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Progress Notes

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

Inside This Issue:

From the President

A Message for the New Year

It's 3 a.m., and I am about four hours away from finishing my fourth shift in a row in the Advanced Intensive Care Unit (The Box). Along with three nurses and an administrative partner, I have been using the telemedicine-based technology to monitor over 140 patients each night and admit several more throughout each 12-hour, 7 p.m. to 7 a.m. shift. In fact, if my count is correct, I have admitted 39 critically ill patients from all over northeastern Pennsylvania over this block of nights. I cannot help noticing that almost all of the patients I have admitted are either overweight, obese, morbidly obese, or super morbidly obese (BMI >50). Very few of the patients I am caring for in the wee hours of the morning and who other providers are tending to during the day in the ICU are at their ideal body weight.

With Congress working overtime on health care reform, there has been so much discussion about how to fix our system and how much it costs. There has been less discussion concerning the effect the obesity epidemic has had on the soaring health care tab. I would argue obesity should potentially be the largest target to help control health care costs. A study sponsored by the CDC and published in *Heath Affairs* in August, 2009, showed obesity now accounts for 9.1 percent of all medical spending, up from 6.5 percent in 1998. Overall, an obese patient has $4,871 in medical bills a year compared to $3,442 for a patient at a healthy body weight. All totaled, Americans who were 30 or more pounds over a healthy weight cost the country an estimated $147 billion in weight related medical bills in 2008, double the amount a decade ago. Obesity is the single biggest reason for the increase in health care costs – not doctors, not hospitals – obesity. Congress is hoping to cut our current health care spending from 17 percent of GDP to something less and more sustainable using bundled payments, quality initiatives, and potentially user taxes, which is all good, but if we really want to reign in health care costs, we also have to get Americans dieting, exercising, and living healthier lifestyles.

Continued on Page 3

Lehigh Valley Hospital Nationally Recognized in Two Reports for Quality, Innovation and Efficiency

Lehigh Valley Hospital (LVH) is being nationally recognized by two ratings organizations for quality, innovation and efficiency.

LVH is cited as one of the 10 Best Hospitals in America for 2009 by *Becker's Hospital Review*, a leading business and legal health care publication, and The Leapfrog Group lists LVH among the 2009 Leapfrog Top Hospitals. LVH is listed for the third straight year and is the only Pennsylvania hospital included among 37 general hospitals recognized by Leapfrog, a group of employers who purchase health care benefits for their employees.

LVH is joined on the Becker's Best Hospitals list by other notable health care providers including Johns Hopkins Hospital, Baltimore; Massachusetts General Hospital, Boston; and Mayo Clinic, which also joins LVH on the Leapfrog list along with others including Brigham and Women's Hospital, Boston; Northwestern Memorial Hospital, Chicago; and Vanderbilt University Hospital in Tennessee.

"This year's class of Top Hospitals not only hits the mark in areas such as medication error prevention and preventing ICU deaths, but they also use their resources wisely, providing excellent and efficient outcomes for patients," said Leah Binder, CEO of The Leapfrog Group. "Regardless of what happens to health care reform, these hospitals are the future."

Among the criteria for consideration by Leapfrog are:

- Fully meet Leapfrog standards for implementing computer physician order entry (CPOE) systems (that have been shown to reduce medication errors by up to 85 percent), and for passing Leapfrog's test of their system;
- Fully meet stringent performance standards for complex, high-risk procedures (such as heart bypass surgery) done in that particular hospital;
- Fully meet standards for staffing the ICU, shown to reduce mortality by 40 percent or more;
- Score in the top decile in the country for efficiency - scored by the Leapfrog Hospital Recognition Program incorporating quality outcomes, length of stay, readmission rates, and incidence of hospital-acquired conditions and infections. The efficiency standard applies to heart bypass surgery, heart angioplasty, heart attack and pneumonia patients.

Becker's calls LVH a "beacon for every hospital" as we face the current recession citing how it has "thrived at a high-quality level" despite the difficult economic times. LVH is noted in Becker's review of the top 10 hospitals for being recognized by other top hospital ratings services and publications including *US News & World Report's* "America's Best Hospitals" for 14 consecutive years.

Division of Education Update

eLearning Continuing Medical Education (CME) Transcripts Can Make Life Easier

Getting a CME audit by the PA State Board of Medicine? Need proof of CME for a professional society? Need to track things for the PA Trauma Systems Foundation? The eLearning platform provides one convenient way to store, track, and report CME events. For online CME courses that are taken in the eLearning system, like Central Lines and A3 Thinking, the credits are automatically placed into your transcript. For instructor led training events from LVHN with CME credit attached, activities and credits are entered into eLearning and available for download within 30 days of the event. You can even self enter items you'd like to track on your own for events that you attend outside of LVHN.

To print your transcript, simply follow the instructions below.

Step 1: Log into eLearning by clicking on the button on your SSO toolbar
Step 2: Click "Completed Training" under "My eLearning"
Step 3: Click the Print button

Any questions regarding the process that are not answered by the eLearning system FAQs should be directed to the I/S Support Center at 610-402-8303.

CONGRATULATIONS

Indru T. Khubchandani, MD, Division of Colon and Rectal Surgery, was honored with the award of Honorary Fellowship in the International College of Surgeons at the 74th World Meeting held in Bejing, China. The meeting was held in conjunction with the Chinese Society of Surgeons from November 14-16. At the meeting, Dr. Khubchandani gave three presentations including a video of his technique of "Endorectal Repair of Rectocele."

Alexander M. Rosenau, DO, Vice Chair, Department of Emergency Medicine, was elected Chair of the Emergency Medicine Foundation by the Board of Directors of the American College of Emergency Physicians. The Emergency Medicine Foundation, located in Dallas, Texas, is the oldest national foundation organized for the specific purpose of funding research in emergency medicine to improve patient care and practice.

In addition, Dr. Rosenau was appointed to the National Certification Commission of Physician Assistants (NCCPA) Advisory Task Force to participate in the development of the framework for PA specialty certification. NCCPA, the only credentialing organization for physician assistants in the United States, is dedicated to assuring the public that certified physician assistants meet established standards of knowledge and clinical skills upon entry into practice and throughout their careers.

Continued from Page 1

In October, a study released by the American Institute for Cancer Research showed that approximately 100,500 new cases of cancer each year are caused by obesity. Among the types of cancer most strongly linked to excess body fat are breast (33,000 cases/year), endometrial (20,700 cases/year), kidney (13,900 cases/year), colorectal (13,200 cases/year), pancreatic (11,900 cases/year), esophageal (5,800 cases/year), and gallbladder (2,000 cases/year). Excess weight raises cancer risk in different ways. For breast and endometrial cancer, obesity leads to increased estrogen levels in post-menopausal women. For esophageal cancer, obesity leads to acid reflux which damages the lower esophagus.

Probably most concerning of all is about one-third of children are overweight or obese predisposing them to Type 2 diabetes, high blood pressure, sleep apnea, asthma, depression and a whole host of other health problems. Health and Human Services Secretary Kathleen Sebelius spoke very directly earlier this year when asked about obesity. "We are killing ourselves, and more importantly, we are killing our children. Changes need to be made in schools and communities across the country."

It occurs to me there are many overlapping similarities between the smoking and obesity epidemics. In 1966 – the year of my birth – 44 percent of Americans smoked. Now, after progressively steeper user taxes and aggressive public health campaigns, most notably by C. Everett Coop in the 1980s, the percentage of smoking Americans is down to 19 percent. Unfortunately, as the prevalence of smoking has decreased, obesity has increased. Both lead to increased mortality with smoking causing 18 percent of American deaths each year and obesity as many as 15 percent. Adults who are more than 40 pounds overweight are effectively cutting about three years off their lives and those who are extremely obese, more than 100 pounds overweight, could be shortening their lives by as many as 10 years. I am not a big fan of taxes in general, but if taxing junk food and sugary drinks, like taxing cigarettes, can save and improve lives, perhaps it should be considered. Interestingly, the Urban Institute, a think-tank in Washington, D.C., believes a 10 percent tax on "fattening food of little nutritional value" would raise $500 billion dollars over 10 years.

So what does the obesity epidemic have to do with January? The answer – New Year's resolutions. To lose weight is the most common resolution as published in a study by the U.S. government. Can we as physicians and health care providers help our patients battle being overweight and obese at this time and during the rest of the year? Some physicians find it difficult to talk to their patients about their weight and even harder to help them lose weight. But if we, as providers, are serious about keeping our patients from having heart attacks, strokes and some cancers, we need to start having this conversation and helping them lose weight. Just like talking to our patients about the harmful effects of smoking, we need to start setting time aside during appointments to talk about weight. From my perspective, a healthy body weight is equally as important as not smoking.

It's 7 a.m. now. My four-day stint in The Box is over. In the past, as I headed home exhausted for bed, I would sometimes treat myself to a donut or two. I think maybe I will plan on cereal instead this time.

Happy New Year and have a nice month.

Matthew M. McCambridge, MD
Medical Staff President

System for Partners in Performance Improvement

Value Stream 1 – In-Hospital Patient Flow Update

As referenced in the December issue of ***Progress Notes***, Value Stream 1 - In-Hospital Patient Flow identified seven potential bottleneck areas and charged multidisciplinary teams with development of experiments or "counter-measures" to try to improve the efficiency of care to our patients. The first two teams focused on Access to and Utilization of Physical Therapy Services and Organization of Supplies and Equipment. This month, we will highlight the third team.

Collaborative Rounds

The third team focused on Collaborative Rounds to improve communication and create tighter connections while caring for our patients. Experiments were conducted on 5K and 6CP utilizing different approaches to rounding. On 5K, the team rounds on Diabetic patients once a week and they have improved patient's Glycemic Control from 64% to 71%. They have also seen a reduction in length of stay on this unit from both the rounding and cohorting by medical groups from 6.29 days to 5.2 days. 6CP has taken a different approach to rounding. They discuss all the patients from Lehigh Area Medical Associates (LAMA) census and focus primarily on discharge. They are able to conduct this rounding process in 20 minutes and it helps immensely with communication and efficient discharge planning. The length of stay on 6CP was reduced from 5.89 days to 5.1 days.

Physical Discharge Process

Looking to improve the efficiency of the discharge process, this team has shaved three minutes from the response time of the Discharge Bed Swat Team (DBST). Three minutes may not sound like much, but when you consider the number of beds cleaned on a monthly basis – 4,800 – these minutes quickly add up to hours. This improvement allows our patients to be moved more quickly from the ED to an inpatient bed. Through implementation of standard work for the RN the night before discharge, they have also been able to shave 13 minutes from the time the discharge order is written to the time of the actual discharge.

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.

Value Stream 3 – Improving Access to LVPG Practices

In the ongoing System for Partners in Performance Improvement (SPPI) initiative, the third value stream is improving access to Lehigh Valley Physician Group (LVPG) practices. Leading the charge is Lehigh Neurology.

Lehigh Neurology Reduces Patient Backlog

With an appointment backlog of close to 500 new patients, the first thing they looked at was a way to help new patients get appointments quickly. They streamlined the referral process — working closely with other LVPG practices — and found a more efficient way to triage new patient intake forms. Plus, they created a block schedule for physicians, so office staff knows exactly which doctors are available.

To date, they've enjoyed significant improvement, reducing the number of patients waiting for appointments to 300. That includes about 30 new patients who call daily.

The practice also is working to improve clinical flow, so they're standardizing check-in processes, room setup, test scheduling and check-out processes. They're also working closely with Information Services colleagues to implement Centricity medical records. This allows clinicians to access information they need about a patient (medical history, imaging results and medication) in one secure, Web-based system. It's a big time-saver for clinicians and more convenient for patients too.

Behavioral Health Reduces "No-Shows"

A year ago, Michael W. Kaufmann, MD, Chair, Department of Psychiatry, issued a challenge: Improve patient flow. In doing so, a cycle of delays that started with "no show" appointments was uncovered. To be discharged from an inpatient or partial inpatient behavioral health unit, patients need to have a scheduled outpatient appointment. However, as high as 40 percent were no-shows. To find out why patients missed appointments, colleagues made some inquiries, then worked to fix things they could control. For example, when they learned patients were anxious about their first outpatient appointments, they made phone calls to patients describing what to expect, where to go and where to park. During the call, they remind patients of the appointment date and time. With this voice-to-voice contact, patients arrive at their appointments 94 percent of the time.

Colleagues also are working to reduce the length of time between inpatient discharge and the first outpatient appointment. Plus, they're planning to make scripted, follow-up discharge phone calls to see how patients are doing and remind them about the importance of the outpatient appointment.

If you have any questions regarding this issue, please contact Donna Kulp in Organizational Development at 610-402-3200.

Hospital Disclosure and Conflict of Interest Statement

As stipulated in the Medical Staff Bylaws, ALL members of the Medical Staff are required to complete the **Hospital Disclosure and Conflict of Interest Statement** on an annual basis.

For Fiscal Year 2010, in conjunction with the Medical Staff biennial reappointment, you will be required to complete the Hospital Disclosure and Conflict of Interest Statement by **April 1, 2010**. This questionnaire is a web-based application which will maintain your answers along with the date you last updated the information. This will allow you to review the answers you previously provided and will allow you to make modifications as necessary. The information is confidential and will be compiled by the Internal Audit department.

You can access the form in one of the following two ways:

LVHN Intranet (from a building owned by LVHN)

From the Intranet Homepage, under the "What's New" section on the right-hand side, select "Conflict of Interest Questionnaire." Accessing the form via the Intranet is secure and, since you will have already logged on using the SSO log-in process, no future user ID or password is required.

Internet

To access the Log-in Screen via the Internet, type the following address exactly as follows – **conflict.lvh.org**

To gain access to the questionnaire, enter your user number and the password which will be sent to you by mail in early January.

Using either of the above methods, select the appropriate questionnaire based on the following:

- If you are an employed physician, choose the first selection – "EMPLOYEE QUESTIONNAIRE (INCLUDING EMPLOYED PHYSICIANS)"
- If you are a physician in private practice, choose the second selection – "PHYSICIANS IN PRIVATE PRACTICE/OTHER NON-EMPLOYEES QUESTIONNAIRE"

If you have any questions regarding this issue, please call Tammy Winterhalt in Medical Staff Services at 610-402-1397 or Carol Kriebel in the Internal Audit department at 610-969-0501.

LVHN Digital Library

Need a Quick Way to Find an Article? Use the DOI

A DOI (Digital Object Identifier) is a unique character string used to identify an internet file. You may have noticed them in your professional journals. DOIs make finding journal articles much easier. Following is an example:

Gavrilova N., Lindau S.T. Salivary sex hormone measurement in a national, population-based study of older adults. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 2009, **doi:10.1093/geronb/gbn028**.

DOIs can indicate an article, a webpage, an image, a media program – almost any digital file. If there is a change in where the file resides, the DOI doesn't change – only the link that represents the content changes. Also, articles can be cited using only a DOI before they appear in print such as in epublications.

There are several ways to find an article if you have the DOI. DOIs are case insensitive so they may be written with upper or lower case letters. They can also be pasted into PubMed to search for a medical article.

For more information regarding this issue, please contact Linda M. Schwartz in Library Services at 610-402-8410.

News from Health Information Management

Authentication of Medical Reports

Effective January 18, 2010, signature deficiencies for medical reports (histories and physicals, discharge summaries, operative reports, consultations, and preprinted progress notes) will be initially assigned to the provider who dictates or completes the medical report. If the dictator is a resident or Advanced Practice Clinician (APC), he/she will be given **seven** days to complete the signature deficiency. When the deficiency has been completed or at the end of seven days (if not completed), the deficiency will be assigned to the attending physician for signature as well. The attending physician will have **14** days to complete the signature deficiency.

Routing these reports to the residents and APC's will assure that our documentation is compliant with both hospital and physician office guidelines.

Entries in the medical record must be authenticated by the ***person who is responsible for ordering, providing, or evaluating the service furnished.*** Authentication must be legible and include the ***date, time, caregiver's name and professional credentials***.

Unapproved Abbreviations

A list of acceptable as well as unacceptable abbreviations to be used when documenting in the medical record is printed in the hospital's Administrative Manual which is available on the Intranet.

The unacceptable list of abbreviations designates those that may present a risk of interpretation, which could result in error and jeopardize patient safety. These abbreviations ***should not be used*** when writing, transcribing orders, or documenting in the patient's medical record. Unacceptable abbreviations include:

Do Not Use Abbreviations	Potential Problem	Preferred Term
U (unit)	Mistaken for "0" (zero), the number "4" (four), or "cc"	Write "unit"
IU (International Unit)	Mistaken as IV (intravenous) or the number 10 (ten)	Write "international unit"
Q.D., QD, q.d., qd (daily) Q.O.D., QOD, q.o.d. (every other day)	Mistaken for each other. Period after the Q mistaken for "I" and the "O" mistaken for an "I"	Write "daily" Write "every other day"
Trailing Zero (X.0 mg)	Decimal point is missed	Write X mg Write 0.X mg
MS MSO4 and MGSO4	Can mean morphine sulfate or magnesium sulfate. Confused for one another.	Write "morphine sulfate" Write "magnesium sulfate"

Congratulations to the Medical Staff

Health Information Management monitors medical record deficiency statistics on a monthly basis to present to the Medical Record Committee. Congratulations and thank you to the Medical Staff for your support and cooperation in maintaining the statistics at a lower than expected level. Listed to the right are the statistics for November.

Statistics for November, 2009

Hospital Site	Total Discharges (Inpatient/Ambulatory/ Observation)	Total Delinquent	% Delinquent
LVH-Cedar Crest	5,791	121	2%
LVH-Muhlenberg	1,786	73	4%

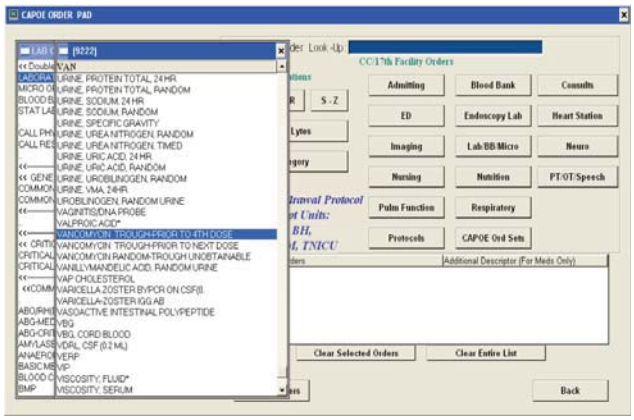
Your ongoing support and cooperation are very much appreciated.

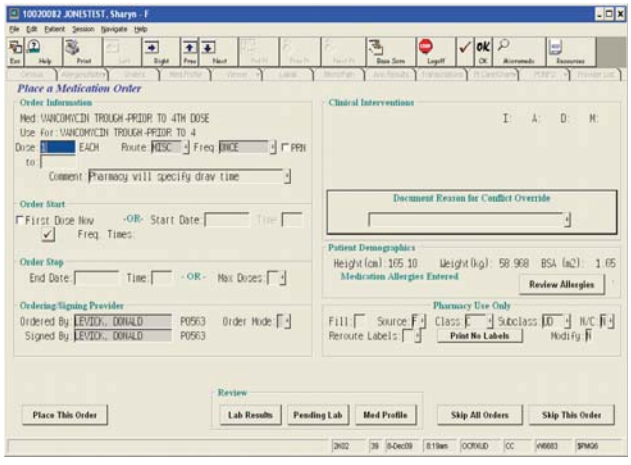
If you have any questions regarding these topics, please contact Zelda Greene, Administrator, Health Information Management, at 610-402-8330.

News from CAPOE Central

Vanco Levels? Let Pharmacy Set the Time

The ordering of Vancomycin levels for adults will change as of February 2, 2010. Vancomycin levels will be removed from the CAPOE system. All current literature demonstrates limited utility of Vancomycin peak levels in patient care. Vancomycin trough levels will be ordered either at the steady state of the drug, with the 4th dose, or with the next dose. The order will show up to be verified by the pharmacist, who will then enter the actual lab order for the appropriate date and time. Vancomyin random levels can be obtained, but are highly discouraged. A date and time will be required in the comment field of all Vancomycin random levels.





If you have any questions regarding this issue, please call Jarrod W. Kile, RPh, at 610-402-2389.

Streamlined CAPOE IV Insulin Infusion Order Sets for Hyperglycemia Control

We heard you and we responded! The IV Insulin Infusion Sets for Hyperglycemia are being modified so they are more user friendly. The location of the order sets will be the same. Access either via CAPOE order sets/Insulin Orders or via the A-L medication tab. (Note: These orders are not appropriate to use in DKA or HHS.)

Key points related to the order sets and changes:

- Start by selecting the Insulin Infusion based on the desired target BG range, either 80-110 or 90-140. (Please order 80-110 only in critical care settings.)
- Based on the selected target BG range, you will get a new screen with 7 items pre-selected for safe administration and titration of the protocol by the staff RN. A provider does have the ability to deselect an order if indicated.
- Of particular note, there is a primary IV fluid line that is pre-selected and will take the provider to another screen to select a primary IV solution for the insulin to be piggybacked to.
  - Remember – a primary IV is *ALWAYS* needed with IV insulin. Only de-select if the patient already has an available primary IV running that can be used.
  - Note: Generally a dextrose-based solution is preferred in the NPO person to prevent catabolism and to support the IV insulin. As always, the provider may select other fluids if indicated.
- Lab hemoglobin A1C with estimated average glucose is not pre-selected; however, please consider for anyone who does not have a current value less than 60 days. This is a Joint Commission recommendation for all admissions and will help to determine if pre-existing diabetes regimen was effective.
- Provider must remember to select the Novolog SQ for grams carbohydrate (CHO) eaten if the patient is well enough to be receiving meals while on the insulin infusion. This will ensure the best and safest glucose response.

It is hoped that by having essential elements for safe protocol use pre-selected that there will be less incomplete orders and less time spent by providers, nurses, and pharmacists clarifying incomplete orders. If you have any questions about the order sets, please contact Joyce Najarian, Inpatient Program Coordinator, Helwig Health and Diabetes Center, at 610-402-1731 or joyce.najarian@lvh.com.

Ethics Corner

Decisional Capacity . . . or is it Competency?

One of the issues frequently encountered in Ethics Consults is that of how and by whom medical decisions are made. How do we go about determining if decision makers are capable? What are capacity and competence?

Capacity and competency are often incorrectly used interchangeably. Pennsylvania Act 169[1] defines "incompetent" as "a condition in which an individual despite being provided appropriate medical information, communication supports and technical assistance, is documented by a health care provider to be: 1) unable to understand the potential material benefits, risks and alternatives involved in a specific proposed health care decision; 2) unable to make that health care decision on his own behalf; or 3) unable to communicate that health care decision to any other person." Consistency over time may be considered another element in ethical circles but is not a requirement in Commonwealth law. We have all seen patients who make one decision in the lawyer's or doctor's office then change that decision when faced with crisis or death.

In Pennsylvania[2], an "incapacitated person" is "an adult whose ability to receive and evaluate information effectively and communicate decisions in any way is impaired to such a significant extent that he is partially or totally unable to manage his financial resources or to meet essential requirements for his physical health and safety." A determination of "incapacity" requires a hearing. This is different from use of these terms elsewhere. In other states, capacity refers to the clinical determination about the ability to make healthcare decisions and competence is the legal term.

How do we assess competency at the bedside? First, you do not need a psychological or psychiatric consultation. Bedside physicians may make this determination according to a "sliding scale," i.e., the decision to take oral antibiotics for an infection is much different than the decision to undergo high risk, life-saving surgery. In Pennsylvania, the definition above does allow that individuals may be found incompetent to make some health care decisions but competent to make others. Therefore, a decision assessment, i.e., the competency assessment related to a specific health care decision, must be made. When all three elements in the above definition are present, the patient is competent.

There are factors that can influence the ability to make the decision in question. Some of these may be psychological. In these cases, psychological/psychiatric consultations are recommended. The health care decisions of patients who are depressed are not necessarily affected by their depression and this must be assessed.

Dementia is also not an absolute contraindication to decision making. The competency depends on the level of healthcare decision being considered and the level of dementia.

Competency may also change due to clinical issues such as delirium. For instance, an elderly patient prone to "sundowning" may be able to make complex decisions early in the day and totally unable to do so at night. Also, the effects of medications on the sensorium, cognition and judgment need to be taken into consideration.

Ultimately, when uncertainty regarding patient competency arises, an Ethics consult can be obtained to clarify the situation and help providers find appropriate resources to navigate these difficult waters. Among the possible courses of action available to the ethics representative are legal evaluation, psychological/psychiatric evaluation and full ethics consultation. In any event, the ethics representative will assist the providers in these trying situations.

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.§5422

[2] *20 Pa.C.S.§5501

Patient Safety Newsletter

The Fall 2009 issue of the ***Think Patient Safety First*** newsletter is now available through eLearning. The featured topic of this issue is **"Cultural Awareness and Diversity."** To access the newsletter, click on the eLearning icon on your SSO toolbar then type the following in the Catalog Search box: **CNE-Think Patient Safety First – Cultural Awareness and Diversity**, then click "Go" and "Register Now."

Remember – reading this newsletter does provide CME's toward fulfillment of physician licensure requirements. Refer to page 2 of the newsletter for more information.

For more information regarding this issue, please contact Jean Hoffman, CNE Coordinator, Continuing Education, at 610-402-2410.

Papers, Publications and Presentations

George A. Arangio, MD, Section of Ortho Trauma/Foot and Ankle Surgery, recently published a comparative clinical and radiographic study. The study – "Hindfoot Alignment Valgus Moment Arm Increases in Adult Flatfoot with Achilles Tendon Contracture" – was published in Volume 30, November, 2009, of ***Foot & Ankle International***. In addition, Dr. Arangio was co-editor of instructional course lectures on the foot and ankle for the American Foot and Ankle Society, Chicago, Ill., and the American Academy of Orthopedic Surgery.

Joshua M. Adkinson, MD, General Surgery resident, was awarded first prize for his presentation titled "Surgical and Fiscal Implications of BRCA Testing and Genetic Counseling," at the Keystone Chapter of the American College of Surgeons (ACS) meeting in Harrisburg, Pa., on November 6. Co-authors of the study included **Aaron D. Bleznak, MD**, Department of Surgery Vice Chair of Operations and Clinical Affairs, and **Robert X. Murphy, Jr., MD**, Plastic Surgery Residency Program Director.

At the same meeting, **Karin McConville, MD**, General Surgery resident, was awarded second prize for her presentation titled "A Review of a Single-Institution Experience with Non-selective Splenic Artery Embolization." Co-authors of the study included **John J. Hong, MD**, Chief, Section of Trauma Research, and **Michael D. Pasquale, MD**, Chief, Division of the Division of Trauma-Surgical Critical Care.

Also at the meeting, **Danielle Cheeseman, MD**, General Surgery resident, presented "Single-port Cholecystectomy Using the SILS™ Port," which was co-authored by **Dale A. Dangleben, MD**, Division of Trauma-Surgical Critical Care/General Surgery.

Elissa Foster, PhD, Medical Educator, Department of Family Medicine and Division of Education, is the recipient of the 2009 Distinguished Scholarly Book Award from the National Communication Association (Applied Communication Division) for her book titled, ***Communicating at the End of Life: Finding Magic in the Mundane***. It is a moving account of her experiences as a Hospice volunteer.

William L. Miller, MD, Chair, Department of Family Medicine, co-authored an editorial – "Making Sense of Health Care Transformation as Adaptive-Renewal Cycles" – which was published in the November/December issue of ***Annals of Family Medicine***.

Michael D. Pasquale, MD, Chief, Division of Trauma-Surgical Critical Care, co-authored an article with the Pennsylvania Trauma Systems Foundation Outcomes Committee – "Preventability Classification in Mortality Cases: A Reliability Study" – which appeared in the November issue of the ***Journal of Trauma Injury, Infection, and Critical Care***.

Michael D. Pasquale, MD, Chief, Division of Trauma-Surgical Critical Care, **Kamalesh T. Shah, MD**, Division of General Surgery/Trauma-Surgical Critical Care; **Dale A. Dangleben, MD**, Division of Trauma-Surgical Critical Care/General Surgery, and **Michael M. Badellino, MD**, Department of Surgery Vice Chair for Education and General Surgery Residency Program Director, co-authored the article – "Hepatic Angioembolization in Trauma Patients: Indications and Complications" – which appeared in the October issue of the ***Journal of Trauma Injury, Infection, and Critical Care.***

Howard S. Selden, DDS, former member of the Division of Endodontics with Honorary Status, has published a book titled, ***A Dental Odyssey (unlikely musings of a dentist)***.

John C. Smulian, MD, MPH, Chief, Division of Maternal-Fetal Medicine, co-authored a number of articles that were recently published. The first article – "Pesticide concentrations in maternal and umbilical cord sera and their relation to birth outcomes in a population of pregnant women and newborns in New Jersey" – was published in the November 7, 2009 issue of ***The Science of the Total Environment***. The second article – "Ischemic placental disease: Maternal versus fetal clinical presentations by gestational age" – was published in the November 9, 2009 issue of the ***Journal of Maternal-Fetal & Neonatal Medicine***.

Upcoming Seminars, Conferences and Meetings

GLVIPA Annual Meeting

The Greater Lehigh Valley Independent Practice Association Annual Membership meeting will be held on **Monday, January 25, 2010**, at **6 p.m.**, in the Auditorium at LVH-Cedar Crest, with teleconference available at LVH-Muhlenberg in the Educational Conference Center Rooms C and D.

During the meeting, the annual election for the Board of Trustees will be held. Please remember that the IPA Bylaws require the voting process to be completed by physician members in person or by proxy. If you cannot attend the meeting and wish to vote by proxy, please make sure that your signed proxy is available at the time of the meeting.

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

Cardiology Grand Rounds

The next Cardiology Grand Rounds will be held on **Friday, January 8**, from Noon to 1 p.m., in Kasych ECC Room 6 at LVH-Cedar Crest and in ECC Room B at LVH-Muhlenberg.

"DM 101 for Cardiologists & Internists: Update on In-Hospital Care, TZD, and Incretin Use" will be presented by Stanley F. Schwartz, MD, Associate Professor of Medicine, University of Pennsylvania, Penn Presbyterian Medical Center.

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

Medical Grand Rounds

Medical Grand Rounds will be held the second and fourth Tuesdays of January, 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 January will include:

- January 12 – **"Update in Gastroenterology – Barrett's Esophagus"** – Paola G. Blanco, MD, Division of Gastroenterology
- January 26 – **Case Presentations** – Members of the Department of Medicine

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 January will include:

- January 7 – **"Daily Chronic Headaches"** – John E. Castaldo, MD, Chief, Division of Neurology – Location: Lehigh Neurology Conference Room, 1250 S. Cedar Crest Blvd., 4th Floor, and teleconferenced to Kasych ECC Room 7
- January 14 – **"Proxysmal Headache and Its Classifications"** – James E. Redenbaugh, MD, Division of Neurology – Location: Lehigh Neurology Conference Room, 1250 S. Cedar Crest Blvd., 4th Floor, and teleconferenced to Kasych ECC Room 7
- January 21 – Division Meeting - Lehigh Neurology Conference Room, 1250 S. Cedar Crest Blvd., 4th Floor
- January 28 – **"Migraines with Unilateral Motor Symptoms"** – William Young, MD, Jefferson Headache Center – Location: Auditorium, LVH-Cedar Crest

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

Pediatric Grand Rounds

The Department of Pediatrics holds Grand Rounds on Tuesdays beginning at 8 a.m., in ECC Room 1 on the first floor of the Anderson Wing at LVH-Cedar Crest. Topics to be discussed in January will include:

- January 5 – **"Contraceptives and Thrombosis – What is the Risk"** – Philip M. Monteleone, MD, Division of Pediatric Subspecialties, Section of Hematology-Medical Oncology
- January 12 – TBA
- January 19 – TBA
- January 26 – **"Limiting Radiation Exposure in Children"** – John D. Van Brakle, MD, Chair, Department of Pediatrics; William D. Hardin, Jr., MD, Section of Pediatric Surgery; and Howard D. Rosenberg, MD, Section of Pediatric Radiology

For more information, please contact Kelli Ripperger in the Department of Pediatrics at 610-969-2540.

Continued on next page

Continued from Page 10

Psychiatry Grand Rounds

The next Department of Psychiatry Grand Rounds will be held on **Thursday, January 21**, beginning at Noon (registration at 11:45 a.m.) in the Banko Family Center on the LVH-Muhlenberg campus.

"Telemedicine" will be presented by Joseph A. Tracey, MS, Vice President for Telehealth Services

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, January 6**, 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 January will include:

- January 5 – "Cancer Staging and Prognostic Factors – 2010 and Beyond" – Frederick L. Greene, MD, Chairman, Department of General Surgery, Carolinas Medical Center, Charlotte
- January 12 – "Clostridium Difficile Colitis" – Michael Gillespie, MD, Colon and Rectal Resident
- January 19 – "Cerebral Vascular Surgery: Modern Advances in the Treatment of Aneurysms, AVMs, and Stroke" – P. Mark Li, MD, Chief, Division of Neurological Surgery, and Darryn I. Shaff, MD, Chief, Section of Neurointerventional Radiology
- January 26 – "Communication 1: The Good, The Bad and The Basics" – Robert D. Barraco, MD, MPH, Chief, Sections of Geriatric Trauma and Pediatric Trauma

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

Advanced Practice Clinicians Update

Save the date . . .

"Updates in Infectious Disease and Pharmacology," a half-day conference, will be held on April 19, from 8 a.m. to Noon, in Kasych EC Rooms 6, 7 and 8 at LVH-Cedar Crest.

APC Quarterly Meeting and Elections

The next quarterly meeting of the Advanced Practice Clinicians will be held on Thursday, April 22, beginning at 5:30 p.m., in Kasych ECC Room 8 at LVH-Cedar Crest. Election of officers and at-large members of the Executive Council will be held at the meeting. Please plan to attend.

For more information regarding the Advanced Practice Clinicians, please call 610-402-APC1 and leave a message.

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

Robert M. Abbott, MD
Medical Imaging of LV, PC
Lehigh Valley Hospital
Cedar Crest & I-78, P.O. Box 689
Allentown, PA 18105-1556
Phone: 610-402-8088 Fax: 610-402-1023
Department of Radiology-Diagnostic Medical Imaging
Division of Diagnostic Radiology
Provisional Active

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

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

Jennifer L. Jozefick, DO
LVH-M Emergency Medicine
LVH-Muhlenberg
2545 Schoenersville Road, Fifth Floor
Bethlehem, PA 18017-7384
Phone: 484-884-2888 Fax: 484-884-2885
Department of Emergency Medicine
Division of Emergency Medicine
Provisional Limited Duty

Medical Staff Leadership Appointments

Department of Medicine

Joseph A. Candio, MD
Chief, Division of General Internal Medicine

Medical Directors of Patient Care Units, Laboratories and Programs

Edgardo G. Maldonado, MD
Medical Director, Internal Medicine Community Practices & Patient Programs

Jennifer L. Mariotti, DO
Medical Director, Lehigh Valley Physician Practice

Ronald S. Freudenberger, MD
Medical Director, Regional Heart Center

Raymond L. Singer, MD
Associate Medical Director, Regional Heart Center

Addition to Departmental Assignment

Matthew D. Cook, DO
Department of Emergency Medicine
Division of Emergency Medicine
Addition of: Section of Medical Toxicology

One-Year Leave of Absence

Randy A. Rosen, MD
Department of Medicine
Division of Nephrology
From 12/1/2009 to 11/30/2010

Change of Practice

Gene V. Levinstein, MD
(No longer with Orthopaedic Associates of Bethlehem & Easton)
2101 Emrick Blvd., Suite 202
Bethlehem, PA 18020-8040
Phone: 610-776-4746 Fax: 215-716-3360

Continued on next page

Continued from Page 12

Henry T. Liu, MD
Michelle K. Dilks, DO
Lehigh Valley Physician Group
Lehigh Family Medicine Associates
1251 S. Cedar Crest Blvd., Suite 102A
Allentown, PA 18103-6212
Phone: 610-402-3940 Fax: 610-402-3950

Scott M. Brenner, MD
Liborio LaRussa, MD
Kris A. Rooney, MD
Lehigh Valley Physician Group
LVH Pediatric Inpatient Care
Cedar Crest & I-78, P.O. Box 689
Allentown, PA 18105-1556
Phone: 610-402-7632 Fax: 610-402-7600

Address Changes

Marian P. McDonald, MD
Keystone Surgical Associates
826 Delaware Avenue
Bethlehem, PA 18015-1174
Phone: 610-776-5025 Fax: 610-882-2018

Walter J. Okunski, MD
Randolph Wojcik, Jr., MD
Marshall G. Miles, DO
Plastic Surgery Associates of Lehigh Valley
1243 S. Cedar Crest Blvd., Suite 301
Allentown, PA 18103-6268
Phone: 610-402-4375 Fax: 610-402-4256

Resignations

Donald J. Belmont, MD
Department of Medicine
Division of Cardiology

Robert B. Doll, Jr., MD
Department of Medicine
Division of Endocrinology

Raymond A. Durkin, MD
Department of Medicine
Division of Cardiology

Megan M. Gaskill, MD
Department of Family Medicine

Susan G. Gerhardt, MD
Department of Medicine
Division of Pulmonary/Critical Care Medicine

Mitchell M. Greenspan, MD
Department of Medicine
Division of Cardiology

Paul Gulotta, MD
Department of Medicine
Division of Cardiology

Mark A. Helfaer, MD
Department of Pediatrics
Division of Critical Care Medicine

Paul R. Hermany, MD
Department of Medicine
Division of Cardiology

Vernon D. Kressley, DDS
Department of Dental Medicine
Division of General Dentistry

Natalie M. Kunsman, MD
Department of Family Medicine

George W. McGinley, MD
Department of Surgery
Division of Ophthalmology

J. Phillip Moyer, MD
Department of Medicine
Division of Cardiology

Richard A. Narvaez, MD
Department of Medicine
Division of Cardiology

Minh Q. Nguyen, MD
Department of Medicine
Division of Cardiology

Arthur H. Popkave, MD
Department of Medicine
Division of Cardiology

Gerald E. Pytlewski, DO
Department of Medicine
Division of Cardiology

Michelle N. Stram, MD
Department of Medicine
Division of Cardiology

Continued on next page

Continued from Page 13

Allied Health Staff

New Appointments

Monica L. Bliler, PA-C
Physician Assistant-Certified
Lehigh Valley Center for Sight, PC
1739 Fairmont Street
Allentown, PA 18104-3117
Phone: 610-437-4988 Fax: 610-437-4176
Supervising Physician: Daniel I. Ross, MD

Sylvia A. Graczyk, PA-C
Physician Assistant-Certified
Lehigh Neurology
Center for Advanced Health Care
1250 S. Cedar Crest Blvd., Suite 405
Allentown, PA 18103-6224
Phone: 610-402-8420 Fax: 610-402-1689
Supervising Physician: Soraya E. Jimenez, MD

Craig C. Hartigan, PA-C
Physician Assistant-Certified
Eastern Pennsylvania Gastroenterology & Liver Specialists, PC
451 Chew Street, Suite 401
Allentown, PA 18102-3492
Phone: 610-821-2828 Fax: 610-821-7915
Supervising Physician: Glenn M. Short, MD

Deanna Heydt, CRNP
Certified Registered Nurse Practitioner
Neurosurgical Associates of LVPG
Center for Advanced Health Care
1250 S. Cedar Crest Blvd., Suite 400
Allentown, PA 18103-6224
Phone: 610-402-6555 Fax: 610-402-6550
Supervising Physician: P. Mark Li, MD

Erica L. Kleinle, CRNP
Certified Registered Nurse Practitioner
College Heights OBGYN Associates
1245 S. Cedar Crest Blvd., Suite 201
Allentown, PA 18103-6267
Phone: 610-437-1931 Fax: 610-433-8791
Supervising Physician: Sandra C. Thomas, DO

Andrew B. Knittle
Anesthesia Technical Assistant
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

Crystal G. Krauss
Anesthesia Technical Assistant
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

Elizabeth A. Mosier
Intraoperative Neurophysiological Monitoring Specialist
Surgical Monitoring Associates, Inc.
900 Old Marple Road
Springfield, PA 19064-1211
Phone: 610-328-1166 Fax: 610-328-2023
Supervising Physician: Stefano Camici, MD

Angela F. Rosenberg, CRNP
Certified Registered Nurse Practitioner
LVPG-Hospitalist Services
1240 S. Cedar Crest Blvd., Suite 409
Allentown, PA 18103-6218
Phone: 610-402-5369 Fax: 610-402-5959
Supervising Physician: Uzma Z. Vaince, MD

Michelle M. Trzesniowski, CRNP
Certified Registered Nurse Practitioner
Lehigh Neurology
1770 Bathgate Road, Suite 403
Bethlehem, PA 18017-7334
Phone: 484-884-8370 Fax: 484-884-8396
Supervising Physician: John E. Castaldo, MD

William G. Wert, Jr., PA-C
Physician Assistant-Certified
LVPG-Emergency Medicine
Sacred Heart Hospital
421 Chew Street
Allentown, PA 18102-3490
Phone: 610-776-4622 Fax: 610-776-5156
Supervising Physician: Colleen M. Wladyslawski, MD

Continued on next page

Continued from Page 14

Cheryl R. Wiggins
Clinical Neurophysiologist
Surgical Monitoring Associates, Inc.
900 Old Marple Road
Springfield, PA 19064-1211
Phone: 610-328-1166 Fax: 610-328-2023
Supervising Physician: Stefano Camici, MD

Change of Status

Karen A. Gonzalez, CRNP
From: Registered Nurse
To: Certified Registered Nurse Practitioner
OAA Orthopaedic Specialists – Jeffrey R. McConnell, MD

LuAnne F. Procyk, CNS
From: Registered Nurse
To: Clinical Nurse Specialist
Neurosurgical Associates of LVPG – P. Mark Li, MD, PhD

Change of Supervising Physician

Cheryl H. Bitting, CRNP
Certified Registered Nurse Practitioner
(Eastern PA Nephrology Associates)
From: Randy A. Rosen, MD
To: Ravindra Bollu, MD

Judith A. Madaus, CRNP
Certified Registered Nurse Practitioner
(Eastern PA Nephrology Associates)
From: Randy A. Rosen, MD
To: Mohammad N. Saqib, MD

Removal of Supervising Physician

Loretta Konrad, CRNP
Certified Registered Nurse Practitioner
(Pain Specialists of Greater Lehigh Valley, PC – Bruce D. Nicholson, MD)
Removal of: Lisa A. Keglovitz, MD – Allentown Anesthesia Associates

Change of Supervising Physician and Group

Cheryl A. Celia, CRNP
Certified Registered Nurse Practitioner
From: LVPG-Emergency Medicine – Anthony T. Werhun, MD
To: Lehigh Valley Heart & Lung Surgeons – Gary Szydlowski, MD

Resignations

Nathan P. Fenstermacher, PA-C
Physician Assistant-Certified
(Lehigh Neurology)

Justine Fierman, CRNP
Certified Registered Nurse Practitioner
(Helwig Diabetes Center)

Marvin A. Moquin, Jr., PA-C
Physician Assistant-Certified
(Lehigh Valley Heart & Lung Surgeons)

Bradley J. Wegrzynowicz
Mapping Support Specialist
(St. Jude Medical)

Rainie L. Werner, PA-C
Physician Assistant-Certified
(Muhlenberg Primary Care, PC)

Physician Documentation

Accurate Documentation

The primary goal of the inpatient Clinical Documentation Improvement Program is to encourage thorough, accurate documentation which serves many purposes. Among them, it provides a complete picture of the patient's severity of illness, risks, co morbidities and care provided.

Accurate documentation:
1) is the basis of patient-related communication between care providers,
2) helps explain why a patient had a poor outcome, complication, or why length of stay was prolonged,
3) may appropriately raise a patient's severity of illness,
4) may justify increased utilization of resources,
5) positively impacts physician statistical profile,
6) is essential for coders to assign correct codes,
7) may lead to improved reimbursement,
8) provides a defense against legal claims.

Remember, independent reviewers (AHRQ, insurance companies, lawyers, etc.) are looking closely at the medical record for deficiencies that may serve their own purposes. Poor documentation may translate into financial, physician quality ranking, and also legal implications for the physician.

The severity of illness scores, mortality and complication rates are tracked by many organizations and factor into physician, physician group, and hospital quality of care metrics as well as pay-for-performance. This data is now becoming public knowledge and patients and insurance companies will be selecting or recommending a physician or hospital based on this data. As we become reimbursed and graded on these statistics more frequently, it is in our best interest to document ***everything***.

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 .

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Visit us on the new LVHN internet site at www.lvh.org
Select "Information for: Physicians" in the lower black section, then select "Medical Staff Services" and "Services for Members of the Medical Staff"

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.