

Colleague Flu Shot Clinic Schedule

Get vaccinated Oct. 2 through Nov. 20.

Town Hall Meetings on Colleague Safety

Attend at LVH–Cedar Crest and LVH–17th Street.

Health IT Awards Grand Slam

Learn about this impressive achievement.

That Positive Effect

Kim Jordan asks how you share positivity.

Join LVHN's Heart Walk Team

Help raise funds to combat heart disease and stroke.

LVPG Practice of the Month

Metrics at LVPG Family Medicine–Blandon are “green.”

LVPG Provider You Should Know

Meet Orthopedic Surgeon Gabriel Lewullis, MD.

LVHN Cancer Institute Symposium

The Oct. 13 event is for primary care providers.

LVHN Stroke Symposium is Oct. 6

Learn about aspects of the stroke care journey.

Open Enrollment Packet

[Read Now](#)



I Pink I Can, Live and Simulcast This Year

[Read More](#)



Women's Self-Defense Course

[Register](#)



LVHN news

Sinusitis – A Common Ailment So Easily Confused »

Know the Signs of Gallbladder Disease »

Is Your Cellphone Causing
'Text Neck'? »

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Colleague Flu Shot Clinics Will Run Oct. 2-Nov. 20

BY [TED WILLIAMS](#) · SEPTEMBER 22, 2017



It's the time of year when we begin to think about fall foliage and unfortunately, the upcoming flu season. LVHN colleagues know our annual flu shot clinic season is just around the corner. This year, clinics will be held from Oct. 2 to Nov. 20 at our three Lehigh Valley hospital campuses, LVHN–Mack Boulevard and LVHN–One City Center. [Get the schedule](#). As in the past, flu shots also are available on non-clinic days during [walk-in hours](#) at employee health services locations. Patient care colleagues are free to utilize peer vaccinators.

As in prior years, LVHN policy mandates a flu shot as a requirement for LVHN colleagues who have patient contact. All other colleagues are strongly encouraged to get one as well. It's our way of keeping our colleagues healthy while giving back to the community. Whether you are attending a religious service or out at a social event, you will not be potentially increasing the influenza risk. As it stands, 98 percent of Lehigh Valley colleagues were vaccinated in each of the last five years.

Prior to attending a flu shot clinic, colleagues should complete the [electronic consent form](#) which also can be found in the first-quarter TLC bundle's influenza course. There is no need to bring a hard copy of the form with you when getting your flu shot. Just be sure to click on the submit button when you

complete the electronic form.

Colleagues who have patient contact are required to be vaccinated no later than **Nov. 22** unless they have an exemption request for a valid medical or religious reason that has been submitted and approved by Nov. 1. They can obtain exemption requests at employee health services. All other colleagues must be vaccinated by Nov. 22 as well or they must submit the declination form found in the TLC bundle.

If you're not involved in patient care, you may be asking "Why should I get vaccinated?" The Centers for Disease Control and Prevention (CDC) recommends the vaccine for all persons over the age of 6 months, especially health care workers. Everyone, including laboratory, clerical, dietary, environmental services, maintenance, security and administrative personnel, might be exposed to the flu virus even though they are not directly involved in patient care and could transmit the virus to others. Additionally:

- A flu shot is the best way to protect yourself and your loved ones from the flu.
- A flu shot reduces the potential spread of the influenza virus through our hospitals, health centers and outpatient practices.
- Influenza/pneumonia is the No. 8 cause of death in the U.S.

This year's quadrivalent vaccine protects against four types of influenza – two type A viruses and two type B viruses. They are:

- A/Michigan/45/2015 (H1N1)pdm09-like virus
- A/Hong Kong/4801/2014 (H3N2)-like virus
- B/Brisbane/60/2008-like (B/Victoria lineage) virus
- B/Phuket/3073/2013-like (B/Yamagata lineage) virus

The CDC Advisory Committee on Immunization Practices continues to recommend that the live attenuated influenza vaccine (LAIV) – also known as the "nasal spray" flu vaccine – should **not** be used during the 2017-2018 flu season. The recommendation is based on data showing poor or relatively lower effectiveness of LAIV in recent years. As was the case last year, the nasal spray flu vaccine will not be available to LVHN colleagues through employee health services.

In addition to flu shots this year, LVHN Advance Care Planning ambassadors will be available during clinics at LVH–Cedar Crest, LVH–Muhlenberg and LVH–17th Street to share information with you about this important part of your health care. By making a plan now, you and your family can ensure the medical care you want, or do not want, is what you get if you become too sick or injured to speak for yourself.

More details about influenza can be found on the [influenza information page](#), which can be accessed from the intranet home page under "Colleague Resources." You are encouraged to take advantage of this valuable resource and tell everyone you know to consider getting a flu shot.

Come to a Town Hall Meeting on Colleague Safety

BY [SHEILA CABALLERO](#) · SEPTEMBER 19, 2017

Colleague safety is a top concern. It's also the topic of Town Hall meetings in October at LVH–Cedar Crest and LVH–17th Street. All colleagues are invited to attend. Please help spread the word about this important Town Hall by sharing details with your colleagues. Town Halls are scheduled twice on each campus to make it convenient for everyone to attend.

Safety is everybody's business

Leaders and other colleagues have been busy looking at ways to improve safety and security for patients, visitors and colleagues on all our campuses. When you attend a Town Hall, you'll learn about the enhancements we've already made and others we are in the process of implementing. Colleague participation is important. Please attend and come with your ideas, concerns and questions. Working together, we can make LVHN a safer place for everyone.

Town Hall Meeting

LVH–Cedar Crest Town Halls

Monday, Oct. 2, 7:30-8:30 a.m. and 7:45-8:45 p.m.

Auditorium

LVH–17th Street Town Halls

Thursday, Oct. 5, 9 p.m.

Roaming Town Hall – leaders will visit units to answer your questions and hear your concerns.

Friday, Oct. 6, 12-1 p.m.

Auditorium

Presentation and Q&A session

Hear safety updates and get your questions answered by LVH President Bill Kent, and Administrator of the Department of Public Safety and Emergency Operations Lou Puentes. They will be joined by a different team at each site. Here is who will be there.

LVH–Cedar Crest

Craig Onori, Vice President of Operations Craig Onori

Scott Croonquist, Vice President of Patient Care Services

Michael Pasquale, MD, Lehigh Valley Hospital Senior Medical Director

LVH–17th Street

Mary Bianchi, Vice President of LVH–17th Street and Women's and Children's Service Line

Sue Jones, RN, Administrator, LVH–17th Street Operations

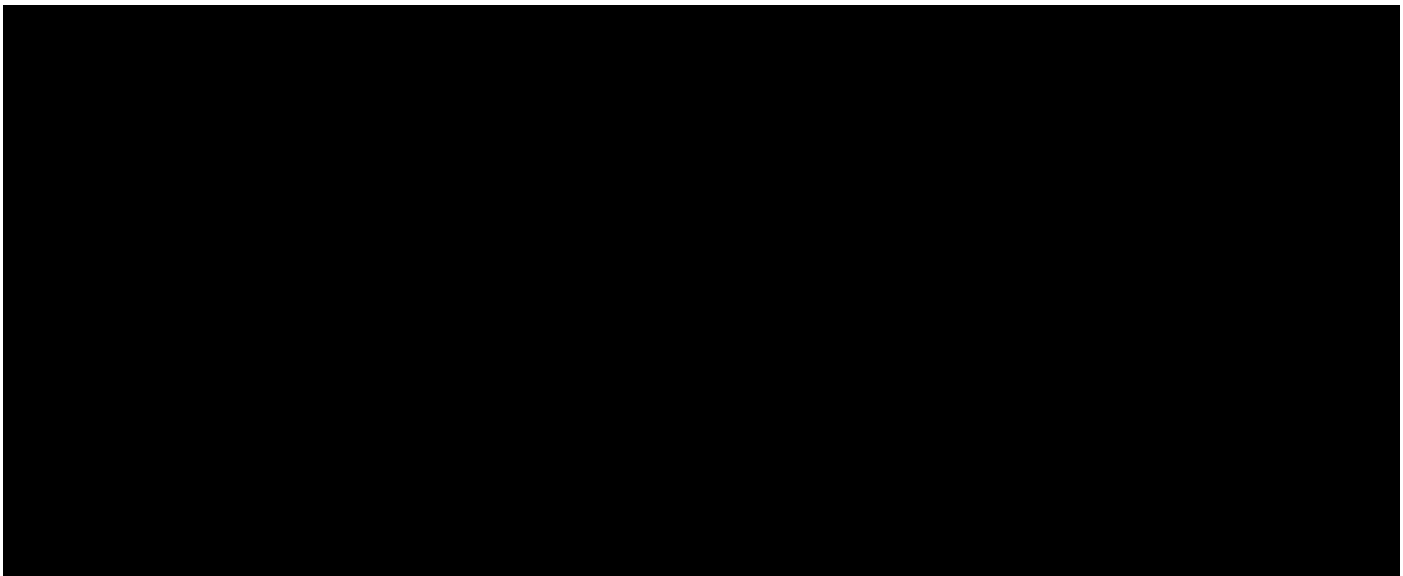
LVHN Achieves HIT Awards Grand Slam

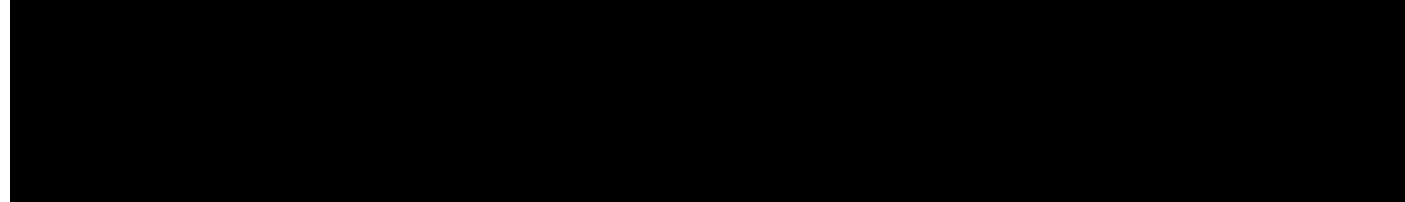
BY [JENN FISHER](#) · SEPTEMBER 21, 2017

In the world of entertainment, winning an EGOT (Emmy, Grammy, Oscar and Tony) is considered a grand slam. In the world of health information technology (HIT), LVHN achieved a similar multifaceted achievement over the past summer by earning HIMSS (Healthcare and Information Management Systems Society) EMR Adoption Model Stage 7 designation (for inpatient and ambulatory care) in May, three Most Wired awards, including Innovator and Advanced in June, and the prestigious HIMSS Davies Award in August.

The latest award, the [HIMSS Nicholas E. Davies Award of Excellence](#), is considered to be the pinnacle of health IT achievement. In August, representatives from HIMSS Davies Committee (HIMSS is an international health IT organization that works to positively transform health and health care through the best use of information technology with thought leadership, community building, professional development, public policy and events) performed an onsite review that included three case studies where LVHN leaders shared how they innovate with the electronic health record (EHR) and other technologies. After deliberation, the HIMSS Davies Committee awarded LVHN the Davies Award of Excellence.

Michael Minear, LVHN Chief Information Officer, says, “The Davies Award is especially meaningful because it assessed the work that literally thousands of LVHN’s clinical, administrative, informatics and technology support colleagues have done to deploy and use the EHR to enhance patient care. Our work in health IT is always about the patients and the communities LVHN serves, and the three case studies presented to the HIMSS Davies Committee showcased how LVHN has improved patient care, safety and satisfaction by leveraging the EHR to support many improvement projects.”





The LVHN team shared three case studies as part of the onsite assessment: the Daily Huddle, Reduction of Sepsis Mortality, and Ambulatory Care Process Improvement.

Daily Huddle

The daily huddle is a daily highly focused meeting of hospital leaders supported by real-time data in the EHR. Each morning, clinical and administrative leaders representing all functions in each LVHN hospital meet to review the needs of patients, and optimize patient flow and support. The huddle built awareness and teamwork across groups who previously worked in silos and used paper notes. The teams now use real-time dashboards and analytics embedded in the EHR to review current data that impacts patient admissions, surgeries, emergency care, and patient flow toward their discharge. The daily huddle supported a 94-percent improvement in early discharges (prior to 11 a.m.); a 34-percent improvement in patient wait times to move from the emergency department (ED) or post-anesthesia care unit (PACU) to an inpatient bed; decreased length of stay (LOS) by 5-percent for all ED patients (equivalent to adding 34,200 additional bed hours for patient care); and resulted in no diversions from the ED due to lack of bed space. For patients, this has meant shorter wait times, getting care faster, and better clinical outcomes.

Presenter:

- Kim Jordan, DNP, RN, Senior Vice President and Chief Nursing Officer
- 

Reduction of Sepsis Mortality

Sepsis is an aggressive, all-encompassing response to infection in the body. For too many patients, sepsis is fatal. To help reduce sepsis mortality, LVHN colleagues created a sophisticated improvement process led by a multi-disciplinary team to define and implement best practice for the clinical workflow to manage patients optimally and reduce mortality from sepsis. The team used the EHR to access clinical data, create new real-time alerts, new clinical order sets, and specialized clinical documentation templates to change how these patients were being managed.

All of the process and EHR changes created a system that continually surveilles all ED and inpatients for the early signs of sepsis, and helps clinicians take rapid and more precise actions to change the course of this condition. This project resulted in an initial 40-percent reduction in sepsis mortality over a five-month

period. The sepsis program has contributed to LVHN being ranked among the best nationally at achieving low levels in mortality. Additional enhancements continue to be made in the program. The approach and tools used to refocus on sepsis is being used for other clinical conditions and diseases across the continuum of care.

Presenters:

- Matthew McCambridge, MD, Chief Quality Officer
- Don Levick, MD, Chief Medical Information Officer

Ambulatory Care Process Improvement

For most patients, the part of our EMR system that is “visible” to them is the patient portal, known as MyLVHN. Before MyLVHN was implemented (during the Epic ambulatory EHR go-live in February 2015), more than one patient portal existed at LVHN; all had low enrollment and engagement rates. A goal for the health network was to leverage a single patient portal to improve engagement between health care providers and patients across the health network.

From the beginning, MyLVHN was popular, achieving more than 100,000 registered LVHN patients in the first year. Now in year two, LVHN has nearly 180,000 patients actively using the portal. By providing access and tools directly to patients and families to manage their care, both better service and better care is delivered. Example MyLVHN functions include:

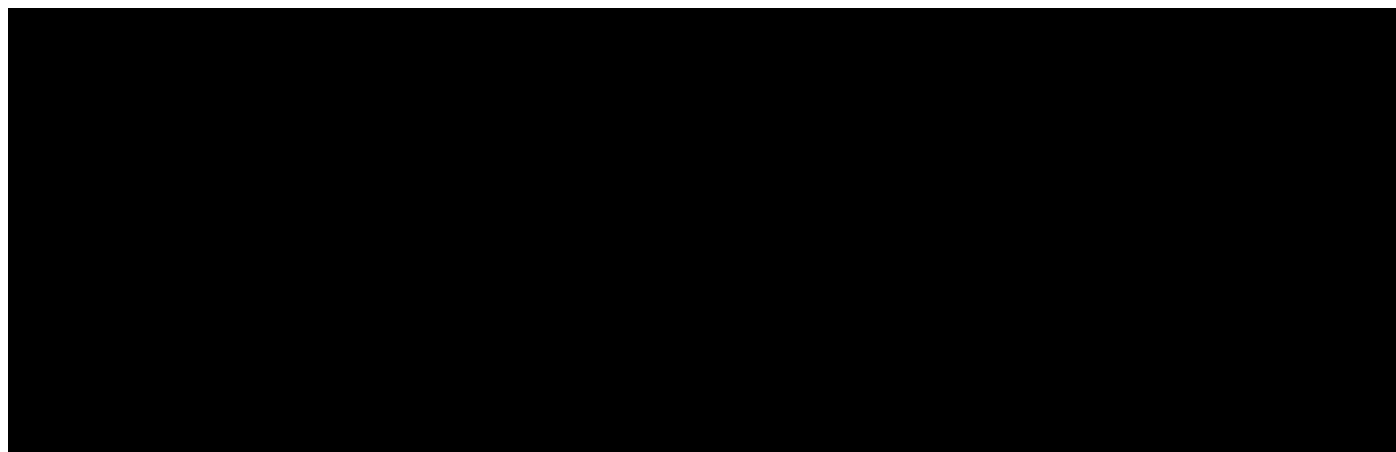
- Test results posted directly to the patient’s portal
- Easy online request for prescription refill
- Medical advice requests
- Pre-visit questionnaires completed in a MyLVHN account
- eVisits and Video Visits performed utilizing LVHN’s integrated medical record and patient portal

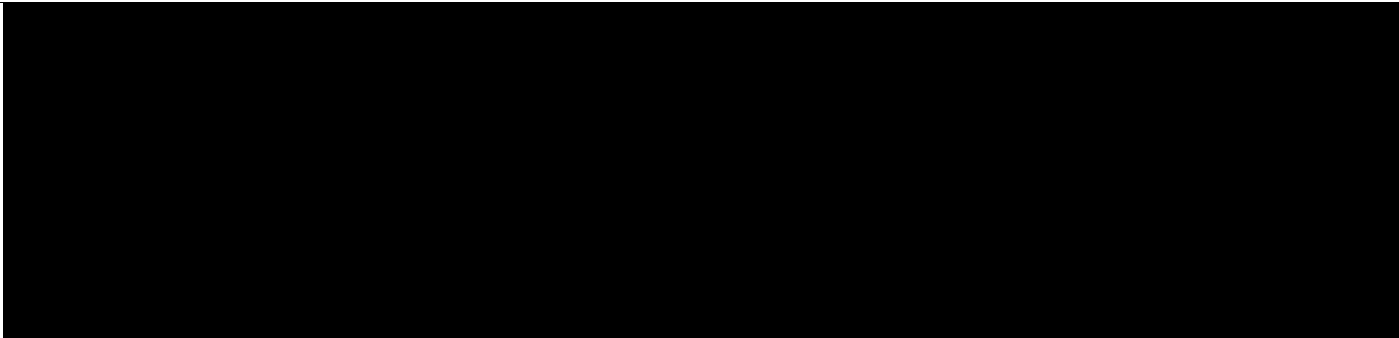
Patient and provider use of the portal has resulted in many process improvements for ambulatory practices include:

- Self-scheduled appointments have a 2-percent no-show rate compared to 7 percent no-show rates of appointments scheduled other ways.
- Patient self-scheduling through MyLVHN more than doubled in the first six months of go-live in 2017.
- Overall patient satisfaction rose from 87.2 percent to 91 percent over a 12-month period (equivalent to a move from 37 percent to 64 percent in national rankings).
- New primary care appointments are scheduled within two weeks 53 percent of the time versus 26 percent of the time before MyLVHN.

Presenters:

- Michael Sheinberg, MD. Medical Director of Medical Informatics
- Jennifer Stephens, DO, Medical Director, LVPG and LVHN ACO





Reflecting on the Davies Award along with the other industry accolades, Minear shares “for many years clinical software has had great potential to positively impact patient care and clinical outcomes, but often came up short. It is very exciting that we have reached the point where modern software tools, embedded clinical knowledge, and teams experienced in defining and leading change have aligned and enable LVHN to create significant improvements in clinical workflow, and have the metrics to manage and demonstrate the outcomes of this work. But we feel like we are just getting started, it will be very interesting to see how far we can leverage these tools and partnerships in the future.”

The LVHN team will formally receive the Davies Award in March at the 2018 HIMSS National Conference and Exhibition in Las Vegas.

That Positive Effect

BY [KIM JORDAN, DNP, RN](#) · SEPTEMBER 22, 2017

It's interesting how certain topics we talk about in this blog strike a chord with you. Last week the positive dynamos and energy vampires topic really resonated with people. In work life and home life, even “out-in-the-community” life, we encounter people who have the ability to bring out the best in us – the positive dynamos.

Their overall positivity and just the way they make us feel – valued, respected, appreciated, listened to, understood, welcomed – causes a cascade effect. You want to pay that feeling (or those feelings) forward to someone else – and you do it. Then that person feels energized to give a helping of positive energy to another person, and so on. If left to me, that positive pattern would play out over and over again, every single day, in all parts of our lives.



At work, a few acts of positivity can add up to a day or even a week of positive effect.

- Ask a patient about their favorite hobby, activity or what makes them smile.
- Help a new colleague by answering a question or demonstrating a process.
- Actively listen to a patient's (or family member's) concern or compliment.
- Offer to be a reference for a job seeker looking to join LVHN.
- Let someone know they did a great job.
- Let a manager know their staff member did a great job.
- Smile when you greet the next person you see.

How do you put positive energy into effect? How have others shared their positivity with you? Let me know at Marie.Jordan@lvhn.org.

Striking a chord

Last month, Jennifer Silva, DNP, RN, administrator with Women's and Children's Services, shared a wonderful statement in this blog about the joy and sense of accomplishment she feels as a nurse. ([You can read her reflection here.](#))

That message (and the overall nurse retention topic) struck a chord with a long-time LVHN nurse who was inspired to reach out to her supervisor asking if she might share her own story. (More to come next week.) And in the way positivity pays it forward, this all struck a chord with me! Why not ask our nurses: **Why do you love being a nurse at LVHN?** If you are willing to share your thoughts about that topic and don't mind being featured in this blog, please email me (Marie.Jordan@lvhn.org) and we will create a post all about LVHN nurses and the reasons you are inspired to stay here.

Recruiting never stops

We have yet to run out of ideas or methods to bring people on-staff to our patient care services department. Up next is a “Mix & Mingle” recruiting event at Blue Mountain Ski Resort for nurses who might be interested in joining LVHN. If you know a nurse who is currently not employed (or one who may be open to joining our positively amazing health network), act like a recruiter and invite them to attend the event. (By the way, we are our own best recruiters!) Direct your nurse friend to [this page for time, directions and a place to upload their resumé](#).

And, don't forget to check the [Active Referral Program](#) page for our current referral bonus programs. If you refer someone in a needed position (the list is on the Active Referral Program page), and that person is ultimately hired, and they meet all conditions spelled out on that page, you will be eligible for a bonus. It's a small way to thank you for bringing talented, caring professionals our way.

As always, I want to share my thanks with all of you. Each week, you find opportunities to see the best in your patients and your colleagues. By doing that, you bring out the best in them – and in a wonderful way, the best in yourself. Thank you for another week of patient care excellence.

Kim



Kim Jordan

About me: My name is Kim Jordan, DNP, RN, and I am Senior Vice President and Chief Nursing Officer at LVHN. I came to LVHN 15 years ago as director of the open-heart and transitional open-heart units. I consider it an honor and a privilege to lead our outstanding nursing colleagues.

Join LVHN's 2017 Heart Walk Team

BY [TED WILLIAMS](#) · SEPTEMBER 18, 2017

Gather with a team of LVHN colleagues for a fun afternoon and great cause in the annual American Heart Association Lehigh Valley Heart Walk on Sunday, Oct. 1, at Bethlehem SteelStacks, 101 Founders Way in Bethlehem.

The Heart Walk is the American Heart Association's primary fundraising event, with more than 1 million walkers participating in 350 events nationwide to raise money for research and education in the fight against heart disease and stroke, the No.1 and No.5 causes of death in the U.S. An estimated 610,000 people will die of heart disease and an estimated 795,000 people will suffer a stroke this year.

Date: Sunday, Oct. 1

Time: Walk begins at 3 p.m. Registration is at 1:30 p.m. There will be fitness demonstrations and food giveaways among other activities from 2-5 p.m.

Location: Bethlehem SteelStacks

How to register:

- Visit [2017 Lehigh Valley Heart Walk](#).
- Click on "Register." Then click "Start a Team," "Join a Team" or "Join as Individual."
- To join an LVHN team, you'll be asked if you've participated before. If you click "Yes," log in to join your existing team. If you click "No," then click on the pulldown menu, select "Lehigh Valley Health Network" and click search. Then, pick an LVHN team to join.

If you aren't able to join the walk, you can use the same link ([2017 Lehigh Valley Heart Walk](#)) to pledge support for one of the LVHN Heart Walk teams.

If you have questions about the event, email colleague [Mercedes Scott](#).



LVPG Practice of the Month: LVPG Family Medicine–Blandon

BY [MARCIAAN ALBERT](#) · SEPTEMBER 19, 2017

Each day, colleagues within our LVPG practices provide extraordinary care and treatment. In a new feature on LVHN daily called “LVPG Practice of the Month” we will recognize the accomplishments, milestones and incredible patient-centered care practices deliver.

Integrating small changes within practice workflows can enhance quality metrics. Colleagues at LVPG Family Medicine–Blandon knows a thing or two about how tiny tweaks improve metrics from red to green.

They are one of five practices across all of LVPG that have all their “tracked” metrics in the green. Team members worked to address specific metrics by:



- **Instituting visual cues to obtain accurate blood pressure readings.** For example, a nurse takes a patient’s blood pressure, places a magnet outside the room notifying the provider of a high blood pressure reading, and rechecks the reading before the end of the appointment.
- **Auditing charts of patients diagnosed with heart failure and low ejection fraction percentages.** Through this process, they were able to identify that patients with low ejection fraction who had diagnostic tests outside the health network were not being tracked appropriately.
- **Reviewing number of mammograms done outside of the health network.** Colleagues then request the patient’s diagnostic test results be faxed to the office for EMR accuracy and coordination of care.
- **Asking patients during appointment if they had a colonoscopy and request documentation on the procedure for chart efficacy.** This inquiry was instituted for eye exams as well.
- **Scheduling patients with diabetes every six months to review lab results.** This ensures patients who require insulin start it more quickly.

Together, the team at this practice identified workflow gaps, implemented standard work and provided educational resources. Their effort resulted in improved patient care, accurate quality metric reports and better practice communication. Take a look at their path to green below:

	Jun	Jul	Aug	MTD
Documentation of Current Medications in the Medical Record	 100%	100%	100%	100%
Falls: Screening for Future Fall Risk	 90.8%	91.6%	92.0%	90.7%

My Dept Preventative Health LVPG Family Medicine - Blandon

	Jun	Jul	Aug	MTD
Annual Wellness Visit - Medicare/Medicare Advantage	 80%	81%	82%	81%
BMI Screening and Follow Up	 86.3%	84.9%	85.6%	85.7%
Screening for Clinical Depression and Follow Up Plan	 77.5%	77.1%	77.8%	77.5%
Colorectal Cancer Screening	 69.5%	69.3%	69.2%	68.9%
Breast Cancer Screening	 73.1%	73.3%	72.6%	72.9%
High Blood Pressure Screening and Follow-up	 66.6%	64.6%	64.8%	65.6%

My Dept At Risk Population LVPG Family Medicine - Blandon

	Jun	Jul	Aug	MTD
HgA1c Poor Control (> 9%)	 14.6%	12.1%	14.7%	14.5%
Diabetes- Eye Exam	 59.3%	57.3%	58.8%	58.9%
HTN: Controlling High Blood Pressure	 74.3%	79.6%	77.8%	76.2%
IVD: Use of Aspirin or Another Antithrombotic	 84.2%	83.7%	82.8%	83.0%
HF: Beta-Blocker for LVSD	 81.3%	81.3%	88.2%	94.4%
CAD: with DM or LVSD on ACE/ARB	 86.7%	88.9%	87.2%	93.6%
Asthma Classification	 96.8%	96.7%	96.8%	97.7%
Asthma Controller Medication	 100.0%	100.0%	100.0%	100.0%

LVPG Provider You Should Know: Gabriel Lewullis, MD

BY [MARCIAANN ALBERT](#) · SEPTEMBER 21, 2017

The “LVPG Provider You Should Know” is a new regular feature on LVHN Daily. It’s designed to introduce you to some of the exceptional physicians and advanced practice clinicians we have within our medical group. It may even help you or someone you know who is searching for a provider find the perfect one.

Meet Orthopedic Surgeon Gabriel Lewullis, MD, with LVPG Orthopedics and Sports Medicine. A former athlete, Lewullis understands patient concerns, fears and expectations of care. At the end of an office visit, he wants patients to feel that all of their questions have been answered.

Lewullis is thrilled to be back in his hometown of Allentown and practicing orthopedic surgery-sports medicine. Seeing patients recover from injury and helping get them back to the activities and sports they love to do is a rewarding experience for him.

Lewullis is proud to be involved in the national organization called “Our Future Stars” which focuses on the many benefits of participation in team sports. He also served as a team physician for multiple high schools and colleges.

When he is not working, Lewullis loves spending time with his wife and three boys, playing basketball and golfing.

To learn more about Lewullis’ and to watch his video, [visit his profile page on LVHN.org](#).



LVHN Cancer Institute Symposium Oct. 13

BY [TED WILLIAMS](#) · SEPTEMBER 18, 2017



All LVHN primary care providers are invited to the first LVHN Cancer Institute Symposium, “Partnership with Primary Care,” on Friday, Oct. 13, from 8:15 a.m. to 4:30 p.m. at Camelback Lodge in Tannersville, Pa.

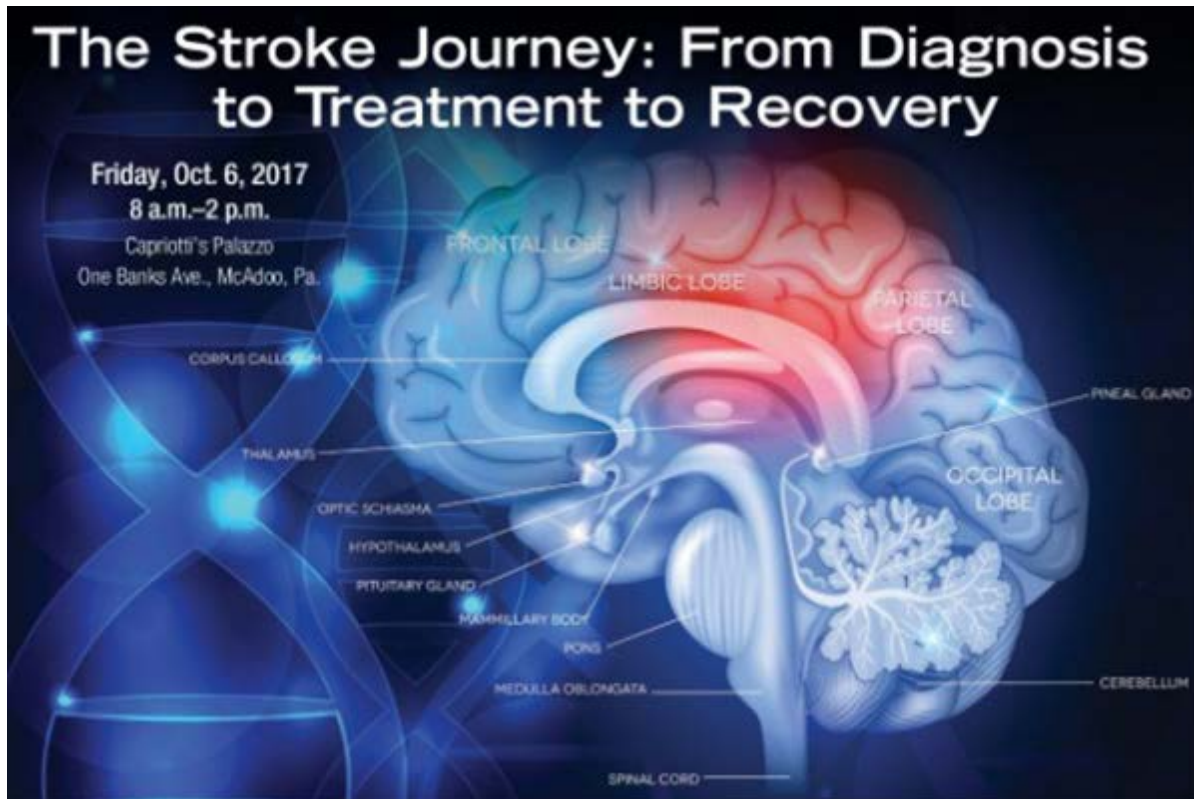
LVHN and Memorial Sloan Kettering Cancer Center providers will speak on a variety of topics related to the treatment and management of cancer conditions. Registration fees are \$50 for providers, \$25 for fellows, residents, advanced practice clinicians and non-LVHN registered nurses and allied health professionals. The event is free for LVHN registered nurses and allied health professionals.

You can [register and make your payment electronically](#). Registration deadline is Oct. 6. You can register at the event for an additional \$10 if space is available. You can book a room at [Camelback](#), using Code 3099.

For more information, see our [Partnership with Primary Care](#) flier. Please call 610-402-2277 with questions.

Attend the LVHN Stroke Symposium Oct. 6

BY JANE DANISH · SEPTEMBER 21, 2017



LVH–Hazleton invites all primary care providers, nurse practitioners, physician assistants, registered nurses, licensed practical nurses and pre-hospital care providers to a symposium entitled “The Stroke Journey: From Diagnosis to Treatment to Recovery” on Friday, Oct. 6, from 8 a.m.-2 p.m. at Capriotti’s Palazzo in McAdoo, Pa. LVHN and pre-hospital providers will speak on various aspects of the stroke care journey beginning with pre-hospital care to post-stroke treatment plans.

You can [register online](#). With approval from your manager, the event is free for LVH–Hazleton providers. The registration for EMS personnel is \$50, and \$75 for all other attendees. Payment can be made electronically online. The registration deadline is Oct. 1. You can register at the event for an additional \$10 if space is available.