Kaufmann, MD**, Chair, Department of Psychiatry.

At the same meeting, Dr. Norris presented an additional poster – “Telephone Scripting and Contact Decreases No-Show Rate for Initial Psychiatric Outpatient Evaluation.” Co-authors include Brett Williamson, LVH-M Base Services; Dave Dylewski, LVH-M Psychiatry, and Dr. Kaufmann.



Paul F. Pollice, MD, Division of Orthopedic Surgery, Section of Ortho Trauma, presented three lectures during the “Successfully Managing Revision Total Knee Arthroplasty (TKA) conference in Miami, Fla., on October 9. The lectures included “Rotating Platform: Function with Wear Resistance,” “Successfully Managing of Infection,” and “Management of Failed Open Reduction Internal Fixation.” Dr. Pollice also performed a demonstration of the Sigma TC3 Femur with femoral adapter, femoral sleeves, and mobile bearing revision tray with sleeves.

In addition, Dr. Pollice attended the “Successfully Managing Revision TKA” conference held in Arlington, Texas, on November 6, where he presented a lecture titled “Successful Management of Infection.”



Meredith L. Rochon, MD, **Joanne N. Quinones, MD**, and **Orion A. Rust, MD**, all from the Division of Maternal-Fetal Medicine/Obstetrics, were co-authors of an article – “A Randomized Trial of Cerclage vs. 17 Alpha-hydroxyprogesterone Caproate for Treatment of Short Cervix” – which was published in the *Journal of Perinatal Medicine* 2009; 37:473-479.

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Michael F. Szwerc, MD, Chief, Section of Thoracic Surgery; **Rovinder S. Sandhu, MD**, Division of Trauma-Surgical Critical Care/General Surgery; **Scott W. Beman, MD**, Division of General Surgery; **Robert J. Sinnott, DO**, Chief, Colon and Rectal Surgery, and Samuel Steerman, MD, General Surgery Resident, co-authored an abstract – “Long Term Complications from Gastric Interposition Following Esophagectomy for Carcinoma of the Esophagus” – which was presented at the 47th Annual Meeting of the Pennsylvania Association for Thoracic Surgery held October 8-10, in Amelia Island, Fla. Dr. Steerman, who presented the abstract, placed 2nd in The Best Resident Essay Competition and also received an award for Best Case Report.

At the same meeting, “Carcinoid Tumors of the Lung-Evaluation, Surgical Resection and Intermediate Term Analysis” was presented by Firas Madbak, MD, General Surgery Resident. The abstract was co-authored by Dr. Szwerc, **Raymond L. Singer, MD**, Associate Chief, Division of Cardio-Thoracic Surgery; **James K. Wu, MD**, Section of Cardiac Surgery/Thoracic Surgery, and **David Meir-Levi, DO**, Associate Chief, Division of Vascular & Endovascular Surgery.



Deepti Verma, MD, Division of Infectious Diseases, presented the poster – “Serum Vancomycin Levels in Patients Receiving Oral Vancomycin” – at the Infectious Diseases Society Association Annual meeting held October 29 to November 1 in Philadelphia, Pa.



Thomas V. Whalen, MD, Chair, Department of Surgery, recently attended the American College of Surgeons (ACS) Clinical Congress held October 11-15, in Chicago, Ill. While at the Congress, Dr. Whalen’s activities included:

- Course Director for “Essential Skills for Surgical Practice: A Primer for Residents” Surgery Resident Program, ACS Division of Education
- Panel Session Speaker for “Federal Incentives for EMR Implementation”
- Session Speaker with Dr. Tom Nasca, CEO of the American College of Graduate Medical Education on “Resident Duty Hour Restrictions”
- Panel Session Speaker for “Effective Patient Education to Improve Quality and Enhance Patient Safety”
- Panel Session Speaker for “Practicing Medicine in the Information Age: Are You Prepared for What’s on the Internet?”

Additionally, Dr. Whalen was a co-author of an article which was published in the September, 2009 issue of *Surgery* (Volume 146, Number 3). The title of the article is “Resident

duty hours in surgery for ensuring patient safety, providing optimum resident education and training, and promoting resident well-being: A response from the American College of Surgeons to the Report of the Institute of Medicine, ‘Resident Duty Hours: Enhancing Sleep, Supervision, and Safety’.”



The Department of Emergency Medicine was represented recently at the American College of Emergency Physicians Research Forum held October 5 and 6 in Boston, Mass. The following six posters were presented from our Network:

- “A Prospective Study of CPR Training in 7th Grade Students Using Home Self-Instruction Cardiopulmonary Resuscitation Kit” (Co-authors include **Kathleen L. Faccio, DO**, **Gavin C. Barr, Jr., MD**, **Marna R. Greenberg, DO**, **Kevin R. Weaver, DO**, and Valerie Rupp)
- “The Correlation Between Adolescent-Reported Parental Driving Behaviors and Observed Adult Driving Behaviors” (Co-authors include **Shawna M. Murphy, DO**, **Bryan G. Kane, MD**, **Gavin C. Barr, Jr., MD**, Valerie Rupp, Kim Hamilton, and **Robert D. Barraco, MD, MPH**, Chief, Sections of Geriatric and Pediatric Trauma)
- “A Prospective, Randomized, Double-Blind, Placebo Controlled Trial to Evaluate 4% Liposomal Lidocaine Cream on Pain and Anxiety During Venipuncture in Pediatric Patients who Present to the ED” (Co-authors include Jenny Boucher, Pharmacy; Valerie Rupp, Scott Hamilton, DO, Kim Hamilton, **Scott M. Brenner, MD**, Division of General Pediatrics; and **Kevin R. Weaver, DO**)
- “Training New Mothers in Infant CPR” (Co-authors include **Gavin C. Barr, Jr., MD**, Valerie Rupp, Kim Hamilton, **Charles C. Worriolow, MD**, Anne Marie Crown, Regional Heart Center; **Kristin S. Friel, MD**, Division of Obstetrics/Gynecology; and **Marna R. Greenberg, DO**)
- “Pre-Hospital Electrocardiogram Interpretation and Early Activation for ST Segment Elevation Myocardial Infarction Patients Reduces Door to Balloon Times and Hospital Length of Stay” (Co-authors include **Andrew C. Miller, DO**, **Gerald A. Coleman III, DO**, **Richard S. MacKenzie, MD**, **David M. Richardson, MD, J. Patrick Kleaveland, MD**, Division of Cardiology; **David A. Cox, MD**, Division of Cardiology; **Bruce A. Feldman, DO**, Division of Cardiology; Anne Marie Crown, Valerie Rupp)
- “Materials Management of a Busy Emergency Department” (Co-authors include **David M. Richardson, MD**, Valerie Rupp, and Kim Hamilton)

UPCOMING SEMINARS, CONFERENCES AND MEETINGS

Combined GMS/APC Meeting

For the first time in history, the quarterly **General Medical Staff** meeting will be combined with the **Advanced Practice Clinicians** (APC) on **Monday, December 14**, beginning at **6 p.m.** The meeting will be held in **Kasych ECC 6, 7 and 8** at **LVH-Cedar Crest**, and teleconferenced to **ECC B, C and D** at **LVH-Muhlenberg**.

In addition to the regular agenda items, members of the Advanced Practice Clinicians Executive Council will provide an overview of the APCs and what they have accomplished since the formation of the group.

All members of the Medical Staff and Advanced Practice Clinicians are encouraged to attend. Refreshments will be served.

2010 General Medical Staff Meetings

Please mark your calendars – the dates for the 2010 General Medical Staff meetings are as follows:

- Monday, March 8
- Monday, June 14
- Monday September 13
- Monday, December 13

Meetings will begin at 6 p.m., and will be held in Kasych ECC Rooms 7 and 8 at LVH-Cedar Crest & I-78, and videoconferenced to Rooms C and D of the Educational Conference Center located on the first floor of LVH-Muhlenberg.

If you have any questions regarding General Medical Staff meetings, please contact Ruth Davis, Director, Medical Staff Services, at 610-402-8975.

2010 GLVIPA General Membership Meetings

The dates for the 2010 Greater Lehigh Valley Independent Practice Association (GLVIPA) General Membership meetings are as follows:

- Tuesday, March 23
- Monday, June 28
- Tuesday, September 28

All meetings will be held at 6 p.m., in the hospital's Auditorium at Cedar Crest & I-78, and teleconferenced to Rooms C and D of the Educational Conference Center located on the first floor at LVH-Muhlenberg.

The **GLVIPA Annual Membership meeting** will be held on **Monday, January 25, 2010**, at **6 p.m.**, in the **Auditorium** at **Cedar Crest & I-78**, and teleconferenced to **Rooms C and D** of the **Educational Conference Center** at **LVH-Muhlenberg**.

If you have any questions regarding the GLVIPA, please contact Eileen Hildenbrandt, Coordinator, GLVIPA, at 610-969-0423.

Cardiology Grand Rounds

The next Cardiology Grand Rounds will be held on Friday, December 4, from Noon to 1 p.m., in Kasych ECC Room 10 at LVH-Cedar Crest and in ECC Room A at LVH-Muhlenberg.

“The Value of Echo-Doppler in Clinical Decision Making” will be presented by Morris N. Kotler, MD, Chairman Emeritus of the Division of Cardiovascular Disease, Albert Einstein Medical Center, and Professor of Medicine, Jefferson Medical College of Thomas Jefferson University.

For more information, please contact Caroline Maurer in the Department of Medicine at 610-402-8215.

Family Medicine Grand Rounds

The next Family Medicine Grand Rounds will be held on Tuesday, December 1, from 7 to 8 a.m., in ECC 1 at LVH-Cedar Crest and videoconferenced to ECC Room A at LVH-Muhlenberg.

“Managing the Emotional Impact of Patient Care on Physicians” will be presented by Jeffrey Sternlieb, PhD, psychologist, and R. Barry Sirard, MD, Family Medicine Resident.

For more information, please contact Davida Leayman in the Department of Family Medicine at 610-969-4954.

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Medical Grand Rounds

Medical Grand Rounds will be held the first and third Tuesdays of December, beginning at Noon, in the Auditorium at LVH-Cedar Crest and teleconferenced to ECC Room B at LVH-Muhlenberg and the VTC Room at LVH-17th Street. Topics to be discussed in December will include:

- December 1 – **“Update in General Internal Medicine”** – Yehia Y. Mishriki, MD, Division of General Internal Medicine
- December 15 – **“Update on Diabetes Management: The Incretin Pathway”** – Stanley Schwartz, MD, Diabetes/Endocrinology at Penn Presbyterian Medical Center

For more information, please contact Becky Sherman in the Department of Medicine at 610-402-8045.

Neurology Conferences

The Division of Neurology conferences are held on Thursdays beginning at Noon in the locations listed. Topics to be discussed in December will include:

- December 3 – **“Neuropathic Pain”** – Yuebing Li, MD, PhD, Division of Neurology – Location: Lehigh Neurology Conference Room, 1250 S. Cedar Crest Blvd., 4th Floor, and videoconferenced to Lehigh Neurology, 1770 Bathgate Road, Suite 403
- December 10 – Division meeting
- December 17 – **“Your Frontal Lobes: What’s Going on Up There and History of Neurology”** – John E. Castaldo, MD, Chief, Division of Neurology – Location: Lehigh Neurology Conference Room, 1250 S. Cedar Crest Blvd., 4th Floor, and videoconferenced to Kasych ECC Room 6 and Lehigh Neurology, 1770 Bathgate Road, Suite 403

For more information, please contact Sharon Bartz, Conference Coordinator, at 610-402-9001.

OB/GYN Grand Rounds

The Department of Obstetrics and Gynecology holds Grand Rounds on Friday mornings from 7:15 to 8:15 a.m., in the location noted. Topics to be discussed in December will include:

- December 4 – **“HPV”** – Charles Dunton, MD, Director, Division of Gynecologic Oncology, Lankenau Hospital – Location: Kasych ECC Room 8
- December 11 – **“Patient-Centered Care”** – Thomas A. Hutchinson, MD, Chair, Department of Obstetrics and Gynecology – Location: Kasych ECC Room 8

- December 18 – **“Anti-Mullerian Hormone and Reproduction”** – Paul A. Bergh, MD, Division of Reproductive Endocrinology & Infertility/Gynecology

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

Psychiatry Grand Rounds

The next Department of Psychiatry Grand Rounds will be held on Thursday, December 17, beginning at Noon (registration at 11:45 a.m.) in the Banko Family Center on the LVH-Muhlenberg campus.

“An Update on the Genomics of Psychiatry” will be presented by Muhamad Aly Rifai, MD, Division of Psychiatric Ambulatory Care/Adult Inpatient Psychiatry

For more information, please contact Melissa Walters at melissa_l.walters@lvh.com or by phone at 610-402-5766.

Spine Conference

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

The next Spine Conference will be held on Wednesday, December 2, in Kasych ECC Room 10 at LVH-Cedar Crest.

For more information, please contact James C. Weis, MD, Co-Chief, Division of Spine Surgery, or Laura Warner, Clinical Coordinator, at 610-973-6338.

Surgical Grand Rounds

Surgical Grand Rounds are held on Tuesdays, beginning at 7 a.m., in the Auditorium at LVH-Cedar Crest, and via teleconference in the First Floor Conference Room at LVH-Muhlenberg. Topics to be discussed in December will include:

- December 1 – **“Heart Valve Surgery – Past, Present, and Future”** – Raymond L. Singer, MD, Associate Chief, Division of Cardio-Thoracic Surgery
- December 8 – **“Colorectal Pelvic Floor Disorder”** – John S. Park, MD, Division of Colon and Rectal Surgery
- December 15 – **“Lifelong Learning”** – Jo Buyske, MD, Associate Executive Director, American Board of Surgery

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

APPROVED CHANGES TO THE MEDICAL STAFF RULES AND REGULATIONS

The following revisions to the Medical Staff Rules and Regulations were approved at the General Medical Staff meeting on September 14, 2009, and by the Boards of Trustees of the Lehigh Valley Hospital and Lehigh Valley Hospital-Muhlenberg on November 4, 2009.

Change in Consultation Prioritization and Response Times

G. CONSULTATIONS

6. In order to contribute to effective and efficient care, requests for consultation shall be prioritized by the Medical Staff Member requesting the consultation. Definitions of priority and appropriate responses are as follows:

- a. ~~Emergency Stat~~ – requires immediate attention (within ~~four (4) one (1) hours~~). The Medical Staff Member or the Medical Staff Member's designee requesting consultation will personally contact the consultant or the consultant's designee.
- b. Urgent – requires attention within ~~twelve (12) eight (8) hours~~. The Medical Staff Member or the Medical Staff Member's designee requesting consultation will personally contact the consultant or the consultant's designee.
- c. Routine – requires attention within twenty-four (24) hours of notification unless another timeframe is mutually agreed upon by both the attending and consulting Medical Staff Members. The Medical Staff Member or the Medical Staff Member's designee requesting consultation preferably will personally contact the consultant, but a documented request is acceptable.

7. ~~The Medical Staff Member on call for emergencies will respond to a consultation request from the Emergency Department physician within a reasonable period of time following notification.~~

Addition of Date and Time for all Entries in the Medical Record

H. RECORDS

- I. General
 2. (b) Progress Notes Reports
 - (iv) All progress notes entered on the chart shall be dated and timed.
~~Timing is strongly encouraged.~~
- II. Completion of Medical Records
 1. All entries in the medical record must be dated and timed, in written or electronic form, by the person responsible for providing or evaluating the service provided.
 12. Timely completion of medical records is necessary for good patient care and compliance with licensing standards and other regulations.

If you have any questions regarding these changes, please contact Kathy Schaeffer in Medical Staff Services at 610-402-7846.



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



Rene Chalom, MD

LVH Pediatric Intensive Care
Lehigh Valley Hospital
Cedar Crest & I-78, P.O. Box 689
Allentown, PA 18105-1556
Phone: 610-402-7632 Fax: 610-402-7600
Department of Pediatrics
Division of Critical Care Medicine
Provisional Active



Donnelle L. Crouse, DO

Surgical Specialists of the Lehigh Valley
1240 S. Cedar Crest Blvd.
Suite 308
Allentown, PA 18103-6218
Phone: 610-402-1350 Fax: 610-402-1356
Department of Surgery
Division of Trauma-Surgical Critical Care/
General Surgery/Burn
Provisional Active



Kimberly S. Kuchinski, MD, MPH

Good Shepherd Physician Group
Good Shepherd Rehab Hospital
850 S. Fifth Street
Allentown, PA 18103-3308
Phone: 610-776-3278 Fax: 610-776-3326
Department of Pediatrics
Division of Pediatric Subspecialties
Section of Developmental-Rehabilitation
Provisional Active



Rachel B. Liebman, DO

Community Physician Practice Growth Initiative
1605 N. Cedar Crest Blvd.
Suite 610
Allentown, PA 18104-2351
Phone: 610-439-7514 Fax: 484-221-6052
Department of Family Medicine
Provisional Active



Karthik P. Sheka, MD

Lehigh Valley Cardiology Associates
2649 Schoenersville Road
Suite 301
Bethlehem, PA 18017-7317
Phone: 610-866-2233 Fax: 610-882-3474
Department of Medicine
Division of Cardiology
Provisional Active



Harpreet K. Singh, MD

Lehigh Valley Bariatric Medicine Office
1251 S. Cedar Crest Blvd.
Suite 104A
Allentown, PA 18103-6205
Phone: 610-402-2500 Fax: 610-402-2506
Department of Medicine
Division of General Internal Medicine
Provisional Active

Medical Staff Leadership Appointments

Department of Medicine

Ronald S. Freudenberger, MD

Chief, Division of Cardiology

Changes of Status

Deborah N. Kimmel, MD

Department of Medicine
Division of Physical Medicine-Rehabilitation
From: Associate To: Active

Cynthia D. Martin, DO

Department of Family Medicine
From: Affiliate To: Provisional Active

Victor R. Risch, MD, PhD

Department of Radiation Oncology
From: Active To: Honorary Status

Continued on next page

Address Changes

Jonathan H. Munves, MD

2597 Schoenersville Road
Suite 302
Bethlehem, PA 18017-7331
Phone: 610-691-6222 Fax: 610-865-4001

Plastic Surgery Associates of Lehigh Valley

Marshall G. Miles, DO

Walter J. Okunski, MD

Randolph Wojcik, Jr., MD

1243 S. Cedar Crest Blvd.
Suite 301
Allentown, PA 18103-6268
Phone: 610-402-4375 Fax: 610-402-4256
(Effective December 7, 2009)

Kamalesh T. Shah, MD

1251 S. Cedar Crest Blvd.
Suite 102C
Allentown, PA 18103-6205
Phone: 610-821-1174 Fax: 610-821-1186

Change of Practice

Fermin E. Morales, MD

Surgical Specialists of the Lehigh Valley
1240 S. Cedar Crest Blvd.
Suite 308
Allentown, PA 18103-6218
Phone: 610-402-1350 Fax: 610-402-1356

Resignations

Imhotep Boukman, MD

Department of Medicine
Division of Hospital Medicine/General Internal Medicine

Anthony V. Matejicka, DO, MPH

Department of Medicine
Division of Hospital Medicine/General Internal Medicine

Tara L. Montgomery, DO

Department of Emergency Medicine
Division of Emergency Medicine

Allied Health Staff

New Appointments



Monica D. Bridges, GRNA

Graduate Registered Nurse Anesthetist
Lehigh Valley Anesthesia Services, PC
1210 S. Cedar Crest Blvd.
Suite 1100
Allentown, PA 18103-6241
Phone: 610-402-1374 Fax: 610-402-4230
Supervising Physician: Thomas M. McLoughlin, Jr., MD



Chrissa L. Fenner, PA-C

Physician Assistant-Certified
Neurosurgical Associates of LVP
1250 S. Cedar Crest Blvd.
Suite 400
Allentown, PA 18103-6224
Phone: 610-402-6555 Fax: 610-402-6550
Supervising Physician: Mei Y. Wong, MD



Theodore Hufnal

Lithotripsy Technician
Keystone Mobile Partners
2701 Blair Mill Road
Suite 30
Willow Grove, PA 19090-1041
Phone: 215-675-9900 Fax: 215-675-4096
Supervising Physician: Daniel M. Silverberg, MD



Christopher Kashi, PA-C

Physician Assistant-Certified
OAA Orthopaedic Specialists
250 Cetronia Road
Second Floor
Allentown, PA 18104-9168
Phone: 610-973-6200 Fax: 610-973-6546
Supervising Physician: Stephen P. Falatyn, MD



Sharyn V. Lang, CNS

Clinical Nurse Specialist
OACIS Services
2166 S. 12th Street
Suite 402
Allentown, PA 18103-4792
Phone: 610-969-0100 Fax: 610-969-0101
Supervising Physician: Sarah Nicklin, MD

Continued on next page

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Lori A. Paulowskey, GRNA

Graduate Registered Nurse Anesthetist

Lehigh Valley Anesthesia Services, PC

1210 S. Cedar Crest Blvd., Suite 1100

Allentown, PA 18103-6241

Phone: 610-402-1374 Fax: 610-402-4230

Supervising Physician: Thomas M. McLoughlin, Jr., MD



Carmella A. Pretti, CRNA

Certified Registered Nurse Anesthetist

Lehigh Valley Anesthesia Services, PC

1210 S. Cedar Crest Blvd., Suite 1100

Allentown, PA 18103-6241

Phone: 610-402-1374 Fax: 610-402-4230

Supervising Physician: Thomas M. McLoughlin, Jr., MD



Matthew A. Smith, PA-C

Physician Assistant-Certified

Lehigh Neurology

1250 S. Cedar Crest Blvd., Suite 405

Allentown, PA 18103-6224

Phone: 610-402-8420 Fax: 610-402-1689

Supervising Physician: Clarissa J. Liew, MD

Additional Supervising Physician

Nicole R. Sansone, PA-C

Physician Assistant-Certified

(Muhlenberg Primary Care, PC – Gnanaprakash Gopal, MD)

Addition of: Muhlenberg Primary Care – Clinton C. Holumzer, MD

Resignations

Bodhi M. Anderson, PA-C

Physician Assistant-Certified

(LVP-G-Emergency Medicine)

Tanya S. Kurtz, RN

Registered Nurse

(ABC Family Pediatricians)

Michele A. Mikula, CRNA

Certified Registered Nurse Anesthetist

(Lehigh Valley Anesthesia Services, PC)

Jennifer D. Morrison, PA-C

Physician Assistant-Certified

(LVH-M MH/MR Clinic)

Jody L. Williams, CRNP

Certified Registered Nurse Practitioner

(Lehigh Valley Cardiology Associates)



LVHN DIGITAL LIBRARY

Prepublication Articles – What's the Story?

As publishers try different modes to extract cash from both subscribers and the general public, prepublication ahead of print is now rampant. You get an alert to a hot new article and search for it on the web.

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If you have any questions regarding this issue, please contact Linda M. Schwartz in Library Services at 610-402-8410.

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***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@lvh.com 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.