

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

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Lehigh Valley Health Network extends a warm welcome to **J. Nathan Hagstrom, MD**, who has been selected as the new Chair of the Department of Pediatrics.

Born in Bloomington, Ind., Dr. Hagstrom comes to Lehigh Valley Health Network from Connecticut Children's Medical Center and the University of Connecticut School of Medicine where he served as director and division head of hematology-oncology in the Department of Pediatrics.

Dr. Hagstrom is a graduate of the University of Vermont where he was awarded a Bachelor of Science

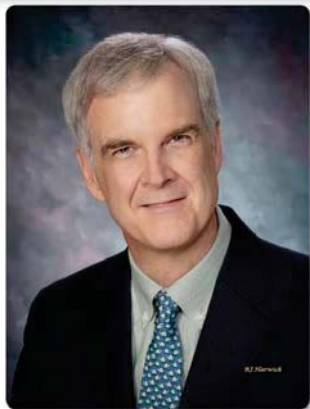
NEW LEADERSHIP FOR THE DEPARTMENT OF PEDIATRICS

degree in electrical engineering. He then received his medical degree from the University of Vermont College of Medicine. Dr. Hagstrom completed his residency, research fellowship and hematology-oncology clinical training at the Children's Hospital of Philadelphia. He is currently enrolled in the Masters in Health Care Management Program at Harvard University's School of Public Health.

Dr. Hagstrom is certified in both Pediatrics and Pediatric Hematology-Oncology by the American Board of Pediatrics.

Dr. Hagstrom and his wife, Sheila, have three daughters – Kelsey, Sara and Mairi. Please extend a warm welcome to Dr. Hagstrom and his family, who plan to join him in the Lehigh Valley in late spring.



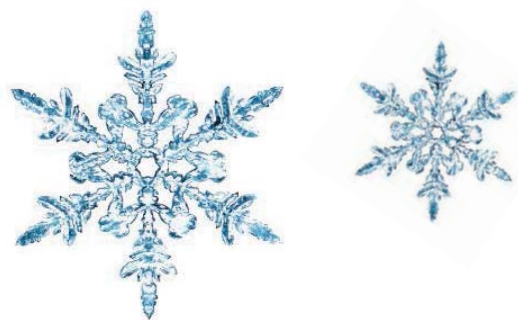


FROM THE PRESIDENT

2014: A year for new numbers, tools and measuring sticks

Happy New Year! Here's hoping your December holidays were enjoyable – and that you now don't have too many pounds to lose! The beginning of a new year is frequently a time for people to "look forward." Some are planning their dream vacations – or maybe a wedding or graduation. Others are reassessing their investments or are making New Year's resolutions. Still, others are adapting to conditions that have changed their lives or their work. Planning while remaining flexible, adaptable and resilient seem to be core skills for our current times. For clinicians of our network, 2014 will be a year of preparation and transition to the "new era" of health care in two important areas, each having to do with data, quality measures and feedback. Let's take a quick look at what's ahead:

- **ICD-10:** As usual, the biggest changes tend to be mandated by external forces – in this case, the federal government. Just like 10-digit dialing accommodated the explosion of the cellphone era, ICD-10 will provide a more detailed description of the medical services we provide. Because coding remains tied to reimbursement, this is a big change we have to tackle. Insurance carriers, EMR companies and health systems have been hard at work for a few years now to redesign their systems to manage the transition. Whether you are in private practice or are employed by the health network, you will need to "go back to school" to learn how to get paid fairly for the work you do. Leaders at LVHN are working on training processes that won't be too disruptive to clinicians. It's clear, though, that everyone will have to put some time in to adjust to the new codes. One by-product of ICD-10 – it will likely give us more useful data for understanding the problems we treat and the populations we serve. Remember, the future will not be "more volume = more revenue." In the emerging era of the Triple Aim, the race is on to get a better handle on costs, the scope of our work, and quality as determined by patient satisfaction and outcomes. Claims data from ICD-10 will be one piece of that puzzle. A recent investment in Optum, a data aggregator also used by United Healthcare (one of the largest nationwide health insurers), will permit the integration and analysis of data collected from clinical processes, claims and quality sources – a powerful combination. More on this in a future column.



- **HCAHPS** – The Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services. (<https://cahps.ahrq.gov/about-cahps/index.html>). Hospitals are on the front line of this federal quality movement that will demand greater accountability for attentive communication and the "healing environment" of the hospital. In coming years, this program will roll out to physician offices as well. Failure to adapt to this change will result in *real* financial losses: Medicare plans a 1% withhold this year, ramping up to 2% next year (for LVHN, this could amount to a difference of more than \$2 million). Commercial carriers are soon to follow. For clinicians (docs and APC's) in the hospital setting, HCAHPS boils down to three simple questions: 1) Did my doctor treat me with respect? 2) Did my doctor listen carefully to me? 3) Did my doctor explain things in a way that I could understand? Only "always" answers count (not "sometimes" or "usually").

Two things worth knowing about HCAHPS: 1) there is a real correlation between higher HCAHPS scores and better clinical outcomes, and 2) despite being busier than ever, there are some "tricks of the trade" that can raise your scores and don't take much time. Non-verbal communication plays a big part. Sitting with the patient sends the message that you have spent more time with them (even if the absolute amount of time is no different). Sharing expectations early in the admission, including your team's commitment to "doing the best you can" and inviting them to give feedback on how it's going, matters.

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For hospital teams, including updates from patients and families in the daily signout or huddle can really help. We are now a multi-media culture. Using a whiteboard or pulling up images on Google to review the patient's condition can go a long way to improving understanding. Having the patient briefly "teach back" the core messages that you've shared can verify that they "got it." This builds confidence and translates to better clinical outcomes after discharge. Finally, a comforting touch of the hand or a handshake at the end of your encounter conveys a sense of connection and respect. Try these in the hospital or in the office. Watch your scores go to the top.

The successful clinician of the modern era has to integrate a broader set of skills than was necessary just five years ago. Technical clinical skills are still valued...and we're learning that effective processes and attentive communication also contribute to patient satisfaction AND better outcomes. For clinicians, this is another form of the Triple Aim. Aiming for the bullseye will help us achieve better clinical outcomes and support what's best in our relationships with patients and colleagues, despite the increasing financial pressures that a more "accountable" world continues to create.

Have a great New Year – and make the effort *every day* to support the colleagues on *your* team.



Robert J. Motley, MD
Medical Staff President

LVHN AND GHHA AGREEMENT TO MERGE CLEARS REGULATORY PROCESS

On December 11, 2013, Greater Hazleton Health Alliance (GHHA) and Lehigh Valley Health Network (LVHN) announced that the agreement for one, fully integrated health care system of LVHN and GHHA has cleared the regulatory process with the Federal Trade Commission, the Pennsylvania Attorney General's office and the Orphans' Court of Luzerne County. The merger is effective January 1, 2014.

Under the agreement, LVHN and GHHA will operate as follows as of the effective date of the merger:

- GHHA will merge into LVHN and LVHN will become the sole corporate member of Hazleton General Hospital
- Hazleton General Hospital (HGH) will be known as Lehigh Valley Hospital-Hazleton

The merger, announced in April, builds upon the two systems working together over several years in various clinical service areas. GHHA and LVHN began to jointly develop clinical relationships in the areas of MI alert response for heart attack care at HGH, emergency department coverage by LVHN physicians at HGH, and various telehealth initiatives including TeleInfectious Disease, TeleBurn and TeleStroke care to extend the benefits of LVHN's specialist care capabilities in an efficient way in the Hazleton region.

"This is welcome news," said Ronald Swinfard, MD, LVHN's President and CEO. "We have anxiously awaited hearing from the various regulatory and review agencies since our announcement in the spring. We are eager to begin discussing and implementing plans that will allow us to address our affiliation objectives. These objectives include high quality, low cost, sustainable health services that meet the needs of our Hazleton and Lehigh Valley communities."

Dr. Swinfard emphasized that the quality of the care and the people who provide that care at GHHA were the keys to its success and what made affiliating with LVHN a natural fit. "We are anxious to continue learning from one another as we jointly meet the challenges of today's changing health care environment."

"Dr. Swinfard and Lehigh Valley Health Network have made a commitment to this community, a commitment that they have demonstrated time and time again through our existing clinical partnerships," said Jim Edwards, President and CEO, GHHA. "We're excited that now we can take this relationship to a new level as part of LVHN and focus on expanding and adding to our services so that people don't have to leave Hazleton for specialty care."

Mr. Edwards reemphasized how both organizations value their employees and realize that is where the care starts.

Both Mr. Edwards and Dr. Swinfard said the merged organization would conduct a needs assessment to determine how it would meet the health care needs of the community going forward.

Greater Hazleton Health Alliance is a not-for-profit healthcare system that is dedicated to providing high quality, state-of-the-art, customer-focused healthcare services. Its affiliated entities include the 150-bed Hazleton General Hospital (for inpatient acute and rehab care, emergency care, maternity and home care), the Hazleton Health & Wellness Center (for outpatient surgery, diagnostic testing, and rehabilitation services), and Alliance Medical Group (a multi-specialty physician network).

HOSPITAL DISCLOSURE AND CONFLICT OF INTEREST STATEMENT

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

For Fiscal Year 2014, in conjunction with the Medical Staff biennial reappointment, you will be required to complete the Hospital Disclosure and Conflict of Interest Statement by **April 2, 2014**. This questionnaire is a web-based application which will maintain your answers along with the date you last updated the information. This will allow you to review the answers you previously provided and will allow you to make modifications as necessary. The information is confidential and will be compiled by the Internal Audit department.

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

LVHN Intranet (from a building owned by LVHN)

- From the Intranet homepage, under the “Find Fast” drop down on the right-hand side, select “Conflict of Interest Questionnaire” and click the search magnifying glass. Accessing the form via the Intranet is secure and, since you will have already logged on using the SSO log-in process, no additional user ID or password is required.

Internet

To access the Log-in Screen via the Internet, type the following address into your web browser: **intranet.lvh.com**

- You will be prompted to enter your user name and your password in the Web-SSO Remote Access screen. (If you do not know your user name, call 610-402-8900. If you do not know your password, call 610-402-8303 and give them your user name and they will reset your password.)
- Click on “Intranet” under Application List or “LVH Intranet Website” under Web Bookmarks, depending upon your operating system.
- On the right hand side of the Intranet page, under the “Find Fast” drop down, select “Conflict of Interest Questionnaire.”

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

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

If you have any questions regarding this issue, please call Rita Mest at 610-402-8968 in Medical Staff Services.

ATTENTION PRACTITIONERS WITH MODERATE SEDATION PRIVILEGES

All Medical Staff members with Adult and/or Pediatric Moderate Sedation privileges at LVHN are required to successfully complete The Learning Curve (TLC) **Adult** and/or **Pediatric Moderate Sedation** course and examination by **April 2, 2014**. This requirement is mandatory for continuation and maintenance of these privileges and for your 2014 Medical Staff Biennial Reappointment.

In addition, current life support certification (NRP, NALS, ARLS/ BLS, ACLS, PALS, or ATLS as appropriate for patient practice population) is also required to maintain these privileges. If your life support certification will expire before June 30, 2014, please make arrangements for renewal by registering with the Emergency Medicine Institute (EMI) using the following link:

[Emergency Medicine Institute](#)

Failure to complete the appropriate TLC course and/or renewal of required life support certification will result in the loss of your Adult and/or Pediatric Moderate Sedation privileges.


Access to the Moderate Sedation course is available from any Network PC by selecting the icon on your SSO toolbar. Once you have completed the appropriate course(s), Medical Staff Services will receive a notification.



If you have any questions regarding this issue, please contact Medical Staff Services at 610-402-8900.

PERIOPERATIVE TEAM TRAINING

At its meeting of January 5, 2010, the Medical Executive Committee mandated the completion of **Perioperative Team Training** for all surgeons, gynecologists, anesthesiologists and all allied health professionals who have privileges to provide or perform services in the Operating Room (OR). This training encompasses team communication to enhance patient safety and introduce new processes to incorporate into a culture of safety in the OR. You are required to complete this training by **April 2, 2014**.

To access the Perioperative Team Training, select the  icon on your SSO toolbar. In the Search box, type “Enhancing Perioperative” and click “Go”. Then click on the “Start” button to the right of the “Enhancing Perioperative Teamwork to Enhance Patient Safety” course listing to get started. Once you have successfully completed the course and examination, notification will be sent to Medical Staff Services.

If you have any questions regarding this issue, contact Medical Staff Services at 610-402-8900.

THE RETAIL PHARMACY VIEW

Medication Timing

Medication timing is an important aspect of health care that is sometimes overlooked. Timing of daily aspirin therapy makes a difference in effectiveness. A study made by Leiden University of the Netherlands compared a morning dose to a bedtime dose for ambulatory blood pressure and platelet activity. No change was reported for the blood pressure measurement, but the platelet reactivity was reduced significantly in the morning with the bedtime aspirin regimen. Since higher platelet activity contributes to a larger risk of a heart event, and platelet activity peaks in the morning, switching aspirin dosing from morning to bedtime could be beneficial to all heart disease patients who take preventative aspirin. Additionally, statins for cholesterol are more effective when given at night as is Singulair for asthma, COPD and allergies. Vitamins, in general, are better when given with a full meal. This slows down the GI passage and increases absorption. In addition, vitamins can give the user a sour stomach when taken without food, thereby decreasing the likelihood the patient will continue taking them.

New Generics:

Tobi 300mg Inhalant Soln: *Tobramycin*: for Cystic Fibrosis

Focalin XR 15, 30 & 40mg Cap: *Dexmethylphenidate*: for ADHD: Immediate release tablets have been available.

Aciphex 20mg Tab: *Rabeprazole*: for GERD

Coming soon: Cymbalta: *Duloxetine*

If you have any questions or need additional information, contact Jay Needle, RPh, Manager, Health Spectrum Pharmacy, LVH- Muhlenberg, via e-mail at jay.needle@lvhn.org or by phone at 484-884-7004.

PHYSICIAN DOCUMENTATION

ICD-10 Will Change Everything

As you may know, all U.S. healthcare organizations must begin submitting claims using the new ICD-10 code sets on October 1, 2014; otherwise claims will be rejected. Transitioning to over 156,000 new ICD-10 codes in 2014 from the 18,000 ICD-9 codes in use since 1979 represents one of the largest changes in healthcare in over 30 years. This will impact nearly every part of the healthcare system and its operations. The bottom line is that much greater documentation specificity will be required. For your information, listed below are five general documentation tips to guide you through ICD-10, regardless of your specialty.

ICD-10 Key Documentation Requirements

- **Use Adjectives** (Acute, Chronic, Mild, Moderate, Severe, Early vs. late onset, etc.)
- **Specify Laterality**
- **Specify Anatomic site**
- **Indicate Episode of care:** (Initial, subsequent, sequela)
S42.321A, Displaced transverse fracture of shaft of humerus, right arm, initial encounter for closed fracture.
- **Indicate Cause and Effect/ Complications –Use “due to” or “secondary to”:**
“Mononeuropathy due to DM type 1”

If you have any questions, please email John Pettine, MD, FACP, CCDS, Director, Clinical Documentation Improvement Program, at john.pettine@lvhn.org.

CONGRATULATIONS



Shavon S.Y. Frankhouser, DO, Division of General Internal Medicine, Section of Hospital Medicine, has become certified in Internal Medicine by the American Board of Internal Medicine. Dr. Frankhouser has been a member of the Medical Staff since May, 2013.

She is in practice with LVPG Hospital Medicine at Cedar Crest.



Ramprasad Gadi, MD, Division of Cardiology, was recently recertified in Internal Medicine by the American Board of Internal Medicine. Dr. Gadi has been a member of the Medical Staff since August, 2013. He is in practice with The Heart Care Group, PC.



Donald L. Levick, MD, MBA, Chief Medical Information Officer, and **MaryAnne K. Peifer, MD**, Department of Family Medicine, are among the 400 plus physicians nationwide to pass the first ever board certification exam in Clinical Informatics, which was administered through the American Board of Preventive Medicine in October, 2013. This new subspecialty board certification requires a current board certification in a clinical specialty (e.g., Pediatrics, Family Medicine, etc.), a current valid State license to practice medicine, significant work in health information technology during the past few years, and passing the examination.



Dr. Levick, who is a member of the Division of General Pediatrics, has been a member of the Medical Staff since July, 1985. He is also certified in Pediatrics by the American Board of Pediatrics and is in practice with ABC Family Pediatricians.

Dr. Peifer has been a member of the Medical Staff since October, 2001. She is also certified in Family Medicine by the American Board of Family Medicine and currently is in practice with MacArthur Family Medicine.



Teresa M. Romano, MD, Division of Pediatric Emergency Medicine/Emergency Medicine, was recently certified in Pediatric Emergency Medicine by the American Board of Pediatrics. She is also certified in Pediatrics by the American Board of Pediatrics. Dr. Romano has been a member of the Medical Staff since February, 2012. She is in practice with LVPG-Emergency Medicine.



Kevin A. Vrablik, MD, Section of Occupational Medicine, was recently certified in Occupational Medicine by the American Board of Preventive Medicine. He is also certified in Family Medicine by the American Board of Family Medicine.

Dr. Vrablik has been a member of the Medical Staff since July, 2008. He is in practice with HealthWorks.

PAPERS, PUBLICATIONS AND PRESENTATIONS



Ronald S. Freudenberger, MD, Chief, Division of Cardiology, presented an abstract – “The First Prognostic Model for Stroke and Death in Patients with Systolic Heart Failure” – at the American Heart Association Scientific sessions held November 18, in Dallas, Texas.



Marna R. Greenberg, DO, MPH, Division of Emergency Medicine/Pediatric Emergency Medicine, was one of the co-authors of two articles – “Gender-specific Emergency Medicine Research: Overview and Opportunities” and “Gender-specific Emergency Care: Part Two” – which were published in *Academic Emergency Medicine*, November 2013, Volume 20, Issue 11.



Raymond L. Singer, MD, MMM, Department of Surgery Vice Chair, Quality and Patient Safety, and Chief, Division of Cardiothoracic Surgery, moderated a panel

discussion regarding the future of medicine and healthcare reform held on Thursday, November 14, at Muhlenberg College. Included among the five panelists was **Ronald W. Swinfard, MD**, LVHN President and CEO, who discussed how much money could be saved and how many illnesses would be prevented if people would simply go to check-ups and take their medicine regularly and as directed.

ADVANCED PRACTICE CLINICIANS UPDATE



Meet the APC Staff

A member of the LVHN Allied Health Professional staff since October, 2001, **Jason E. Sommer, PA-C**, is this month's featured Advanced Practice Clinician.

Jason is a Physician Assistant with Lehigh Valley Urology Specialty Care and has worked with Dr. Melvin Steinbook, his supervising physician, for the past 12 years.

A typical day for Jason involves completing inpatient consults and subsequent visits at LVH-Muhlenberg before seeing his office patients from 8 a.m. to 5 p.m. Jason's patients love him and ask for him by name. He always put his patients at ease and provides a level of conversation that is both open but informative. The most common consult requests that Jason receives are due to urinary retention, gross hematuria, urologic cancers, and urgent foley insertion. In the office, he handles initial visits and follow-ups for many patients with some of the same problems. One day a week, he assists Dr. Joseph Feliciano with robotic urologic surgery and occasionally with open cases including prostatectomies and nephrectomies.

Jason is a graduate of DeSales University where he earned his Bachelor's degree and Master of Science in Physician Assistant Studies. Prior to his college years, he served with the U.S. Navy/U.S.M.C. as a Hospital Corpsman providing medical care in the field to Marines.

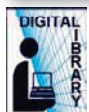
Jason and his wife, Jen, are the parents of two sons and a daughter. In his spare time, Jason enjoys coaching his sons' youth soccer teams. He also enjoys supporting his 12 year old daughter with her gymnastic activities.

2014 APC Meetings

Please mark your calendars – the dates for the Advanced Practice Clinicians meetings for 2014 include:

- Thursday, March 27 – 5:45 p.m., Kasych ECC Room 7
- Thursday, June 26 – 5:45 p.m., Kasych ECC Room 8
- Thursday, September 25 – 5:45 p.m., Kasych ECC Room 8
- Monday, December 8 – Combined with General Medical Staff – 6 p.m., Kasych ECC Rooms 6, 7 and 8

If you have any questions regarding the Advanced Practice Clinicians meetings, contact Gloribel Nieves in Medical Staff Services at 610-402-8984.



LVHN DIGITAL LIBRARY

New Resources Available through the Digital Library

The Journal of Graduate Medical Education – In 2009, the Accreditation Council for Graduate Medical Education (ACGME) began publication of this peer-reviewed, quarterly journal, devoted to original research, educational innovations, review articles, and commentaries about graduate medical education relevant to the education of residents and fellows.

The Journal of the American Osteopathic Association – As the official scientific publication of the American Osteopathic Association (AOA), as well as the osteopathic medical profession, this monthly journal publishes peer-reviewed original research and editorial articles. It publishes case reports, clinical images, meta-analyses, and review articles on all major areas of medicine, with an emphasis on the musculoskeletal system and osteopathic manipulative medicine. Also covers medical education, ethics, and health care reform.

Circulation – This weekly, peer-reviewed publication from the American Heart Association (AHA) is for cardiologists, cardiovascular surgeons, electrophysiologists, internists, and nurses. Articles are related to research in and the practice of cardiovascular diseases, including observational studies, clinical trials, epidemiology, health services and outcomes studies, as well as advances in applied translational and basic research.

Transplantation – An international journal, highly cited, is published twice a month and covers all aspects of the field, from solid organ to cell transplantation, which includes stem cell research. Peer-reviewed, articles appear on both clinical translational and basic experimental research. Also includes overviews, forum articles, analysis and commentaries.

Access to these journals is available from the Library's Homepage. If you have any questions, please contact Library Services at 610-402-8410 or via email at LibraryServices@lvhn.org.

UPCOMING SEMINARS, CONFERENCES AND MEETINGS

2014 General Medical Staff Meetings

Please mark your calendars – the dates for the **General Medical Staff meetings for 2014** include:

- **Monday, March 10**
- **Monday, June 9**
- **Monday, September 8**
- **Monday, December 8**

Meetings will begin at 6 p.m., and will be held in Kasych ECC Rooms 7 and 8 at LVH-Cedar Crest, and videoconferenced to ECC Rooms C and D at LVH-Muhlenberg.

If you have any questions regarding General Medical Staff meetings, contact Linda Maurer in Medical Staff Services at 610-402-9129.

GLVIPA Annual Membership Meeting

The Annual Membership meeting of the Greater Lehigh Valley Independent Practice Association (GLVIPA) will be held on **Monday, January 27**, beginning at **6 p.m.**, in the hospital Auditorium at LVH-Cedar Crest. The meeting will also be teleconferenced to ECC Room B at LVH-Muhlenberg.

The annual election for the Board of Trustees will be held at the meeting.

For more information, please contact Mary Ann Curcio, Coordinator, GLVIPA, at 610-969-0423.

Medical Grand Rounds

Medical Grand Rounds are held on Tuesdays, 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-17th & Chew, unless otherwise noted. Topics for January include:

- **January 7 – “The Future of Health Care”** – Craig Samitt, MD, MBA, Executive Vice President, HealthCare Partners, Torrance, Calif., and Commissioner for the Medicare Payment Advisory Commission
- **January 14 – “Indications for Plasmapheresis: The compelling, the uncertain, and the novel”** – Sharon E. Maynard, MD, Division of Nephrology
- **January 21 – “Advances in the diagnosis and treatment of Celiac Disease”** – Anthony J. DiMarino, Jr., MD, Chief, Division of Gastroenterology and Hepatology, Thomas Jefferson University Hospital

For more information, contact Kathy Gaspari in the Department of Medicine at 610-402-8024.

Family Medicine Grand Rounds

Family Medicine Grand Rounds will be held on **Tuesday, January 7**, from 7 to 8 a.m., in Kasych ECC Room 10 at LVH-Cedar Crest, and teleconferenced to ECC Room A at LVH-Muhlenberg and Hamburg Family Practice.

“**Hepatitis C**” will be presented by Joseph L. Yozviak, DO, AIDS Activities Office and Hepatitis Care Center.

For more information, contact Laurie Kuchera in the Department of Family Medicine at 610-969-4970.

Neurology Conferences

The Division of Neurology conferences are held on Thursdays, from Noon to 1 p.m., in the Lehigh Neurology Conference Room, 1250 S. Cedar Crest Blvd., Fourth Floor, and videoconferenced to Lehigh Neurology’s Bathgate Office and Kasych ECC Room 4. Topics for January include:

- **January 9 – “Liability Update: What May Keep You Up at Night”** – Georgene Saliba, Administrator, Risk Management and Patient Safety
- **January 23 – “Update from the American Epilepsy Society Meeting 2013”** – Soraya Jimenez, MD, Division of Neurology
- **January 30 – “2013 AHA Guidelines on Acute Ischemic Stroke: What’s Changed?”** – Yevgeniy Isayev, MD, Division of Neurology

For more information, contact Chrissi Kent, Coordinator, Stroke Center/Neurosciences, at 610-402-8375.

Pediatric Grand Rounds

The Department of Pediatrics will hold Grand Rounds on Tuesdays at 8 a.m., in Kasych ECC Room 8, unless otherwise noted. Topics for January include:

- **January 7 – Education topic** – Amy L. Dunn, DO, MPH, and Elaine A. Donoghue, MD
- **January 14 – PICU topic** – Claudia F. Busse, MD
- **January 21 – Infectious Disease topic** – Tibisay Villalobos, MD – Location: Auditorium
- **January 28 – Pediatric Urology topic** – Michele R. Clement, MD

For more information, contact Cari Coelho in the Department of Pediatrics at 610-969-2540.

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Emergency Medicine Institute – Life Support Classes

Upcoming life support classes sponsored by the Emergency Medicine Institute (EMI) are listed below:

Advanced Cardiac Life Support (ACLS)

ACLS renewal classes will be held from 8 a.m. to Noon, at the Emergency Medicine Institute located at 2166 S. 12th Street, Allentown, on the following dates:

- February 6, 14, 27, 28
- March 5, 14, 17

In addition, a two-day provider course will be held on March 12 and 13, from 8:30 a.m. to 4 p.m., at the Emergency Medicine Institute.

Pediatric Advanced Life Support (PALS)

PALS renewal classes will be held from 8 a.m. to 4 p.m., at the Emergency Medicine Institute on the following dates:

- February 7, 26
- March 28, 31

In addition, two-day provider courses will be held February 24 and 25, and March 10 and 11, from 8 a.m. to 4 p.m., at the Emergency Medicine Institute.

Registration information and a list of additional classes are available on the EMI website - [Emergency Medicine Institute](#).

For more information regarding classes, contact Christine Ash at the Emergency Medicine Institute at 610-969-0299.

CMIO UPDATE

Salar TeamNotes Moving Forward at LVH-M

TeamNotes, the in-patient provider documentation tool, went live in November, 2013 with LVHN Hospital Medicine at Muhlenberg. The physicians and Advanced Practice Clinicians did an incredible job of adapting to the new tools and quickly got up to speed. They are using all of the tools, including the speech recognition module. Populating the H/P is the most time consuming, but the ability to carry forward selected pieces of data has expedited the creation of Progress Notes, Consults, the D/C Summary and subsequent H/Ps when the patient is readmitted. The members of LVHN Hospital Medicine at Muhlenberg are currently using TeamNotes to create approximately 120 notes per day.

Once completed, the notes can be found in CE under DocDisplay. H/Ps, Consults, and D/C Summaries will continue to appear in DocDisplay in the Transcriptions and Core Transcriptions area. Daily Progress Notes will appear in DocDisplay in a new spot – “Provider Notes.” To facilitate locating the notes, providers will place a sticker in the paper progress notes section of the physical chart reminding you that their note is in CE.

TeamNotes will help us prepare for in-patient documentation in Epic in 2015 and for the documentation/coding requirements for appropriate ICD-10 billing in October, 2014. The templates will have embedded decision support that can highlight documentation/diagnoses that are not specific enough for ICD-10, and provide more appropriate choices through drop-down menus.

Sometime in January, the Medicine specialties, including Cardiology, Gastroenterology, Pulmonary, Infectious Diseases and Neurology, will “go live” with TeamNotes at LVH-Muhlenberg. The various divisions of Surgery will also “go live” in early Spring at LVH-Muhlenberg. Representatives from each division have been working with Information Services to fine tune the templates.

If you are interested in seeing a demonstration of TeamNotes or have any questions regarding this article, please contact Don Levick, MD, Chief Medical Information Officer, through email at donald.levick@lvhn.org.



ETHICS CORNER

Utilizing Ethics Consults in the New Year: Q&A

by Robert D. Barraco, MD, MPH, Chair, Institutional Ethics Committee

The New Year is here...and so is your Ethics Committee. I thought I would kick off the New Year with a Q&A about Ethics Consults. Literature shows that ethics consultation improves outcomes for the provider, patient and family as well as the hospital bottom line.¹²³⁴⁵ In addition, ethical environment has been linked to provider effectiveness and outcomes.⁶

Q: What is the purpose of the Ethics Committee?

A: The underlying goals of ethics committees are:

- to promote the rights of patients;
- to promote shared decision making between patients (or their surrogates if decisionally incompetent) and their clinicians;
- to promote fair policies and procedures that maximize the likelihood of achieving good, patient-centered outcomes; and
- to enhance the ethical tenor of health care professionals and health care institutions.

Q: When should I call for an Ethics Consult?

A: You should consider asking for a consult when

- you perceive that there is an ethical problem in the care of patients
- you believe there is disagreement that cannot be resolved within the team regarding issues such as goals of care

Q: What is an Ethical problem?

A: Most "ethical problems" turn out to be problems due to lack of communication. A true ethical dilemma is a conflict between ethical principles or between ethical principles and outcomes.

Q: How do I call for an Ethics Consult?

A: Call 610-402-6000 and provide contact information, patient information, location and issue.

Q: What will happen when I request an Ethics Consult?

A: An Ethics scout will contact you and begin a review of the medical record. Every effort will be made to keep the contact anonymous, if requested. The scout will notify the Team Leader of the situation and record review. If the contact occurs at night or on a weekend, a Team Leader will be notified the next business day. A Team Leader is a member of the Ethics Committee with special training in Ethics and experience in prior consults. The Team Leader will decide if

there is an ethical issue or not. The Team Leader may decide the case is more appropriate for the OACIS team or Legal team and will let the requester or team know. If an ethical issue is present, the Team Leader may convene a full team for the consult. The team consists of at least three members: a physician, an ethicist and a third member, usually from nursing or an allied health professional. The team may request a healthcare team/family meeting to address the issues at hand. Ethics team recommendations will be placed in the chart after being discussed with the team.

Q: What areas are NOT handled by the Ethics Team?

- Practice clinical medicine/render clinical opinions
- Make legal determinations
- Decide competency

As one of your New Year's resolutions, plan to utilize the Ethics Committee when you feel there is a need.

If you have any questions, please contact Robert D. Barraco, MD, MPH, Chair, Institutional Ethics Committee, by email at robert_d.barraco@lvhn.org.

References:

- ¹ McClung JA, Kramer RS, DeLuca M, Barber HJ. Evaluation of a medical ethics consultation service: opinions of patients and health care providers. *Am J Med.* 1996;100(4):456-460.
- ² Bacchetta MD, Fins JJ. The economics of clinical ethics programs: a quantitative justification. *Camb Q Healthc Ethics.* 1997;6(4):451-460.
- ³ Schneiderman LJ, Gilmer T, Teetzel HD, et al. Effects of ethics consultation on nonbeneficial life-sustaining treatments in the intensive care setting. *JAMA.* 2003;290(9):1166-1172.
- ⁴ Dowdy MD, Robertson C, Bander JA. A study of proactive ethics consultation for critically and terminally ill patients with extended lengths of stay. *Crit Care Med.* 1998;26(2): 252-259.
- ⁵ Schneiderman, LJ, Impact of ethics consultations in the intensive care setting: A randomized, controlled trial, *Critical Care Medicine:* 28 (12), December 2000, pp 3920-3924.
- ⁶ McDaniel, C et al., Ethical Environment, Healthcare Work, and Patient Outcomes, *Am J Bioethics*, 6(5): W17-W29, 2006.



Who's New

This section contains an update of new appointments, address changes, status changes, resignations, etc. Please remember to update your directory with this information.

Medical Staff

New Appointments



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To: Department of Medicine

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Julia E. Klees, MD, MPH

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Ryann E. Morrison, PA-C

Tara Morrison, MD

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Brian J. Patson, MD

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Continued on next page



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Anthony F. Friendly, PA-C

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From: Daniel M. Spatz, Jr., MD

To: Larry W. Todd, DO

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Nicholas E. Fusco, PA-C

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To: Coopersburg Family Practice – Douglas C. Shoenberger, MD

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Jenyne M. Podlinski, PA-C

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To: Health Information Management/CDIP – John P. Pettine, MD

Additional Supervising Physician and Group

Charlene M. Anderson, CRNA

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Addition of: Northeastern Anesthesia Physicians, PC – Bradley

S. Parlin, DO – Center for Orthopedic Medicine and LVHN

Surgery Center-Tilghman Only

Additional Practitioner Category and Supervising Physician

Martina Kaldany

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Addition of: Mapping Support Specialist – Babak Bozorgnia, MD

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Leave of Absence – Military

Kate E. Bierce, PA-C

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(Primary Care Associates – Brian K. Shablin, MD)

(2/7/2014 – 9/13/2014)

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***Progress Notes** is published monthly to inform the Medical Staff, Advanced Practice Clinicians, and employees of Lehigh Valley Health Network of important issues concerning the Medical Staff and Advanced Practice Clinicians.*

Articles should be submitted by e-mail to janet.seifert@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.

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