

# Progress Notes

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

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## FROM THE PRESIDENT

**This one time, at band camp...**

Yes, I was in the band as a middle and high school student. I was a percussionist – snare drum, marimba, triple toms...you name it – and enjoyed it immensely. I appreciated the camaraderie and teamwork necessary to execute sophisticated field shows and concerts. I understood the importance of the relationships between various sections. If the woodwinds and brass were not playing the right notes at the proper tempo, the result was a cacophony of instruments. When everyone was on the right page – striking the correct notes – we created beautiful music.



\* \* \* \* \*



I am also a fanatical sports fan. I bleed Philadelphia Eagles green (and most seasons, I do a lot of bleeding), Flyers orange and Phillies red. When not yelling at the action on the field or ice, I appreciate the intricacy of the games. Again, there is an extraordinary amount of teamwork necessary to successfully execute even the simplest football play. If Jeremy Maclin cuts the wrong way on a crossing route, Mike Vick throws an interception – they must be on the same page to make a play.

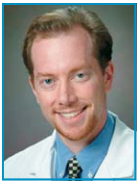
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Drs. Christian Schumacher, Darryn Shaff and Josh Bemporad recently delivered a multidisciplinary Grand Rounds to the Department of Medicine. They reviewed several patients presenting to LVHN with strokes and detailed their evaluation and treatment. In each case, the patients did well and owed their successful outcomes to the multidisciplinary care they received. The stories were riveting – “stroke alerts” allowing rapid evaluation of stroke patients and the technologies that facilitate prompt diagnosis and treatment.



Unspoken, but readily apparent to those in attendance was the importance of the relationships between Josh, Darryn and Christian. Each plays a specific role in the evaluation of stroke patients. They know the other’s preferences in terms of evaluation and needs relative to definitive treatment. This knowledge grew over time, concordant with their developing relationships. They work well together because they have relationships built upon trust, respect, relatedness and communication. They work well together because they nurture their relationships on a regular and consistent basis.

\* \* \* \* \*

Music, sports, medicine – three of my passions are all built upon relationships and the interdependence of the participants.

Relationships allow us to provide the standard of care we are proud to deliver at LVHN. As you move about the hospital, take a moment and reflect upon the conversations you have – the relationships you cultivate that allow you to care for your patients. Walk through any of our intensive care units and watch the seamless interplay between the various disciplines. Realize that, for each patient we treat, there are countless members of the Network responsible for other aspects of that patient’s care, all working in harmony.

If you want to learn more about the importance of relationships in medicine, I recommend an article co-authored by Will Miller, MD, our Chair of Family Medicine. Published in the September 2009 issue of *The Joint Commission Journal on Quality and Patient Safety*, “How Improving Practice Relationships Among Clinicians and Nonclinicians Can Improve Quality in Primary Care” identifies seven key characteristics of relationships in medicine. These characteristics are: trust, mindfulness, heedfulness, respectful interaction, diversity, social and task relatedness, and rich and lean communication. We will explore some of these in future columns.

Until next month, appreciate the complexity involved while you listen to your favorite band or orchestra, watch your favorite team, or care for your patients. Reflect upon the fact that the system is the relationships. Take an extra moment in each day to nurture those relationships – it is quality improvement and is worth the investment.

We truly are a symphony of care.

Michael J. Pistoria, DO  
Medical Staff President



## 2011 eLEARNING CORE CURRICULUM COURSES

The first of three 2011 Core Curriculum education bundles will be released in early February with a due date of March 31, 2010. This bundle, sponsored by The Joint Commission and Regulatory Excellence Department, includes courses designed to align with The Joint Commission 2011 regulations.

Subsequent eLearning bundles pertaining to OSHA and Corporate Compliance are scheduled for release in the second and third quarters of 2011.

eLearning Core Curriculum courses are mandatory for all network-employed physicians, however, independent practitioners are also encouraged to complete them. If you have any questions regarding eLearning, please call the Information Services Help Desk at 610-402-8303.

# LVHN OPENS HEALTH CENTER AT MOSELEM SPRINGS

On January 6, Lehigh Valley Health Network officials marked the opening of the Health Center at Moselem Springs with remarks and a ribbon cutting ceremony.

The 12,000 square-foot center at the intersection of Routes 662 and 222 in Richmond Township brings family medicine physicians, walk-in hours, diagnostic services and wellness care to this important community. "This health center marks a milestone in the care that Lehigh Valley Health Network offers to residents of Berks County," said Ronald W. Swinfard, MD, LVHN President and Chief Executive Officer. "It will help meet the increasing medical needs of the region, and it will bring together in one convenient location some of the most in-demand services our community members requested during public forums we held last winter. This health center will ensure the residents of this region get the most advanced care, close to home."

The facility will offer appointments with family medicine physicians and specialists, walk-in care, and a range of diagnostic testing, including digital mammograms, x-rays,



ultrasounds and lab tests. There will also be physical therapy, behavioral health counseling, wellness classes and prevention resources.

The health center, which is in a building of local historic significance – known for years as the Inn at Moselem Springs – was developed by Anchor Health Properties of Wilmington, Del., designed by Alliance Architecture of Nazareth, Pa., and completed by Target Building Construction, of Crum Lynne, Pa. The integrity of the historic portion of the property was retained during the \$2.5 million renovation. The health center will employ 25 people.

## PHYSICIAN PATIENT SATISFACTION AWARD WINNERS SELECTED



**Eric B. Lebby, MD**, Chief, Division of Orthopedic Surgery, and **Eric P. Wilson, MD**, Chief, Division of Vascular and Endovascular Surgery, were recently selected as the latest winners of the Physician Patient Satisfaction Award.



This award was initiated by the Patient Satisfaction Improvement Council team at LVH-Muhlenberg in 2007. When Medical Staff Leadership learned of the initiative, the decision was made to expand the idea across the Network. Beginning in 2008, all physicians, dentists, and podiatrists have been eligible for the award, which is presented every six months to two Medical Staff members who excel at promoting patients satisfaction.

The selection of winners is based, in part, on the results of the Press Ganey surveys, in which discharged patients rate their experience, including their experience with their doctors. Many doctors do pay extra attention to those areas that lead to high levels of patient satisfaction, such as spending time talking with their patients and their families, listening well, and working collaboratively with nurses, advanced practice clinicians and others to ensure that patients have the best possible experience and the best possible outcomes. Through this award, the exemplary efforts of our colleagues can be recognized. The recipients of the award will each receive a \$500 check for their efforts.

Dr. Lebby has been a member of the Medical Staff since August, 2003. He is in practice with VSAS Orthopaedics.

Dr. Wilson joined the Medical Staff in January, 2001. He is in practice with Peripheral Vascular Surgeons, PC.

# NEWS FROM HEALTH INFORMATION MANAGEMENT

## Unsigned Orders

Medical Staff Rules and Regulations and regulatory agencies require that:

- **verbal/telephone orders are signed within 24 hours of the order**
- **physician assistant orders are countersigned within 7 days by the supervising physician**

As mentioned in previous *Progress Notes* articles, a Medical Record Committee subgroup has been working on methods to improve compliance with unsigned orders and orders requiring counter-signature.

Since implementation of CAPOE, there have been many unsigned orders, the majority of which require co-signature. In an effort to facilitate compliance, all outstanding unsigned CAPOE orders prior to January, 2011 will be purged from each physician's inbox. Therefore, beginning February 1, 2011, upon accessing their inbox in CAPOE, providers will be presented with a current list of unsigned orders and are encouraged to promptly sign them.

Beginning with February 15, 2011 discharges, any outstanding unsigned orders at the time of discharge will be assigned a medical record deficiency in the EHMR medical record deficiency system. Over the next two months (February and March), unsigned orders will be monitored with communication to noncompliant providers of any unsigned orders.

For those of you who need a refresher in signing orders in CAPOE, please refer to the Physician Resources Page in Centricity Enterprise.

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

## Medical Record Documentation

All medical record documentation must be legible, complete, dated, timed and authenticated by the person responsible for providing or evaluating the service provided. Adherence to the following guidelines will assure that medical records are complete to provide communication for continuity of care internally and externally.

- **History and Physical Examination** – Completed and documented no more than 30 days before or 24 hours after the admission or registration.
- **Cardiac Catheterization Laboratory Procedure Reports (including electrophysiology)** – Dictated in the medical record immediately following the procedure
- **Operative Reports and High Risk Procedure Reports (including interventional radiology)** – Dictated in the medical record immediately following the procedure.
- **Discharge Summaries** – Dictated at the time of discharge
- **Medical Record Documentation Queries** – Answered within seven (7) days.

For clarification or additional information, please contact Karen Haley, Manager, Incomplete Chart Control, at 484-884-3826.



## LVHN DIGITAL LIBRARY

### The Mobile Digital Library

Did you know there are library resources and services you can access on your Smartphone, iPad, or mobile devices? You can access online resources like Dynamed, AAP Pediatric Care Online, Micromedex, and MDConsult. Account activation is required to access these resources.

Do you request articles from the library, but don't always have access to your email? If you access email from your Smartphone, the library can email the article right to your phone. When requesting the article, provide the email address that you access from your phone. If you are not sure how to open a PDF on your Smartphone, visit the Digital Library Mobile Resources page for instructions.

Are you are interested in podcasts from the *New England Journal of Medicine*, *JAMA*, Johns Hopkins, etc.? The Mobile Resources page has links available to these sites along with YouTube medical channels, and other medical mobile sites.

If you would like to be notified when new resources become available or if you are interested in helping test resources on mobile devices, please email Library Services at [libraryservices@lvhn.org](mailto:libraryservices@lvhn.org).

For more information about any of these resources, visit the Digital Library's mobile page. From the LVHN Intranet home-page, go to **Find Fast/ Library Services** then click on Mobile Resources on the left hand side navigation frame. If you have any questions, please contact Kristine Petre in Library Services at 610-402-8408.



# ETHICS CORNER

## How much of you do you bring to work?

Last month, via Skype, I had the opportunity to teach my son's high school class about Medical Ethics. The class had a two-week elective period just after winter break and this particular elective was on healthcare professions. One student had a particularly interesting question: How much of who you are and what you believe do you use at work?

This is a very contentious topic. As I responded to him, in anything we do, we must be true to ourselves and our beliefs, morals and values. If we do not bring these with us to work, we set up a dual existence. We cannot support this for very long. Sooner or later, this will show through. Patients and hospital staff are especially attuned to a disjunctive self. It will take its toll and result in unhappiness, decreased job satisfaction and poor care. However, one doesn't wear these on their sleeve. There is a time and place where they are useful and a time and a place where you may have to put them aside. My beliefs allow me to work as a trauma surgeon, to deal with life and death decisions knowing that God is the ultimate arbiter of what happens to the patient. He has placed me in a situation where the talents He has given me could be used to help those around me as He sees fit.

We must always remember our duty to the patient. I find the statement of the General Medical Council of Great Britain helpful in this area. We cannot express beliefs in such a way that causes a patient distress or could be perceived as coercion. Both doctor and patient come to this relationship with their own sets of beliefs, values, etc. Recognition and respect are the keys here. A patient's personal beliefs may be central to their healing process. A doctor's beliefs may be central to their own professional and personal well being. I am not suggesting to routinely discuss these beliefs unless they are directly relevant to patient care. But they both can be of assistance when caring for a patient, especially when they are congruent. I told the student of a case from my past where a family was reluctant to withdraw support from a patient in end stage liver failure who was not a transplant candidate. They struggled with the idea that they were making the decision for him to die, not God. They felt guilt and discomfort. This was where my beliefs came into play and I was able to comfort them: God had already made the life/death decision; they were just allowing it to happen. (This was before the "allow natural death" terminology on withdrawal orders.) They then felt it appropriate to withdraw care.



It is when doctor-patient beliefs conflict that problems can arise. Giving care or performing a procedure that conflicts with your beliefs, morals or values can affect the treatment rendered. If this happens, explaining this to the patient and/or family is necessary and gives them the option of seeing another doctor. If they cannot arrange this themselves, you must assist them in finding a replacement.

I am not suggesting that you engage in care to which you conscientiously object. When we are not able to put aside our beliefs, we must address this with the patient and/or family as above. But we must find a balance between the doctor and patient rights to their own beliefs and values.<sup>1</sup>

If you have any questions regarding this issue, please contact Robert D. Barraco, MD, MPH, Chair of the Ethics Committee, at [robert\\_d.barraco@lvhn.org](mailto:robert_d.barraco@lvhn.org).

<sup>1</sup> [http://www.gmc-uk.org/guidance/ethical\\_guidance/personal\\_beliefs.asp](http://www.gmc-uk.org/guidance/ethical_guidance/personal_beliefs.asp)

LEHIGH VALLEY HEALTH NETWORK

**2011 Special Events  
Save the Dates**

**19TH ANNUAL GOLF AND TENNIS CLASSIC**  
Monday, May 16, 2011 • Saucon Valley Country Club

**50TH ANNUAL SUMMER FESTIVAL**  
Wednesday, Aug. 17 through Saturday, Aug. 20, 2011  
Lehigh Valley Hospital-Muhlenberg

**16TH ANNUAL NITE LITES GALA**  
Saturday, Oct. 1, 2011

For sponsorships, reservations or event information please contact  
Amy Burrows or Sandi Marsh at 610-402-6385, or visit our website at [lvhn.org/donate](http://lvhn.org/donate)

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610-402-CARE LVHN.org

# CONGRATULATIONS



**Scott J. Lipkin, DPM**, Chief, LVHN Office of Research and Innovation, was informed that the Association for the Accreditation of Human Research Protection Program's (AAHRPP)

Board of Directors appointed him to a two-year term on the AAHRPP Council on Accreditation. This is the first time that a representative from a community hospital has been given this prestigious appointment.

Dr. Lipkin has been a member of the Medical Staff since July, 1989. He recently left his Podiatric practice after 21 years to help develop and implement the LVHN Network Office of Research and Innovation.



**Basil S. Ahmed, MD**, Division of Hematology-Medical Oncology, was recently notified by the American Board of Internal Medicine that he passed the recertification exam and has become recertified in Internal

Medicine. Dr. Ahmed is also board certified in Hematology and Medical Oncology. A member of the Medical Staff since September, 2001, Dr. Ahmed is in practice with Drs. Surendra Shah, Dennis Giangulio and Dan Popescu.



**Michael M. Badellino, MD**, Department of Surgery Vice Chair, Education, and Associate Chief (LVH), Division of General Surgery, was recently notified by the American Board of Surgery that he passed the recertification exam and has become recertified in Surgery. Dr.

Badellino is also board certified in Surgical Critical Care.

Dr. Badellino has been a member of the Medical Staff since November, 2001. In addition to the above listed positions, Dr. Badellino also serves as General Surgery Residency Program Director. He is in practice with Surgical Specialists of the Lehigh Valley.



**Heiwon Chung, MD**, Division of General Surgery, Section of Surgical Oncology, was recently notified by the American Board of Surgery that she passed the recertification exam and has become recertified in Surgery. Dr. Chung has been a member of the Medical Staff since September, 2001. She is in practice with Lehigh Valley Surgical Oncology.



**Mikhail I. Rakhmanine, MD**, Division of Colon and Rectal Surgery, was recently notified by the American Board of Surgery that he passed the recertification exam and has become recertified in Surgery. Dr. Rakhmanine is also board certified in Surgical Critical Care and Colon and Rectal Surgery. A member of the Medical Staff since

July, 2001, Dr. Rakhmanine is in practice with Colon-Rectal Surgery Associates, PC.

## PAPERS, PUBLICATIONS AND PRESENTATIONS

**Robert D. Barraco, MD, MPH**, Chief, Sections of Geriatric and Pediatric Trauma, **Rovinder S. Sandhu, MD**, Division of Trauma-Surgical Critical Care/General Surgery, and **David W. Scaff, DO**, Division of Trauma-Surgical Critical Care/General Surgery, were co-authors of the article "Child Passenger Safety: An Evidence-Based Review." The article was published in the *Journal of TRAUMA@ Injury, Infection, and Critical Care*, Volume 69, Number 6, December 2010.

**Ronald S. Freudenberger, MD**, Chief, Division of Cardiology, authored a book chapter – "Management of Thrombosis in Heart Failure" – which was published as Chapter 52 in *Heart Failure: A Companion to Braunwald's Heart Disease*.

**William L. Miller, MD**, Chair, Department of Family Medicine, co-authored the article – "Evaluation of Patient Centered Medical Home Practice Transformation Initiatives" – which was published in *Medical Care*, Volume 49, Number 1, January 2011.

Dr. Miller also wrote the Afterword for the book titled *Restoring Primary Care: Reframing Relationships and Redesigning Practice*.

**Ryann E. Morrison, PA-C**, Physician Assistant with Lehigh Valley Infectious Diseases Specialists, and **Jaen P. Naktin, MD**, Division of Infectious Diseases, co-authored the article – "Treatment of central line associated *Rhodococcus equi* bacteremia with an oral antibiotic regimen in a pediatric oncology patient" – which was published in the *Journal of Pediatric Infectious Diseases*, Volume 5, Number 4, 2010.

**Michael D. Pasquale, MD**, Chief, Division of Trauma-Surgical Critical Care, was a co-author of the article – "Health Care Reform at Trauma Centers – Mortality, Complications and Length of Stay" – which was published in the *Journal of TRAUMA@ Injury, Infection, and Critical Care*, Volume 69, Number 6, December 2010.

**Sultan M. Siddique, MD**, Division of Cardiology, and **Yasser K. Khalil, MD**, Division of General Internal Medicine, Section of Hospital Medicine, co-authored the article – "A Brugada-Pattern Electrocardiogram and Thyrotoxic Periodic Paralysis" – which was published in the *Annals of Internal Medicine*, Volume 153, Number 12.

# APPROVED CHANGES TO THE MEDICAL STAFF BYLAWS AND RULES AND REGULATIONS

The following revisions to the Medical Staff Bylaws and Rules and Regulations were approved at the General Medical Staff meeting on December 13, 2010, and by the Boards of Trustees of the Lehigh Valley Hospital and Lehigh Valley Hospital-Muhlenberg on January 5, 2011.

## Medicare “Opt-Out”

### ARTICLE III - MEDICAL STAFF MEMBERSHIP SECTION C - SPECIFIC QUALIFICATIONS FOR MEMBERSHIP

- (i) can demonstrate that they are ~~not~~ currently **an active participant in all** ~~excluded from any Medicare and/or Medicaid programs~~ **and not excluded from Medicaid programs**. However, a practitioner may seek an exception to this requirement from the Medical Executive Committee and the Governing Bodies.

## Maintenance of Certification (MOC)

### ARTICLE III - MEDICAL STAFF MEMBERSHIP SECTION - D - SPECIALTY BOARD CERTIFICATION AND RECERTIFICATION

3. Failure to achieve certification upon appointment to the Medical Staff or failure to maintain continuous certification, **including requirement for Maintenance of Certification (MOC)**, will result in the voluntary relinquishment of staff privileges and Medical Staff membership.

## Deletion of Associate Staff Category in the Bylaws and Rules and Regulations

### ARTICLE IV - CATEGORIES OF THE MEDICAL STAFF

#### SECTION A - THE MEDICAL STAFF

1. The Medical Staff consists of the following categories: Active, ~~Associate~~, Affiliate, Limited Duty, and Medical Administrative. The Active, ~~Associate~~, Affiliate, Limited Duty, and Medical Administrative categories shall have a Provisional status. ...

**(The word “Associate” has been removed from all areas where there is mention of “Associate” category.)**

## Life Support Requirements

### ARTICLE VI - PROCEDURE FOR APPOINTMENT, REAPPOINTMENT AND CLINICAL PRIVILEGES

#### SECTION B - APPLICATION FOR APPOINTMENT

1. Content of Application:

- \* must provide evidence of current life support training specific to Department/ Division membership and individual privilege requirements.

## Drug and Alcohol Screening

### ARTICLE VI – PROCEDURE FOR APPOINTMENT, REAPPOINTMENT AND CLINICAL PRIVILEGES

#### SECTION B – APPLICATION FOR APPOINTMENT

2. Effect of Application:

“

- g. consents to drug and alcohol screening.

## Addition of Section of Pediatric Emergency Medicine

### ARTICLE XII – DEPARTMENTS

#### SECTION A – DEPARTMENTS, DIVISIONS AND SECTIONS

3. Department of Emergency Medicine which shall include the following Divisions: Emergency Medicine and Emergency Medical Services.

- a. The Division of Emergency Medicine shall include the Sections of Medical Toxicology **and Pediatric Emergency Medicine**.

## Name change from Section of Forensic Pathology to Section of Medical and Forensic Pathology

### ARTICLE XII – DEPARTMENTS

#### SECTION A - DEPARTMENTS, DIVISIONS AND SECTIONS

7. Department of Pathology and Laboratory Medicine which shall include the Division of Anatomic Pathology.

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a. The Division of Anatomic Pathology shall include the Sections of Breast Pathology, Cytopathology, Dermatopathology, ~~Forensic Pathology~~ Gastrointestinal Pathology, Genitourinary Pathology, Gynecologic Pathology, Hematopathology and Clinical Laboratory Medicine, **Medical and Forensic Pathology**, Molecular Pathology, Neuropathology, Transfusion Medicine and HLA and Transplantation Pathology.

## **Adherence to The Joint Commission Standard MS.01.01.01**

### **ARTICLE XII - DEPARTMENTS**

#### **SECTION C - DUTIES OF ~~DEPARTMENTS~~ DEPARTMENT CHAIR**

1. The individual serving as the Department Chair shall meet all the requirements of this Medical Staff for membership.

2. Chairs of Departments shall be accountable to the Governing Bodies through the Medical Executive Committee, the President of the Medical Staff, Chief Medical Officer or his or her designee and the Chief Executive Officer for all professional, clinical, and Medical Staff Administrative activities within his/her Department. Each Chair is responsible for departmental implementation of actions taken by the Medical Executive Committee.

3.† In order to maintain quality care, each Department shall, through the Department Chair:

- a. integrate the Department into the primary functions of the Network, including, but not limited to interdepartmental and intradepartmental services.
- b. recommend to the Governing Bodies through the Credentials Committee of the Medical Staff and the Medical Executive Committee its own criteria for the granting of clinical privileges. These criteria will be combined with the criteria for general Staff membership when consideration is given to reappointment.
- c. in consultation with the Division(s) Section(s) Chief(s), review the application and all supporting documentation and transmit to the Credentials Committee a written report and recommendations as to whether the practitioner has established and meets all of the necessary qualifications for the category of Staff membership and for clinical privileges requested.

d. determine the qualifications and competence of Department or service personnel who are not Medical Staff Members and who provide patient care services.

e. develop and recommend objective criteria that reflect current knowledge and clinical experience concerning the performance of certain procedures and practice patterns.

f. monitor and evaluate all major clinical activities of the Department. Monitoring and evaluation shall include, where appropriate:

- (1) the routine collection of information about important aspects of patient care; and
- (2) the ongoing surveillance of the clinical performance of the members of the Department, which information may be collected through activities of the Department, both physician and non-physician, through the overall Quality assessment program or through other Medical Staff monitoring functions.

Departmental performance indicators are approved annually by the Medical Executive Committee.

g. document and report the Department's findings and conclusions from monitoring and evaluation on a monthly basis and report monthly to the Medical Executive Committee.

h. oversee quality of care Audit and disclose any problems that may exist and assess whether more details are required. Each Department shall have a mechanism to conduct an Audit.

i. identify opportunities to improve the efficiency and quality of patient care and take appropriate action and correct associated problems.

j. assess the need for 1) professional members, including but not limited to physicians, allied health professionals, nursing staff, and other personnel; 2) space; and 3) resources of that Department on at least a bi-annual basis and make appropriate recommendations to the Governing Bodies.

k. assess and satisfy coverage needs of the Emergency Department and Clinics. This responsibility shall be met by the establishment of rosters for the specific specialties deemed appropriate by the Chair of the respective Departments, with the Chair assuring coverage in all other specialties where a roster is not required.

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- l. assess and recommend to the relevant hospital authority off site sources for needed patient care services not provided by the department or the organization.
- m. develop, recommend, and enforce Department rules and regulations, including patient care activity levels.
- n. develop, and recommend policies, procedures, and quality control programs, as appropriate, that guide and support the provision of services.
- o. oversee the administration of orientation and continuing education programs for members of the department.

## ARTICLE XIII - GENERAL MEDICAL STAFF AND MEDICAL STAFF COMMITTEE MEETINGS

### SECTION B – SPECIAL MEETINGS

2. **Dispute Resolution.** A Special Meeting may be utilized to address concerns raised by the Medical Staff, and, where applicable, review and manage disputes which arise between the Medical Staff and the Medical Executive Committee on matters including, but not limited to, proposals to adopt a rule, regulation, policy, or an amendment. The President of the Medical Staff, or his/her designee, may deem necessary and establish a dispute resolution forum to report findings back to the Medical Staff on a contested issue.

## ARTICLE XV - RULES AND REGULATIONS

### SECTION A – RULES AND REGULATIONS

The Medical Executive Committee may provisionally adopt, and the Boards of Trustees may provisionally approve, amendments to the Medical Staff's Rules and Regulations where such amendment becomes necessary to comply with:

1. Changes in federal or state law that affect the Network, including any of its entities or affiliates;
2. Changes in federal or state regulations that affect the Network, including any of its entities or affiliates;
3. Changes in state licensure requirements, Joint Commission accreditation standards, or other applicable accreditation or certifying agencies, the Medicare conditions of participation for hospital and/or requirements applicable to the Medicaid program.

The Medical Executive Committee shall notify the Medical Staff within seven (7) business days of the provisional approval, which will be discussed at the next regularly scheduled Medical Staff meeting in accordance with Article XIII A. of these Bylaws.

## ARTICLE XVI - MISCELLANEOUS

### SECTION A – AMENDMENTS

Where the following necessitates an urgent amendment to these Bylaws, the Medical Executive Committee may provisionally adopt, and the Boards of Trustees may provisionally approve, where such amendment becomes necessary to comply with:

1. Changes in federal or state law that affect the Network, including any of its entities or affiliates;
2. Changes in federal or state regulations that affect the Network, including any of its entities or affiliates;
3. Changes in state licensure requirements, Joint Commission accreditation standards, or other applicable accreditation or certifying agencies, the Medicare conditions of participation for hospital and/or requirements applicable to the Medicaid program.

The Medical Executive Committee shall notify the Medical Staff within seven (7) business days of the provisional approval, which will be discussed at the next regularly scheduled Medical Staff meeting in accordance with Article XIII.A. of these Bylaws.

## Eligible Pharmacists May Administer Immunizations

### MEDICAL STAFF RULES AND REGULATIONS

#### E. DRUGS

2. Drugs shall be prescribed ~~and administered only upon the proper order of an~~ by an appropriately credentialed Medical Staff Member, nurse practitioner, and physician assistant. ~~including appropriately credentialed certified registered nurse practitioners, or appropriately credentialed physician assistants.~~ **Additionally,** ~~Drugs shall be administered directly by a practitioner qualified according to Medical Staff Bylaws, Medical Staff Rules and Regulations, or by a certified registered nurse practitioner,~~ registered nurse, or a licensed practical nurse with pharmacy training. **Eligible Pharmacists may only administer immunizations in accordance with LVHN Pharmacy Policy.**

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

# UPCOMING SEMINARS, CONFERENCES AND MEETINGS

## Cardiology Grand Rounds

“Transradial Cardiac Catheterization: Improving Outcomes One Wrist at a Time” will be presented by Ian C. Gilchrist, MD, Professor of Medicine, Heart and Vascular Institute, Penn State Milton S. Hershey Medical Center, on **Friday, February 4**, from **Noon to 1 p.m.**, in the hospital’s Auditorium at LVH-Cedar Crest, and teleconferenced to ECC Room B at LVH-Muhlenberg.

For more information, please contact Caroline Maurer in the Regional Heart Center at 610-402-8215.

## Family Medicine Grand Rounds

Family Medicine Grand Rounds will be held on Tuesday, February 1, from 7 to 8 a.m., in Kasych ECC Room 9 at LVH-Cedar Crest and teleconferenced to ECC Room A at LVH-Muhlenberg.

“It’s Not Your Mother’s Breast Cancer: Modern Approaches to Breast Cancer Surgery” will be presented by Aaron D. Bleznak, MD, Associate Chief (LVH-M), Section of Surgical Oncology.

For more information, please contact Dorothy Jacquez in the Department of Family Medicine at 610-969-4965 or via email at [dorothy.jacquez@lvhn.org](mailto:dorothy.jacquez@lvhn.org).

## Medical Grand Rounds

Medical Grand Rounds will be held on the following Tuesdays in February, from Noon to 1 p.m., in the Auditorium at LVH-Cedar Crest, and teleconferenced to ECC Room B at LVH-Muhlenberg and the VTC Room at LVH-17. Topics for February will include:

- February 1 – “Multidisciplinary Case Presentation” – Lou A. Lukas, MD, and Eric J. Gertner, MD, MPH
- February 8 – **10<sup>th</sup> Annual Patt Endowed Lecture-ship in Oncology** - “Gene-Based Trial Matching: The Future of Personalized Cancer Care” – Timothy J. Yeatman, MD, Professor of Surgery and Oncologic Sciences, Moffitt Cancer Center
- February 22 – TBA

For more information, Shelly Ketchens in the Department of Medicine at 610-402-4412.

## Neurology Conferences

The Division of Neurology Conferences are held on Thursdays beginning at Noon. Conferences for February will be held in Lehigh Neurology’s Conference Room at 1250 S. Cedar Crest Blvd., Fourth Floor, and videoconferenced to Lehigh Neurology’s Bathgate Office. Topics to be discussed in February will include:

- February 3 – “Approach Hypothermia Therapy Related Status Epilepticus” – Clarissa J. Liew, MD
- February 10 – “Anxiety” – Mireille M. Meyerhoefer, MD, PhD
- February 17 – “Spine Cases” – Joshua A. Bemporad, MD
- February 24 – “New Guidelines for the Management of Intracranial Hemorrhage” – John E. Castaldo, MD

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

## OB/GYN Grand Rounds

The Department of Obstetrics and Gynecology Grand Rounds are held Friday mornings from 7 to 8 a.m., in Kasych ECC Room 8 unless otherwise noted. Topics to be discussed in February will include:

- February 4 – “GME Annual Report to OB/GYN” – Thomas V. Whalen, MD, and J.P. Orlando, EdD
- February 11 – “Robotic Surgery in OB/GYN: The Role for Robotic Surgery and Resident Education” – Martin A. Martino, MD
- February 18 – “Electronic Fetal Monitoring” – Thomas A. Hutchinson, MD
- February 25 – “Gestational Diabetes Mellitus: A Diagnosis Comes of Age” – Mark Landon, MD, Visiting Professor, Ohio State University Medical Center

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

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## Spine Conference

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

The next Spine Conference will be held on **Wednesday, February 2**, in Kasych ECC Room 10.

For more information, contact James C. Weis, MD, Co-Chief, Division of Spine Surgery, or Kristen Tallman, Clinical Coordinator, at 610-973-6339.

## Surgical Grand Rounds

Surgical Grand Rounds will be held at 7 a.m., in the Auditorium at LVH-Cedar Crest and via teleconference in the First Floor Conference Room at LVH-Muhlenberg. Topics for February will include:

- February 1 – “Thoracic Aortic Aneurysm Repair: How the ‘Easier’ Way Became Harder” – Eric P. Wilson, MD
- February 8 – TBA – William D. Hardin, Jr., MD
- February 15 – “Louis Wright and Henry Cave – The Officer and the Gentlemen” – Dale A. Dangleben, MD
- February 22 – “Understanding the Difference between Quality Improvement and Research; When is IRB Oversight Required?” – Scott J. Lipkin, DPM

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

## What’s New in Continuing Education?

### CME Needs Assessment Survey Closed

Thank you to all physicians who completed the CME Needs Assessment Survey. Your feedback is greatly appreciated.

### FYI – Upcoming Events

#### Lehigh Valley Headache Center’s 2<sup>nd</sup> Annual Symposium – Managing the Headache Patient

February 23 & 24 — Kasych Family Pavilion

#### Update in Cardiology 2011

March 5 — Kasych Family Pavilion (ECC 6, 7 and 8)

#### Neuromuscular Manifestation of Systemic Illness

March 16 — Kasych Family Pavilion (ECC 6, 7 and 8)

#### The Yee Family Critical Care Symposium – Essential Tools in Critical Care

April 1 — Cedar Crest Campus

#### Ethics Symposium

April 5 — Cedar Crest Campus

#### Past, Present and Future – 20 Years of Transplantation at Lehigh Valley Health Network

April 8 — Cedar Crest Auditorium

If you have any questions regarding CME/CNE accreditation, PI CME, or the CE Advisory Board, please contact Jane Grube, Associate Director, Continuing Education, at 610-402-2398.

## NEWS FROM INFORMATION SERVICES

Later this month, Information Services (I/S) will be piloting a different type of support model in the near future. During the last major GE Centricity upgrade (October 2010), there was a significant amount of positive feedback reported by having on-site support available on the units to assist users when issues surfaced.

Since this model proved successful, I/S will be making an effort to be more visible and provide improved support by having I/S support analysts rounding daily in the nursing and provider areas. The support analysts will be interacting with staff and physicians to identify problem issues. If the problem is immediately resolvable, the analyst will assist. If the problem requires deeper investigation, the analyst will work with the user to log a support ticket and will follow-up with the resolution.

In addition, I/S technical staff will be rounding assigned areas and analyzing/fixing the existing hardware in an effort to be proactive in resolving any hardware issues. There will also be a team rounding on these areas during weekends and performing periodic maintenance functions on the hardware.

This is a pilot program and will be initially trialed at the LVH-M site. Upon successful completion of the pilot, this will be extended to the other inpatient areas.

For more information or if you have any questions regarding this issue, please contact Phil Horlacher in Information Services at 610-402-1553.

# 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



**Edward S. Chmara, MD**

Forensic Pathology Associates, Inc.  
1210 S. Cedar Crest Blvd.  
Suite 3900  
Allentown, PA 18103-6242  
Phone: 610-402-8144 Fax: 610-402-5637  
Department of Pathology & Laboratory Medicine  
Division of Anatomic Pathology  
Section of Medical and Forensic Pathology  
Provisional Active



**Joseph K. Lee, MD**

Coordinated Health  
2775 Schoenersville Road  
Bethlehem, PA 18017-7307  
Phone: 610-861-8080 Fax: 610-861-2989  
Department of Medicine  
Division of Physical Medicine-Rehabilitation  
Provisional Active



**Sharon E. Maynard, MD**

Nephrology/Hypertension Associates of LV  
401 N. 17<sup>th</sup> Street  
Suite 212  
Allentown, PA 18104-5050  
Phone: 610-432-8488 Fax: 610-258-2140  
Department of Medicine  
Division of Nephrology  
Provisional Active



**Isidore Mihalakis, MD**

Forensic Pathology Associates Inc.  
1210 S. Cedar Crest Blvd.  
Suite 3900  
Allentown, PA 18103-6242  
Phone: 610-402-8144 Fax: 610-402-5637  
Department of Pathology & Laboratory Medicine  
Division of Anatomic Pathology  
Section of Medical and Forensic Pathology  
Provisional Active



**Yaqoob A. Mohyuddin, MD**

Lehigh Valley Heart Specialists  
Center for Advanced Health Care  
1250 S. Cedar Crest Blvd.  
Suite 300  
Allentown, PA 18103-6381  
Phone: 610-402-3110 Fax: 610-402-3112  
Department of Medicine  
Division of Cardiology  
Provisional Active



**John C.W. Worsley, Jr., DMD**

John C.W. Worsley, Jr., DMD, PC  
920 N. New Street  
Bethlehem, PA 18018-2714  
Phone: 610-867-7112 Fax: 610-868-3435  
Department of Dental Medicine  
Division of General Dentistry  
Provisional Active

### Medical Staff Leadership Appointments

#### Department of Medicine

**Marc A. Vengrove, DO**

Chief, Division of Endocrinology

**Larry N. Merkle, MD**

Associate Chief, Division of Endocrinology

**Peter J. Barbour, MD**

Associate Chief, Division of Neurology

**Matthew M. McCambridge, MD**

Chief, Division of Pulmonary

**Robert J. Krukltis, MD, PhD**

Associate Chief, Division of Pulmonary

#### Laboratory and Other Service Medical Directors

**Joseph B. Schellenberg, MD**

Medical Director, Sleep Disorders Lab

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***Status Change to Honorary Status***

**Gene H. Ginsberg, MD**

Department of Medicine  
Division of General Internal Medicine/Geriatrics  
From: Affiliate To: Honorary Status

***Status Changes from Associate to Active Due to Elimination of Associate Category***

**Susan E. Adams, MD**

Department of Pediatrics  
Division of General Pediatrics  
From: Associate To: Active

**Angela M. Camasto, MD**

Department of Pediatrics  
Division of General Pediatrics  
From: Associate To: Active

**Rafael I. Colon, MD**

Department of Pediatrics  
Division of General Pediatrics  
From: Associate To: Active

**James J. Daley, MD**

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

**Brian L. Fellechner, DO**

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

**Lawrence M. Galtman, MD**

Department of Pediatrics  
Division of General Pediatrics  
From: Associate To: Active

**Joseph J. Grassi, MD**

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

**Cheryl L. Kienzle, MD**

Department of Pediatrics  
Division of General Pediatrics  
From: Associate To: Active

**Jason E. Kooch, DO**

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

**Steven B. Mazza, MD**

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

**Scott Naftulin, DO**

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

**Charles C. Norelli, MD**

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

**Jorge A. Otero, MD**

Department of Pediatrics  
Division of General Pediatrics  
From: Associate To: Active

**Jose L. Ramos, MD**

Department of Pediatrics  
Division of General Pediatrics  
From: Associate To: Active

**Maria A. Ramos, MD**

Department of Pediatrics  
Division of General Pediatrics  
From: Associate To: Active

**Mahim Shah, MD**

Department of Pediatrics  
Division of General Pediatrics  
From: Associate To: Active

**Richard N. Stein, MD**

Department of Pediatrics  
Division of General Pediatrics  
From: Associate To: Active

**Stanley I. Stein, MD**

Department of Pediatrics  
Division of General Pediatrics  
From: Associate To: Active

**Scott R. Stoll, MD**

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

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## **Address Change**

### **Hayman S. Salib, MD**

3465 Nazareth Road  
Suite 102  
Easton, PA 18045-8332  
Phone: 610-330-2630 Fax: 610-330-2632

## **Practice Change**

### **Natalie M. Rice, MD**

(No longer with Danielsville Family Medicine)  
Orefield Medical Center  
5074 Kernsville Road  
Orefield, PA 18069-2320  
Phone: 610-395-1993 Fax: 610-395-2516

## **Resignations**

### **Steven R. Blasi, DO**

Department of Family Medicine  
(Pleasant Valley Family Practice)

### **Marc B. Lewbart, DO**

Department of Emergency Medicine  
Division of Emergency Medicine  
(LVPG-Emergency Medicine)

### **R. Christopher Martin, MD**

Department of Medicine  
Division of General Internal Medicine  
Section of Hospital Medicine  
(LVPG-Hospitalists Services)

### **Michelle L. McCarroll, DPM**

Department of Surgery  
Division of Podiatric Surgery  
(Allentown Family Foot Care)

### **Eugene B. Nor, MD**

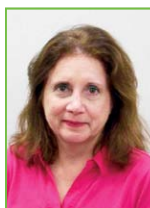
Department of Family Medicine  
(Whitehall Medical Center)

### **Stephen A. Volk, MD**

Department of Medicine  
Division of Hematology-Medical Oncology  
(Oncology Hematology of LV, PC)

## **Allied Health Staff**

## **New Appointments**



### **Amy P. Blitz, CRNP**

*Certified Registered Nurse Practitioner*  
LVPG-Psychiatry  
1251 S. Cedar Crest Blvd.  
Suite 202A  
Allentown, PA 18103-6214  
Phone: 610-402-5766 Fax: 610-402-5763  
Supervising Physician: Ralph A. Primelo, MD



### **Ramona E. Chase, CRNP**

*Certified Registered Nurse Practitioner*  
Hematology-Oncology Associates  
1240 S. Cedar Crest Blvd.  
Suite 103  
Allentown, PA 18103-6218  
Phone: 610-402-7880 Fax: 610-402-7881  
Supervising Physician: Eliot L. Friedman, MD



### **Krista L. Gerlach, 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: Gary W. Clauser, MD



### **Amy M. Heckman**

*Mapping Support Specialist*  
St. Jude Medical  
333 Meadowlands Parkway  
Fifth Floor  
Secaucus, NJ 07094-1804  
Phone: 800-722-3423 Fax: 610-530-9875  
Supervising Physician: Vadim A. Levin, MD



### **Marie H. Popp, CRNP**

*Certified Registered Nurse Practitioner*  
Pediatric Specialists of the Lehigh Valley  
Lehigh Valley Hospital-Muhlenberg  
2545 Schoenersville Road  
Third Floor  
Bethlehem, PA 18017-7384  
Phone: 484-884-3333 Fax: 484-884-3300  
Supervising Physician: Boosara Ratanawongsa, MD

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**Gabrielle M. Stacy, PA-C**  
*Physician Assistant-Certified*  
Lehigh Area Medical Associates  
1255 S. Cedar Crest Blvd.  
Suite 2200  
Allentown, PA 18103-6257  
Phone: 610-437-9006 Fax: 610-437-2475  
Supervising Physician: Daniel T. Valancius, MD

### Change of Supervising Physician

#### Ann Marie Augustyn

Certified Genetic Counselor  
Cancer Risk Assessment Services  
From: Gregory R. Harper, MD, PhD To: John C. D’Emilia, MD

#### Tara L. Namey

Certified Genetic Counselor  
Cancer Risk Assessment Services  
From: Gregory R. Harper, MD, PhD To: John C. D’Emilia, MD

#### Megan M. McCormack, PA-C

Physician Assistant-Certified  
From: Valley Urology Group, USLV, PC – Jeffrey L. Gevirtz, MD  
To: Lehigh Neurology – David E. Jones, MD

### Resignations

#### Diane E. DeAngelo, CRNP

Certified Registered Nurse Practitioner  
(Eastern PA Nephrology Associates)

#### Marie A. DeFrancesco-Loukas, CRNA

Certified Registered Nurse Anesthetist  
(Lehigh Valley Anesthesia Services, PC)

#### Marefa Siddique, PA-C

Physician Assistant-Certified  
(Lehigh Area Medical Associates)

## PHYSICIAN DOCUMENTATION

### Present on Admission and Hospital-Acquired Conditions

Present on Admission (POA) is defined as a condition that is present at the time the order for inpatient admission occurs. This means that conditions which develop during any outpatient encounter – including in the Emergency Department, during observation or outpatient surgery – are considered to be POA.

Hospital-acquired conditions (HAC)/POA data track development of nosocomial infections and other adverse effects or iatrogenic complications during the inpatient hospital stay.

The Centers for Medicare & Medicaid Services (CMS) identified the following list of specific conditions as those that could be “reasonably prevented” by following established evidence-based guidelines. CMS requires that providers identify in their documentation whether the following HACs were present on admission or not.

- Stage III and IV Pressure Ulcers
- Falls and Trauma – *includes fractures, dislocations, intracranial injuries, crushing injuries, burns, electric shock*
- Manifestations of Poor Glycemic Control – *includes:*
  - DKA
  - Nonketotic Hyperosmolar Coma
  - Hypoglycemic Coma
  - Secondary Diabetes with Ketoacidosis
  - Secondary Diabetes with Hyperosmolarity
- Catheter-Associated UTI
- Vascular Catheter-Associated Infection
- Surgical Site Infection following:
  - CABG-Mediastinitis
  - Bariatric Surgery – *includes Laparoscopic Gastric Bypass, Gastroenterostomy, Laparoscopic Gastric Restrictive Surgery*
  - Certain Orthopedic Procedures (*Spine, Neck, Shoulder, Elbow*)
- DVT and/or PE Following Certain Orthopedic Procedures (*Total Knee Replacement, Hip Replacement, Arm Fractures*)
- Foreign Object Retained After Surgery
- Air Embolism
- Blood Incompatibility

**PHYSICIAN DOCUMENTATION TAKE AWAY:** *Whenever applicable, simply document “POA” next to the specific diagnosis listed above (i.e., Stage IV Pressure Ulcer - POA) if present on inpatient admission.*

If you have any questions about this topic, please contact John P. Pettine, MD, Director of the LVHN Clinical Documentation Improvement Program, via email at [john.pettine@lvhn.org](mailto:john.pettine@lvhn.org)

## ***Medical Staff Services Office***

Michael J. Pistoria, DO  
*President, Medical Staff*

Michael D. Pasquale, MD  
*President-elect, Medical Staff*

Matthew M. McCambridge, MD  
*Past President, Medical Staff*

John W. Hart  
*Vice President, Medical Staff Services*

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

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Thomas V. Whalen, MD

S. Clarke Woodruff, DMD

*Visit us on the new LVHN internet site at  
[www.lvhn.org](http://www.lvhn.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@lvhn.org](mailto:janet.seifert@lvhn.org) or sent to Janet M. Seifert, Medical Staff Services, Lehigh Valley Health Network, Cedar Crest & I-78, P.O. Box 689, Allentown, PA 18105-1556 by the 15th of each month.*

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