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a blog on LVHN.org containing timely health information and health network news.

Topping-Off Ceremony Celebrates Final Steel Beam for LVH– Muhlenberg Specialty Care Pavilion

BY [TED WILLIAMS](#) · APRIL 22, 2016

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LVHN colleagues took part in a longstanding network tradition today when they signed the final steel beam for the 156,000-square-foot Specialty Care Pavilion currently under construction at [LVH–Muhlenberg](#). The beam was hoisted into place this afternoon during a special topping-off ceremony.

LVHN has held similar topping-off ceremonies for decades. The last was in April 2013 for a [lobby renovation project at LVH–Cedar Crest](#).

The new Specialty Care Pavilion, which will include obstetrics and newborn services as well inpatient rehabilitation, is scheduled to open in July 2017. It will mark the first time in the Bethlehem hospital's 55-year history that birthing services will be available. The pavilion is expected to accommodate about 2,000 births a year.

“This project will extend our commitment to growing strong families closer to home for people in and

around Northampton County,” says LVHN president and chief executive officer Brian Nester, DO, MBA, FACOEP.

The total project cost of \$93.6 million is being paid for through a combination of LVHN capital funding and philanthropic gifts, including a \$600,000 pledge courtesy of the LVH–Muhlenberg Summer Festival and a \$300,000 pledge courtesy of the Auxiliary of LVH–Muhlenberg. The Specialty Care Pavilion will create 225 new construction jobs and 185 new patient care jobs.

Plans call for the Specialty Care Pavilion to include:

- **Obstetrics and newborn services** on the second and third floors, including:
 - A mother-baby unit with 20 private patient rooms
 - An admitting-holding nursery for use during the admission process or for procedures
 - A Level II NICU with 10 private rooms
 - Eight labor, delivery and recovery rooms
 - Two operating rooms
 - Five obstetrics triage beds
 - A three-bay post-anesthesia care unit area
 - And a four-bed antepartum unit
- **A Center for Inpatient Rehabilitation** on the first floor, providing patients a short period of intensive, hospital-based therapy following a serious illness, injury or procedure. It will include:
 - 28 beds
 - A therapy gym
 - A suite where patients can perform activities of daily living
 - Specialized rehab equipment, including a harness patients can use as they learn to stand and walk again during recovery
- **Lobby space** on the first floor, including a new gift shop, café, a children’s play center, a private lactation room for breastfeeding mothers, additional rest rooms and an outdoor courtyard.
- **Shell space** on the fourth floor for future growth.

Q & A: Why Can't I Cut and Paste in Epic?

BY [JENN FISHER](#) · APRIL 21, 2016



This question was asked at a few Casual Conversations with LVHN president and chief executive officer Brian Nester, DO, MBA, FACOEP. Below, Donald Levick, MD, chief medical information officer, and Jan Wilson, RN, administrator, clinical informatics, provide detailed responses.

The answer to this question is dependent on your clinical profession: nurse or physician/advanced practice clinician.

Nurses

There are new tools and methods used for charting in Epic. Nurses typically use flowsheet tools. This is encouraged for most nurse charting. It promotes efficiency as opposed to more prose-designed progress notes. It also makes charted data more discrete and

reportable.

In previous electronic medical record (EMR) systems, nurses had the ability to either “copy forward” a particular column or use a chart word indicating “unchanged except.” Nurses also used the copy forward tool in areas such as wound assessments, where multiple wounds were cumbersome to chart and track progressively over time. In Epic, this is replaced with the Lines/Drains/Airway (LDA) functionality, where you identify the property of what you are charting against (for instance, left hip wound) and then continuously document discrete information against those same properties over time.

TJC issue with unchanged except/copy forward

The “unchanged except”/copy forward functionality had been previously noted as an issue with The Joint Commission (TJC) on their last visit for Comprehensive Stroke. The copy forward option was well vetted by Risk Management, and based on previous TJC visits, it was determined to forgo that functionality.

Elsevier/clinical practice model (CPM)

Elsevier/Clinical Practice Model (CPM) does not use similar chart words, and in turn, nurses chart against a very detailed, specific and evidence-based statement of normal. These are called within-defined-limit (WDL) statements. Any variation outside of WDL requires what is called a focused assessment of the variations. Also, any assessment not fulfilling the complete statement would require charting of just the rows assessed, using the focused assessment concept.

In observations conducted by Elsevier/CPM during onsite rounds after Wave 2 go-live, they identified excessive charting, in some cases, where staff charted many more rows of information than would be typically necessary for the patient.

Tip: Flowsheet Note – For limited circumstances, such as a sudden change in the patient’s condition, there is a flowsheet note available within our existing functionality to create a progress note based off of a certain set of charting. Highlight the charting, then right click to start a progress note that provides additional narrative explanation of the event charted.

Actions

It is recognized that some staff are struggling with timeliness of charting. It is believed some of this delay is a result of over-charting. To assess this we will conduct observations to help us understand what will help the most and address the concerns from this perspective.

Steps taken, and those to come, include:

- Shadow charting exercises led by patient care specialists (PCSs) have helped to validate what is being documented in the medical record (currently in progress).
- Guidelines will be developed to support solid documentation practices.
- PCSs (in consult with Clinical Informatics) will create targeted education and begin an education process covering topics like: charting a focus assessment; re-emphasis of the WDL statement

charting; creating a flowsheet note; along with any additional points from the shadow charting observations.

- We are partnering with Epic to evaluate a new program which will assist us as we assess charting workflows used by nurses and determine efficiencies.
- Continue to emphasize limited progress notes. In CPM, a summary statement about the patient's progress is charted at regular intervals within the Care Plan to describe how the patient is progressing (or not progressing) to meet his or her goals. The other time a progress note is used would be for certain events such as a sudden change in the patient condition and movement across levels of care. We will continue to emphasize that model.

Physicians/advanced practice clinicians

Provider documentation is primarily created using a progress note model. Copy and paste functionality is allowed; however, it is not suggested, as it can result in a problem with “note bloat”.

Providers also may use a functionality of scripting notes, called SmartTexts. Some SmartTexts are preloaded in the Epic system. However, providers may create their own custom SmartTexts. The SmartText can also pull in discrete charting elements such as vital signs, problem and medication lists from the nurse charting.

Actions

- The Provider Champions team is working on strategies to improve the selective use of copy/paste within the provider realm.

Jennifer Cervenka was wrapping up her shift in late January when news of an impending snowstorm caught her attention. Forecasters were predicting a historic snowfall that could impede her ability to get to work as a critical care EMT with LVHN–MedEvac. That meant roadways throughout the region could become impassable, making it difficult to get to work the next morning.

After sharing dinner with her family, Cervenka returned to base in Upper Saucon Township to bunk at the facility. The decision to stay overnight meant she'd be on time and ready to drive the next day. As snow piled up, Cervenka and other crew members kept busy clearing the facility's drive so they could respond quickly when needed.

When a call came to transport a patient from Easton Hospital to LVHN, Cervenka checked weather and road conditions, planned a route and completed a final operational check of the MedEvac ground transport ambulance. Then she led her team on a trek into the blizzard. Once on the road, it became apparent this wouldn't be a normal transport. Heavy snow and whipping winds reduced visibility to less than a quarter-mile.

An hour and a half later, the crew arrived at Easton Hospital, secured the patient and headed back into the storm. Large snowdrifts and disabled vehicles lined Route 22. On the ramp to I-78, the unit stopped, stymied by 2 feet of snow and an impassable road. With few options, Cervenka stepped out of the unit and flagged down a plow operator. Next, she radioed two state policemen to check conditions on the road ahead.

Another challenge awaited the crew on the ramp to Cedar Crest Boulevard. The road was blocked again. This time, a passenger vehicle and ambulance were stuck in 2 feet of snow. With less than a half-mile

to go, Cervenka, paramedic Mark Kleibscheidel and LVHN security colleagues started shoveling, until PennDOT plow trucks finally arrived to finish the job.

Cervenka completed the trip to the ED, and the patient was safely moved to the neuroscience intensive care unit. With their mission accomplished, she and the crew returned to base to await another call.

“Jen sets the bar for exceptional service to her patients, the department and the network,” says critical care transport nurse and nominator James Kish, RN. “She stayed overnight throughout the weekend to make sure she was available for all her shifts. Her conscientiousness meant a patient with an intracerebral hemorrhage had safe passage despite the raging storm.”

Next Steps

Nominate a Service Star

- Choose a colleague or team of colleagues.
- Tell a story. Specifically explain how the colleague or team did something extra special.
- You don't have to provide patient care to be a Service Star. All colleagues and teams can be nominated.

Congratulate these nominees:

- **Miriam Colon and colleagues with LVPG Pediatrics–West Broad**

Colon and her colleagues make sure that a visit to the doctor's office is a great experience. She interacts with the children to make them comfortable and often gets a smile in return. Recently she sang happy birthday to a little boy during his visit.

- **Pediatric colleagues, LVPG Pediatrics–Laurys Station**

A colleague nominated the pediatric staff for the warm, welcoming and professional way they treat her new parent “anxiety” and answer all her first-year questions. She is grateful for the care, respect and teamwork they display “every day and always.”

- **Denise Bodish, RN, adolescent psychology**

Bodish wasn't due to work on one of the snowiest days of 2016. That didn't stop her from making the trek to work through a raging blizzard to assist the behavioral health team. Once at the hospital, she worked for 18 hours without sleep and with a smile on her face. She is a team player who exudes professionalism and has earned the respect of her colleagues.

- **Franklin Ortiz, population health**

Ortiz used his skills and knowledge to link community members to specialty mental health care services after an increase in demand for new providers. The patient population includes many underserved and underinsured people who do not meet the strict criteria for Community Care Team services, yet still rely on specialty mental health care.

- **Amy Dooley, DO, pediatric residency**

Dooley is a second-year pediatric resident who advocated on behalf of a patient and family in a complex case that involved many care teams. She displayed professionalism and a personal touch

while ensuring respect for everyone involved.

- **Allison Cassel, occupational therapy, Upper Bucks Health and Diagnostics**

Cassel is adaptable to the needs of patients and the organization. When her schedule is light in Quakertown, she is willing to pitch in wherever needed, even when that means traveling to our pediatric rehabilitation site at 1243 Cedar Crest to treat patients there or on the Transitional Skilled Unit.

- **Erin Detweiler, RN, 5T, LVH–Muhlenberg**

Detweiler is the backbone of the 5T night shift. She is a preceptor, team player and acts as a unit leader when necessary. She is a shining example of teamwork and communication.

- **Laurieann Kapun, coding integrity**

Kapun is gracious, friendly and helpful to all colleagues who work with her. She guides coders when problems arise and assists clinicians with their documentation so LVHN doesn't lose revenue. Her team counts on her to resolve problems quickly and research those that are more complex.

- **Colleagues, LVPG Plastics and Reconstructive Surgery–1243 Cedar Crest**

Colleagues provide the best access and quality care every day. They work together as a team and always put the patient first. The passion and love they display shine through in their work habits and caring nature.

- **ED, radiology and cath lab colleagues, LVH–Cedar Crest**

When a colleague working the night shift started to feel unwell, his radiology colleagues jumped into action and got him to the ED. Within minutes, the colleague was identified as an MI alert. The ED team acted swiftly to stabilize him, and the doctor in charge made a judgment call to bring him to the cath lab, where they opened his blockage and saved his life.

- **Emily Mueller, RN, intensive care unit, LVH–Muhlenberg**

Mueller has received numerous accolades and positive comments for her patient-centered care approach. Recently, a patient's daughter wrote a letter of thanks for the exceptional kindness, caring and compassion she displayed throughout her mother's hospitalization. Mueller went in search of the daughter so she could talk to the attending physician who had just arrived.

- **Kelly Altemose, RN, bed management, LVH–Cedar Crest**

Altemose is an asset to the night-shift team. On several occasions she has worked alone for four hours, while still handling her duties with finesse and a smile. She shows empathy and always keeps the best interest of the patient in mind.

Want a Health Care Management Degree? Wescoe School Classes Start Here in June

BY [KYLE HARDNER](#) · APRIL 19, 2016

Muhlenberg College's Wescoe School of Continuing Education is starting the latest cohort of its accelerated bachelor's degree program in business administration with a concentration in health care management.

Beginning in June, LVHN colleagues will again have the opportunity to complete their degree inside the health network. All classes will meet one night per week in Educational Conference Center Room 1 at LVH-Cedar Crest.

Applications are now being accepted, and the



application deadline is May 31. The application fee is waived for LVHN colleagues, and colleagues who participate in the June cohort will be granted three courses tuition-free. (Textbooks are included in the tuition fee.) The Wescoe School has a tuition deferment program, and a Muhlenberg advisor will guide students through the financial aid process to explore funding to supplement LVHN's tuition reimbursement.

LVHN colleagues with roughly the equivalent of an associate degree are potential candidates for this accelerated program, which allows students to finish their degree in 22 months. Previous college coursework will be evaluated to determine an applicant's readiness for the program.

The cohort will be limited to the first 18 students accepted, so please inquire as soon as possible.

Get more information:

- Visit the [program website](#).
- Contact Gregg Scully, Assistant Dean, at scully@muhlenberg.edu or (484) 664-3213.

Fashion Show/Basket Raffle and \$5 Jewelry Sales in April

BY [NICHOLAS FRITZ](#) · APRIL 18, 2016

Over the years, the Auxiliary of Lehigh Valley Hospital has supported the hospital by operating gift shops and conducting a variety of fund-raising events and activities. This month the auxiliary will be hosting a basket raffle and fashion show, presented by Macy's, at Brookside Country Club. Also this month, \$5 jewelry sales will be held at LVH-Cedar Crest.

Fashion Show/Basket Raffle

Brookside Country Club

901 Willow Lane, Macungie

Apr. 20, 11 a.m.-3 p.m.



\$5 Jewelry Sales

LVH–Cedar Crest, Jaindl Family Pavilion lower level

Apr. 26, 27, 28 and 29

8 a.m.-5 p.m. each day

The history of the Auxiliary of Lehigh Valley Hospital

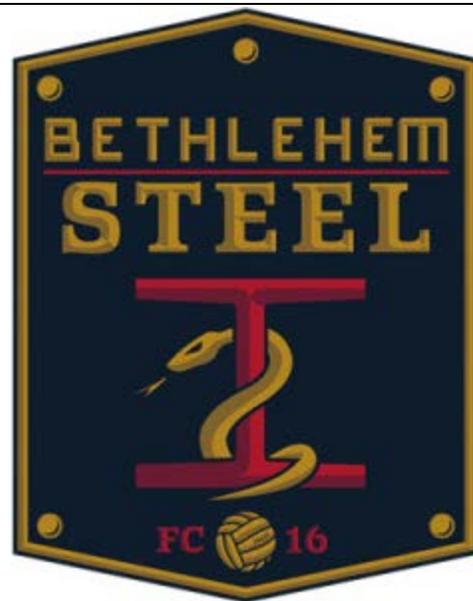
The Auxiliary of Lehigh Valley Hospital has roots that date back more than a century. Thirteen women formed the Auxiliary of Allentown hospital to raise money for the city's first hospital. Then they bought a plot of land at 17th and Chew streets in Allentown, and in 1899, they opened The Allentown Hospital. Today, the Auxiliary of Lehigh Valley Hospital supports two hospitals and is the only one in the nation to support three endowed chairs.

Volunteers Wanted to Join the Bethlehem Steel FC 'Stretcher Crew'

BY [KYLE HARDNER](#) · APRIL 21, 2016

Bethlehem Steel FC began its inaugural season last month, and LVHN is proud to be the official jersey partner and medical provider for health care, orthopedic, sports medicine, medical and physical therapy services for our newest home team. In this capacity, LVHN also provides medical care to the Bethlehem Steel FC players at home games with on-field physicians, athletic trainers, and EMS personnel.

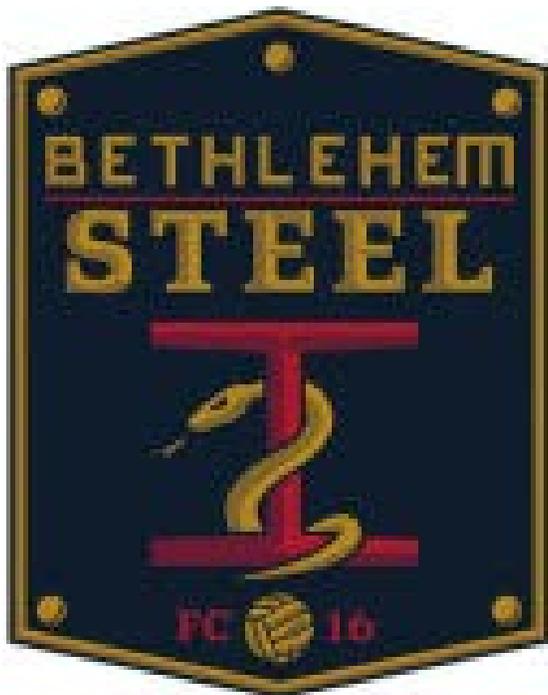
Additionally, we are seeking colleague volunteers to be part of a "stretcher crew" at each home game that would carry non-critically injured players off the field as directed by the athletic trainer and physician. No medical



training is required, but volunteers must be at least 18 years old, able to arrive 90 minutes prior to game time, be attentive for the duration of game, and able to lift and carry a stretcher with other volunteers assisting.

We are looking for 10-12 colleagues who will form the stretcher crew, with 4-5 covering each game. Games are played at Lehigh University's Goodman Stadium.

If you're a soccer fan and want to be part of the action as a member of the LVHN stretcher crew, please email Laura Gabrick at Laura.Gabrick@lvhn.org by Wednesday, April 27. Volunteers will be considered on a first-come, first-served basis.



Buy Bethlehem Steel FC Tickets

'Safe Haven' Program Offers Safe Options for Families not Ready to Care for a Newborn

BY [SHEILA CABALLERO](#) · APRIL 20, 2016

There is a solitary crib inside every LVHN emergency department (ED). Most days, the crib sits empty. Yet it's there to provide a safe haven to any mother, father or family member who needs to surrender an unharmed newborn under the guidelines of the federal Safe Haven law.

"The law was designed to protect newborns from abandonment or harm," says Deanna Shisslak, manager of LVHN's parent



education program. “It also protects the identity of frightened mothers who often are scared they may be physically abused by parents or partners.”

Safe Haven is a federal law that was enacted in 2002. Every state must comply by providing a safe haven for newborns, yet each state has its own requirements. In Pennsylvania, parents can legally surrender an unharmed infant to a hospital or a police station if the baby is less than 28 days old. No questions asked. A total of 27 babies have been relinquished in Pennsylvania since the program started.

At LVHN, we provide a crib in every emergency department and at our LVHN–Tilghman campus near ExpressCARE. But mothers and other family members also may surrender an infant by directly handing the baby to a hospital employee in the emergency room, or ExpressCARE–Tilghman, who is wearing an LVHN identification badge.

Here’s what you need to know if a baby is surrendered to you:

- **Parents can remain anonymous** – Safe Haven is designed to keep parents anonymous. Don’t ask the name of the person surrendering the infant. You may ask, “Is there something we can do to help you?”
- **Bring the baby to the ED** – Babies that are surrendered at any of our hospital campuses should be brought to the ED for medical examination. At LVHN–Tilghman, the baby should be taken to the designated emergency response room. If you are unable to take the baby to the ED, transfer care to a nurse or provider, or contact Security to transport the baby to the ED.
- **Follow the administrative policy manual** – Consult LVHN’s [Safe Haven policy](#) on the intranet. It outlines the steps you must take and who you must notify to comply with the law.
- **Provide confidential medical care to the mother** – LVHN offers confidential medical care to new mothers who are at risk for hemorrhage. While you may not ask any identifying information (name or hometown), you may ask “Is there something we can do to help you?”
- **Take action** – Frightened women often do desperate things to keep their pregnancy – and their baby – a secret. When you spread the word about Safe Haven, you can help save two lives: the mother’s and her newborn baby. Start the conversation by telling your own family and friends about Safe Haven. You also can request posters (English and Spanish versions) to be placed in the community by contacting [Project Child of the Lehigh Valley](#).

In order for vulnerable women to feel safe, their identity must remain anonymous. Safe Haven ensures the health and safety of newborns by giving mothers a confidential way to surrender their baby. Babies are then placed in foster care and eligible for fast-track adoption.

Interested in more information on Safe Haven? Contact [Deanna Shisslak](#) in parent education or call the Pa. state hotline 1-866-921-SAFE (7233) or visit [secretsafe.org](#).