

FOCUS

Route to:

A Newsletter for Physician Office Staff

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Lehigh Valley Hospital Medical Staff Reappointment Process to Begin March 3

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In compliance with the regulations of the Pennsylvania Department of Health, the Medical Staff and Hospital Bylaws, and the standards of the Joint Commission on Accreditation of Healthcare Organizations, each member of the hospital's Medical Staff must be reappointed a minimum of once every two years.

On March 3, this year's biennial reappointment process will be put into motion when Reappointment Packets will be mailed to over 1,000 members of the Medical Staff. Each packet will contain the following items:

- an eight-page Application for Reappointment to the Medical Staff
- a copy of the addressee's current privilege sheet
- a new blank privilege sheet to transfer currently approved privileges
- a malpractice claims report
- a self-addressed return envelope
- a Checklist to assist in completing the information

Although much of the information on the application is preprinted for each physician, it is of paramount importance that ALL the information is reviewed, changes made where necessary, and missing data completed. Before returning the application, please take a moment to review the Checklist to make sure all the information is complete and all the required documents have been attached to the application.

New this year is a requirement that all members of the Medical Staff receive annual Tuberculosis skin testing (PPD Mantoux). For those who have a history of a positive test, they must annually provide the date of screening by their private physicians for signs and symptoms of tuberculosis. Physicians will self-report compliance through directed questions on the reappointment application. The following information will be requested: the date of the test, the results, if corrective action was necessary, when the action took place, and if a positive history, the date of screening by their private physician for signs and symptoms of tuberculosis. If the physician is unable to obtain PPD testing in the private practice setting, arrangements can be made through the hospital's Employee Health office during walk-in hours.

Note: **Associate** and **Affiliate** members are required to provide a letter of good standing from their primary hospital. It is the physician's responsibility to insure that the good standing letter is received by the Medical Staff Services Office.

The deadline to return reappointment applications is March 23. Your prompt attention in facilitating the return of the application(s) for your physician(s) is both requested and appreciated.

If you have any questions regarding the reappointment process, please contact the Medical Staff Services Office at (610) 402-8900.

New Telephone Numbers Coming April 1

"610-969"

In order to be able to accommodate the projected growth requirements at Cedar Crest & I-78 over the next several years, it has become necessary for LVHNN to purchase additional telephone numbers from the telephone company. However, since there are no additional numbers available in the "402" exchange, new numbers will be available in a new exchange – "610-969." In order to keep all of the numbers at the Cedar Crest & I-78 campus in the "402" exchange, beginning April 1, 2006, all of the

"402" numbers at 17th & Chew and 2166 S. 12th Street will be replaced with numbers from the new "610-969" exchange.

All departments and physician practices located at 17th & Chew and 2166 S. 12th Street have been assigned new numbers with the new "610-969" exchange. When available, the last four digits of the new number will be the same as the current number. For example, the current number for the Center for Healthy Aging is 610-402-3390. On April 1, the new number for the Center for Healthy Aging will be 610-969-3390. However, not all numbers will be able to be the same.

On April 1, new Telephone Hotlists and Medical Staff directories with the updated telephone numbers will be available on-line via the Medical Staff Services website which is accessible through the hospital's intranet. If you do not have access to the hospital's intranet and wish to have copies of the new documents, please contact Medical Staff Services at 610-402-8590.

If you have any questions regarding telephone number changes, please contact either Paul Dombrosky, Telecommunications, at 610-402-1466, or Pat Kutz, Manager, Telecommunications, at 610-402-1999.

Hospital's Website Helpful Resource



Feedback obtained at recent focus group meetings indicated that some practice managers miss getting a hard copy of **Medical Staff Progress Notes** (the monthly medical staff newsletter), and some also have an interest in viewing **CheckUp** (the hospital's employee newsletter).

What you may or may not know is that both of these publications, current and archived editions, are available on the hospital's intranet site –

<http://www.lvh.com>

You can't miss **CheckUp**, it's right in the middle of the page. **Medical Staff Progress Notes** can be found on the Medical Staff Services website listed under "Clinical Resources" on the left of the hospital's home page. In addition to **Medical Staff Progress Notes**, the Medical Staff Services website includes other valuable information such as the Medical Staff Directory, the Allied Health Directory, the Telephone Hotlist, the Medical Staff Bylaws, past issues of **Medical Staff Progress Notes** and **FOCUS**, new members of the Medical Staff, and a host of other information. Unfortunately, only those practices that are hardwired to the hospital's system will be able to access these sites.

If you have questions regarding obtaining access to these sites, please contact Information Services at 610-402-8303, select "Option 1," to contact the Phys Team.



Did you know . . . just how much smoking affects your bottom line?

According to the Centers for Disease Control and Prevention (CDC), in 2002 the total annual cost for medical expenses for smokers reached \$75 billion. Lost productivity (including time lost to "smoke breaks") cost business \$82 billion. Combined annual cost per smoker amounts to over \$3,300. The American Cancer Association publishes very similar estimates.

However, it appears that most American adults would support employer-provided incentives as part of their health insurance benefit to employees who participate in stop-smoking and other health and wellness programs. This is especially true of women, seniors and those with a postgraduate education.

On November 17, 2005, Lehigh Valley Hospital and Health Network (LVHNN) announced it will become a totally smoke-free work environment beginning January 1, 2007. The new policy will prohibit smoking by employees, physicians, patients and visitors outside all

LVHNN to Institute a Total Smoke-Free Work Environment in 2007

owned and leased LVHNN buildings, including business and physician offices and parking lots. Smoking currently is prohibited inside all LVHNN owned and leased properties. The smoke-free environment will be phased in over the course of 2006 during which smoking will be permitted only in designated smoking areas.

"One of the best ways to ensure the well-being of our community is by confronting the nation's leading cause of preventable deaths: smoking," said Elliot J. Sussman, MD, LVHNN's President and CEO. "Committed to building a healthier community, it is imperative that we, as the region's leading healthcare organization, set an example for other industries throughout the Lehigh Valley to help curb the use of tobacco and protect others from secondhand smoke."

Dr. Sussman said LVHNN is the first major employer in the region to announce a completely smoke-free work environment at all its sites. LVHNN is the area's largest employer with more than 8,000 workers. During a news conference held at Lehigh Valley Hospital – Cedar Crest & I-78, Dr. Sussman indicated that 'volumes of scientific research' show smoking is a major risk factor for cancer, heart and lung disease, causing an estimated 440,000 premature deaths in the U.S. each year. He said each

worker who smokes costs employers \$1,760 in lost productivity and \$1,623 in excess medical expenses. Acknowledging the emotional, physical and psychological addictions of tobacco, Dr. Sussman said LVHNN is prepared to help employees quit by giving them the time and tools to do so. He said the health network's insurance plan would offer tobacco cessation services free of charge starting in January, 2006 and continuing throughout the year. These services previously were offered under a special wellness benefit, which employees can now spend on other fitness and health related activities, while still taking advantage of the free tobacco cessation help. LVHNN also is offering nicotine replacement therapy, including the patch, gum or medication free of charge in 2006 for employees attempting to quit smoking.

Dr. Sussman was joined in making the announcement by members of a special employee task force comprised of smokers and non-smokers, which was formed over the summer to help ensure employee input into the initiative. He said LVHNN also sought advice from other hospitals that have instituted smoke-free policies, of which there are about 200 nationwide.



News from Health Information Management

EHMR Upgrade

The Electronic Historical Medical Record (EHMR) was updated to a new and improved version on January 30, to provide improved physician and clinician access to historical medical records and physician medical record deficiencies.

New Features

All new hardware and software

Faster document retrieval

- Magnetic Storage which provides more rapid access to documents

New deficiency module

- Color-coded deficiencies according to due dates
- Physician can text-edit transcription documents prior to electronic signature
- Physician can click on "document" button to access longitudinal view of all patient visits at the same time

Training

- Computers with headphones and instructions are available in the Medical Staff lounges at Cedar Crest & I-78 and LVH-Muhlenberg
- HIM Website tutorial is available on the LVH Intranet. Select "Department" – "Clinical" – "HIM (Medical Records)" – "Education" – "Physicians" – "EHMR"
- Individual pocket instructions are available through the Medical Record Department by calling 610-402-8330
- For individual instructions and assistance, physicians may visit the HIM Department at LVH-Cedar Crest & I-78 or LVH-Muhlenberg or schedule an appointment.

Medical Record Documentation Requests

Medical Record Documentation (Labs, Diagnostic Results, Transcription – HP, OP, DS, Consults, ED, etc.) is available to physician offices with access to the LastWord Clinical Repository. For those that do not have access to LastWord, please remember to request patient records prior to the patient arriving in the office to eliminate delays.

Effective January 2006, requests for patient care and physician office documentation are being handled internally by the HIM (Medical Record) Department. Improved services to HIM customers are anticipated as a result of this departmental change. Whenever possible, requests should be faxed to the HIM Department at 610-402-8322 to reduce time required to record telephone messages. If there is an emergent medical record request, the HIM Telephone Attendant has been updated to expedite calls and process more efficiently. Please review these changes with your staff.

HIM Department Phone Attendant (402-8240) Revisions

Message	Option
If you are a physician office requesting records	1
If you are a physician and need assistance with your incomplete charts	2
If you need information on how to request medical records	3
If you are checking the status of your record request	4
For admission or discharge dates	5
For information on your child's birth certificate	6
To return to the main menu	7
Pause	
To speak to someone in the Medical Record Department	8

An Electronic Release of Information request template is available for physician offices by contacting Carolyn Buck at 610-402-8330. For efficiency, this template can be customized to your specific office practice to eliminate the completion of the office name, address, telephone number and fax number each time a request is submitted. Thus, the patient information being requested will be the only item(s) to complete and fax to the Medical Record Department.

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Autofaxing

Autofaxing is the official and only LVHHN mode of sending referral copies of medical reports to attending, family and referring physicians. As medical reports (H&P, OP, DS, Consults, etc.) are typed, they are automatically faxed individually to eliminate tying up machines for long periods of time. Fax machines should be kept in "ready mode" to accept reports.

Telephone/Verbal Orders

According to Pennsylvania Department of Health Licensure guidelines and Medical Staff Rules and Regulations, telephone/verbal orders must be signed within 24 hours. Data obtained from CAPOE as well as paper orders show that a large number of telephone/verbal orders are not signed. The Medical Record Committee recommends that physicians:

- Observe that every time CAPOE is accessed, an alert appears in the lower right hand corner for telephone/verbal orders that are unsigned. Orders may be signed upon accessing the system.
- To sign orders, click on "You have Orders to Sign."
- If additional training is required, contact Information Services at 610-402-1703.

Death Certificates

Effective January 1, 2006, the Pennsylvania Department of Vital Statistics revised the current death certificate. The two additions to the death certificate are:

Line Item # 28 – Did Tobacco Use Contribute to Death?

- Yes Probably
 No Unknown

Line Item # 29 – If Female:

- Not pregnant within past year
 Pregnant at time of death
 Not pregnant, but pregnant within 42 days of death
 Not pregnant, but pregnant within 43 days to 1 year before death
 Unknown if pregnant within the last year

Central Document Processing (CDP)

When sending patient documentation to CDP for patient admissions, please send original documentation except in emergent circumstances. When emergent

circumstances require faxed documentation, please DO NOT follow up with the original documents. This results in a time consuming additional step of validating information against previously submitted documents.

Discharge Summary Requirements

Discharge summaries should be dictated at the time of discharge. Discharge summaries are faxed to the attending, family and primary care physicians as soon as the report is transcribed to assure continuity of care and follow-up. Discharge summaries also assist clinicians in quickly assessing historical data from previous admissions. Summaries should be concise and contain pertinent information to quickly recapitulate the patient's:

- Final Diagnosis
- Secondary Diagnoses
- Procedures
- Reason for hospitalization
- Treatment rendered
- Significant findings
- Condition on discharge
- Specific instructions to patient and/or family (meds, diet, activity, follow-up)

Discharge summaries typed in individual physician offices are required to meet the same requirements and contain enough information to identify the patient as well as the patient's encounter (date of admission/visit).

History and Physical Update

Regulatory agencies (Joint Commission on Accreditation of Healthcare Organizations and Medicare Conditions of Participation) and the Medical Staff Bylaws require that histories and physicals must be updated if done prior to admission and ambulatory/outpatient procedure as follows:

- Histories and physicals *may be performed up to 30 days* prior to admission and ambulatory/outpatient procedures.
- Histories and physicals performed prior to the day of admission or prior to ambulatory/outpatient procedures *must be updated within 24 hours of admission*.

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Alerts for Physicians/Clinicians:

- History and physical forms (inpatient and ambulatory/outpatient) include an update section at the bottom of the last page of the forms.
- Transcribed histories and physicals include an update section at the bottom of the last page of the form.
- Patient Access/Patient Intake
 - ◊ For elective admissions, Centralized Document Processing (CDP) will stamp “History and Physical Update” on histories and physicals that meet the 30 day requirement and require an update.
 - ◊ Operative/Invasive Procedure suites will stamp “History and Physical Update” on history and physicals that meet the 30 day requirement and require an update.
- Histories and physicals that do not meet the 30 day and update requirement will become a medical record deficiency following patient discharge.

Unapproved Abbreviations

The unacceptable list of abbreviations/dose expressions designate those abbreviations/dose expressions that may present a risk of interpretation, which could result in error and jeopardize patient safety. It applies to orders and medication-related documentation that are handwritten (including free-text computer entry) or on preprinted forms.

Do Not Use Abbreviation	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., qod (every other day)	Mistaken for each other Period after the Q mistaken for “l” and the “O” mistaken for an “l”	Write “daily” Write “every other day”
Trailing Zero (X.0 mg) Lack of Leading Zero (.X 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”

The most commonly used unapproved abbreviations are q.d. and q.o.d. These abbreviations should be written out in their entirety . . . “daily” and “every other day.”

On the following key documents, the unapproved abbreviations can be found at the top of the form.

- Paper physician orders
- Progress Notes
- Discharge/Transfer Orders
- History and Physical
- Ambulatory History and Physical

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

Cedar Crest & I-78 Construction Update

With the ongoing construction at Lehigh Valley Hospital, the following information may be helpful for you and your patients when visiting the Cedar Crest & I-78 campus.

Parking & Traffic Changes

Beginning in February and continuing for the next three months, traffic patterns on the ring road will shift. Pay attention to signage, drive slowly, and use extreme caution when traveling around the campus. Specific changes will be made to the following areas:

Parking Lot D (in front of the Anderson Wing)

- There is currently one entrance, one exit, and one-way signs identifying a new traffic pattern.
- Beginning February 24, a customer service representative stationed near the entrance will assist with patient and visitor parking.

Parking Lot C (in front of the main entrance)

- On or about February 21, the lot will close for construction.

To lessen the confusion during construction, instruct patients and visitors to use the free Valet Parking service. Prior to leaving their appointment or visit within the hospital, they should call the Valet service (Ext. 8220) to retrieve their vehicle to lessen the wait time. Valet vehicles will be parked in the new parking deck, which will open to the public at the same time as the Center for Ambulatory Medicine.

Instruct Health Spectrum Pharmacy patrons to use the one-hour parking spaces in front of the Anderson wing.



Kasych Family Pavilion

As foundation work continues (seen here at left), equipment will be used very close to the Anderson Wing over the next few weeks. Noise and vibration will be minimal and hospital services will not be disrupted.

Center for Ambulatory Medicine

Construction of the building shell continues for the newest medical office building on the Cedar Crest & I-78 campus (shown below).

Traffic control will be in place during the delivery and installation of pre-cast panels for the exterior of the new medical office building. Installation will take approximately five weeks, weather permitting.

To get the latest construction updates or to ask questions, visit the intranet at www.lvh.com or call 610-402-CARE.



For the Calendar

Office Manager Forums — Save the Dates!

Mark your calendar for upcoming **Physician Office Manager and Staff Forums** scheduled for April.

The first forum, scheduled for **Tuesday, April 11**, from **11:30 a.m. to 12:30 p.m.**, will be held in **Classroom 1** at **Lehigh Valley Hospital – Cedar Crest & I-78**.

On **Thursday, April 13**, from **11:30 a.m. to 12:30 p.m.**, the second forum will be held in **Room B** of the **Educational Conference Center** at **LVH-Muhlenberg**.

Invitations for the forums will be mailed in March. Stay tuned!

General Medical Staff Meetings

Following are the dates of the General Medical Staff meetings for 2006. The meetings, which begin at 6 p.m., will be held in the hospital's Auditorium at Cedar Crest & I-78 and videoconferenced to the Educational Conference Center, Rooms C and D, at the LVH-Muhlenberg campus (1st Floor off the lobby).

- Monday, March 13
- Monday, June 12
- Monday, September 11
- Monday, December 11

On the Lighter Side!



Who's New

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Please help us keep our records accurate. If your office manager has changed, please call Janet Seifert in Medical Staff Services at (610) 402-8590.

FOCUS is published for the office staffs of physicians on the Medical Staff of Lehigh Valley Hospital. Articles for the next issue should be submitted by March 24, 2006, to Janet M. Seifert, Medical Staff Services, Lehigh Valley Hospital, Cedar Crest & I-78, P.O. Box 689, Allentown, PA 18105-1556 or emailed to janet.seifert@lvh.com. For more information, please call Janet at (610) 402-8590.