LVHN AWARDED FULL ACCREDITATION BY THE ASSOCIATION FOR THE PROTECTION OF HUMAN RESEARCH PROTECTION PROGRAMS

Lehigh Valley Health Network (LVHN) became the first community hospital in Pennsylvania and the seventh in the nation to receive full accreditation from the Association for the Accreditation of Human Research Protection Programs (AAHRPP). This means that LVHN is committed to the most comprehensive protections for research participants and the highest quality research.

AAHRPP is a non-profit association that works with organizations that conduct human research to raise the level of protection for research participants and the highest quality research.

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Accreditation of our Human Research Protection Program is the culmination of three years of restructuring the manner in which the health network provides protection to patients who enroll as research participants. Scott J. Lipkin, DPM, Director of the Research Participant Protection Office (RPPO), provided leadership and foresight as he led the restructuring and accreditation efforts. “Achieving this prestigious accreditation would not have been possible without the hard work and dedication of the RPPO staff, members of the Institutional Review Boards, the research investigators and senior management,” Dr. Lipkin said.

The accreditation process included a more than 800-page self assessment of the health network’s research protection program and a three-day site visit that included interviews with LVHN researchers, Institutional Review Board members and staff, and senior organizational officials by AAHRPP representatives. To obtain accreditation, organizations need to meet 77 elements. The health network met all 77, including five with distinction – the highest number of elements with distinction the AAHRPP has ever awarded to an organization.
The Current Economic Crisis and its Impact on Hospitals and Physicians

It is difficult to pick up a newspaper without seeing an article detailing our economic crisis. In March, 2009, the United States lost another 663,000 jobs totaling 5 million since the beginning of the current recession in December, 2007. Since January, 2008, unemployment has increased by 44 percent, from 4.8 to 8.5 percent, the highest unemployment rate since 1983. There are 13 million Americans actively looking for jobs, and some project the situation will further deteriorate reaching 10 percent unemployment by the end of the year.

At this time in our economic history, arguably the health care industry is one of the safest sectors for employment. While it is true we have been affected less than other sectors, there remains a significant impact on hospitals and physicians. Last month, Lawton R. Burns, PhD, MBA, Director of the Wharton Center for Health Management and Economics at the University of Pennsylvania, was the featured speaker at the LVHN Board and Senior Management Council half-day retreat. Professor Burns outlined the impact of our current recession on hospitals around the country.

As a direct result of losing their jobs, many people have also lost their health insurance. If not successful in finding reemployment with health care benefits, they might be forced to enroll in a state run Medicaid program. Even before the current economic crisis, enrollment in Medicaid programs was increasing, an effect now being accelerated by the poor economy. Specifically, in 2000, 10 percent of the population was enrolled in Medicaid compared to the current figure of 13.5 percent. It is important to realize that Medicaid is funded by the states and can account for as much as 25 percent of a state’s budget. With decreasing tax revenue and escalating Medicaid enrollment and expenses, many states are struggling to close the budget gaps. As a piece of the stimulus package, Congress and the Obama administration are looking to temporarily provide federal money for Medicaid programs, however, it is possible states may look to cut their overall expenses by further decreasing Medicaid expenditures.

Medicaid reimbursements are, on average, 20 percent below a hospital’s cost to care for a patient, and Medicare typically pays 3 percent below cost. Nationwide, since 1999, more than half of a hospitals’ revenue comes from Medicare and Medicaid with 41 percent from Medicare and 15 percent from Medicaid. Given this combination, it is difficult for hospitals to post positive patient services net margins.

The current economic climate has fewer patients seeking care. Consequently, 53 percent of hospitals are reporting fewer admissions and fewer elective procedures, and 20 percent are reporting a decrease in Emergency Department visits. It is not surprising, with this combination of increased reliance on government payers, low levels of reimbursement, and decreased patient visits that across the country more than 50 percent of hospitals are now reporting negative total margins.

Although most physicians are, on average, less affected by the recession, they are still feeling an impact. According to Robert Lowes, writer for Medscape Medical News, 56 percent of hospitals recently reported to the American Hospital Association that physicians are seeking more financial support from hospitals, ranging from reimbursement for on-call duty to outright employment. Physicians who are impacted the most are those who are procedurally oriented and rely on patient discretionary spending. According to the American Association of Plastic Surgeons, 6 in 10 plastic surgeons report a decrease in cosmetic surgeries. A February, 2009 survey conducted by the Chicago Dental Society found that more than 60 percent of dentists reported their patients delaying cosmetic procedures. Additionally, more than half noted that patients are putting off needed dental work, and 40 percent reported a decrease in preventative care.

Continued on next page
Continued from Page 2

Most primary care physicians continue to enjoy full schedules. However, findings by the Henry J. Kaiser Family Foundation in October, 2008, noted 36 percent of Americans postponing needed care, while another 30 percent skipped tests and treatments outright. As a result, our nation’s Family Medicine physicians, pediatricians, and internists are finding their waiting lists for new patient and follow-up appointments at a many year low.

LVHN HOSPITAL SITES EARN ACCREDITATION AS CHEST PAIN CENTERS

Lehigh Valley Health Network’s three hospital sites recently received accreditation as Chest Pain Centers from the Society of Chest Pain Centers.

Two of the hospitals, Lehigh Valley Hospital—Cedar Crest and Lehigh Valley Hospital—Muhlenberg, earned the designation of Primary Coronary Intervention sites, meaning they have tools like angioplasty to help unblock clogged arteries.

Heart attacks are the leading cause of death in the U.S. and more than five million people with chest pain are seen in emergency departments each year. The accreditation means that LVHN has reduced the mortality rates of patients suffering from heart attacks and other acute coronary illnesses by educating the general public to recognize and react to the early symptoms of a possible heart attack.

The network is now one of about 400 hospitals in the U.S. to receive this accreditation. “This further illustrates the network’s commitment to heart attack care,” says Michael A. Rossi, MD, medical director of LVHN’s Regional Heart Center. “We’ve tried with great success to educate the community and other medical care providers to recognize heart attack symptoms, and this accreditation goes a long way to show that.”

The network’s regional MI Alert Program for Heart Attacks was one of the reasons cited for the new Chest Pain Center accreditation at all three emergency departments, the two mentioned above and Lehigh Valley Hospital—17th Street. “The MI Alert program has helped us to foster close collaboration with the region’s first responders and our MI Alert partner hospitals to recognize the symptoms of a heart attack before they even get to the hospital,” says Richard S. MacKenzie, MD, Chair of the Department of Emergency Medicine.

In August, a government report published by USA Today ranked LVHN as having the lowest mortality rate for heart attack care of any hospital in the nation. USA Today analyzed a report issued by the U.S. Centers for Medicare and Medicaid that showed the network’s 30 day mortality rates after heart attacks was the lowest in the country.

The Society of Chest Pain Centers cites these accomplishments as reason for accreditation, saying LVHN:

- Assesses, diagnoses and treats patients quickly
- Effectively treats patients with low risk for acute coronary syndrome
- Continually seeks to improve processes and procedures
- Ensures personnel are competent and trained with the latest life-saving techniques
- Designed a hospital network that promotes optimal patient care
- Supports community outreach programs that educate the public to promptly seek medical care if they display symptoms of a possible heart attack

The Society of Chest Pain Centers is a patient centric non-profit international professional organization focused upon improving care for patients with acute coronary syndromes and other related maladies.

Hang in there and have a pleasant month!

Matthew M. McCambridge, MD
Medical Staff President
LVHN AWARDED OUTSTANDING PROGRAM ACHIEVEMENT AWARD BY THE AMERICAN COLLEGE OF SURGEONS’ COMMISSION ON CANCER

Lehigh Valley Health Network was awarded an Outstanding Program Achievement Award by the American College of Surgeons’ Commission on Cancer (CoC). LVHN’s Cancer Program at both Lehigh Valley Hospital – Cedar Crest and Lehigh Valley Hospital – Muhlenberg was surveyed last fall, with LVHN receiving re-accreditation as a Network Cancer Program for a full three years with commendation in eight specific areas. The CoC awards cancer program certification based on documented accomplishments in process, clinical care, education, research, community involvement, and quality improvement. Twelve separate categories of approval are awarded; of those, Network Cancer Program status is the highest possible category to achieve as this requires meeting the most rigorous, stringent criteria used to evaluate programs. Of the more than 1,400 CoC approved programs nationwide, only 26 have achieved Network Cancer Program status since this category was created in 2001.

LVHN first achieved Network Cancer Program status in 2005, also receiving a full three-year accreditation with commendation status at that time. That year, LVHN was awarded commendation in six separate areas. As noted above, during the last survey, LVHN achieved commendation in eight areas, seven of which were required to be eligible for the Outstanding Program Achievement Award. This award was first established in 2004 and programs at all levels of accreditation are eligible to receive it, though progressively less stringent criteria need to be met for programs with lower levels of accreditation. This year, LVHN was the only Network Cancer Program to achieve the Outstanding Program Achievement Award. Even more remarkable, LVHN is only the fourth Network Cancer Program ever to receive this award.

This Outstanding Program Achievement Award and LVHN’s repeat accreditation as a Network Cancer Program with Commendation represent a remarkable accomplishment and honor shared by the physicians and clinical staff of every department that provides care for patients with cancer. Their passion for better medicine ensures that members of our community receive the best possible medical care supported by education and research. The combination of Network Program Accreditation and the Outstanding Program Achievement Award places LVHN in the top 0.3% of CoC-approved Cancer Programs.

NEW ID BADGES

In December, 2008, new ID badges were issued for all members of the Lehigh Valley Health Network. Although many members of the Medical Staff and Allied Health Staff have exchanged their old badges for new ones, a number of new badges are still available for pick up in Medical Staff Services.

Badges may be picked up Monday through Friday, between 7 a.m. and 5 p.m., in Medical Staff Services located on the first floor of the Jaindl Pavilion at Cedar Crest & I-78. If you primarily practice at LVH-Muhlenberg, arrangements can be made for pick up at that site. Please note that old badges must be turned in when picking up the new badge.

All members of the Medical and Allied Health staffs who have not yet received their new ID badges are asked to make arrangements for pick up as soon as possible. For security purposes, ALL OLD BADGES WILL BE DEACTIVATED ON JUNE 15, 2009. After that time, only the new LVHN ID badges will be active.

If you have any questions, if you have lost your ID badge, or to make arrangements to have your badge available for pick up at LVH-Muhlenberg, please contact Janet M. Seifert in Medical Staff Services at 610-402-8590.
**NEWS FROM CAPOE CENTRAL**

**Don’t Bogart Those Batteries**

Please be kind to your colleagues and help maintain a healthy supply of LifeBook batteries. LifeBook batteries seem to disappear at an alarming rate. Since July of 2008, over 260 NEW spare batteries have been deployed into the chargers and lockers. If you find a battery that you think is not holding a charge, please mark it and leave it next to one of the gang chargers. The I/S technicians rounding on the floors will pick it up and replace it with a new battery. Please remember to carefully replace batteries into the gang chargers. And, please DO NOT HOARD batteries. Carrying extra batteries in your lab coats leads to dead and missing batteries, and makes it more difficult for your colleagues to find fully charged batteries in the chargers.

**STAT AM Labs – Are they truly STAT?**

STAT labs should only be ordered when you need the test run STAT. If you are ordering labs for the next morning, please make sure the appropriate draw time is entered into the time field. You do not need to change the priority to STAT. The lab will be drawn at the designated time and will be run according to existing lab schedules. If all the morning labs are requested STAT, the lab will not be able to determine which labs are truly urgent. This will result in delays for all morning labs, including the ones that truly need to be run STAT.

**Ordering Meds**

When ordering medications, please remember to consider the scheduled administration times for the medication. This is very important for meds given once daily or BID. If you check the “FIRST DOSE NOW” checkbox, a dose will be scheduled within 30 minutes. If the usual scheduled time for the medication is after that, then the patient will receive two doses. For example, if you order a “Once Daily” medication at 7 AM and check the “FIRST DOSE NOW” checkbox, and the normal scheduled time for the med is 9 AM; the patient will receive a dose at 7:30 AM AND again at 9 AM. This will also occur in this example if you change the START TIME to any time before 9 AM. If you want an additional dose, you can change the frequency to one of the “NOW AND CONTINUE” frequencies, found in the FREQ pull-down menu. This pull-down also provides options for scheduling medications to start now and continue from the start time (instead of the usual schedule). Please check out the FREQUENCY options when ordering medications to start at specific times.

If you have any questions or concerns regarding these or any other CAPOE issues, please contact Don Levick, MD, MBA, Physician Liaison, Information Services, at 610-402-1426 or pager 610-402-5100 7481.

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**Save the Date!**

Mark your calendar! The date and place for the next Physician Recognition Dinner have been set – Saturday, March 27, 2010 at Bear Creek Mountain Resort & Conference Center in Macungie. Plan to attend the event to celebrate with your colleagues and recognize those who will be celebrating 25 and 50 years of service on the hospital’s Medical Staff. More information to follow!
Physician Documentation

Progress Notes and Discharge Summaries

For a variety of reasons, medical record documentation should be as clear as possible for both care providers and anyone reviewing the medical record retrospectively. Consistency in documentation greatly contributes to clarity of the medical record and accurate depiction of severity of illness. Although one documented instance of a diagnosis may at times be sufficient, carrying this diagnosis throughout the hospitalization eliminates any chance that the diagnosis will be misunderstood or missed.

Beginning this summer, CMS will be instituting a program called RAC (Recovery Audit Contractors) which will consist of auditing medical records to ensure that all coded diagnoses are justified by documentation. Any coded diagnoses not deemed documented thoroughly enough will result in retraction of payment with subsequent loss of severity of illness for the provider.

Given this environment, it is strongly encouraged that diagnoses be documented in the H&P, daily progress notes and discharge summary to support the utilization of resources and care provided by nursing, allied health professionals and physicians.

Please pay special added attention when dictating discharge summaries. They should contain the details of the principal and additional diagnoses which will support the resources and care provided at the bedside. Ideally, discharge summaries should be dictated promptly, on the day of or at the time of discharge.

If you have any questions regarding this issue, please contact Anthony V. Matejicka II, DO, at 610-868-6880.

LVHN Digital Library

New eBooks in the Digital Library

What are the advantages of having electronic books in the Digital Library? It’s simple – online access at YOUR fingertips as well as added features for many books such as the ability to search the entire book contents, or use the table of contents or book index.

Following is a list of some of the eBooks currently available in the Digital Library:

- *Ferri's Clinical Advisor: Instant Diagnosis and Treatment*, 2009
- Primary Care Medicine: Office Evaluation and Management of the Adult Patient, Goroll, 2009
- Colorectal Surgery, Kaiser, 2009
- Current Diagnosis and Treatment in Otolaryngology-Head and Neck Surgery, Lalwani, 2009
- Robotic Surgery, Gharagozloo, 2009
- Clinical Technology Investment Guide, Health Care Advisory Board, 2009
- 2009 Intravenous Medications: Handbook for Nurses and Health Professionals, Gahart, 2009
- Drug Facts and Comparisons Pocket Version, 2009

To get to the eBooks, go to the Digital Library homepage (from the intranet, click Find Fast/Library Services) and click on the subject category for the books you are interested in viewing. Then click on the title or icon of the book you want to see.

For more information, please contact Library Services at 610-402-8410.
The Current State of Pain

Over 76 million adults in the United States suffer from pain. Pain is the sixth leading cause of disability in the United States. The annual cost of chronic pain management is $100 billion in healthcare expenses, lost income and diminished productivity. Despite these facts, more than 80% of physicians under treat pain.

The Joint Commission Standards of Healthcare Safety and Quality calls for an increased awareness of the impact of chronic pain. They recommend all independent health care providers be educated in assessing and treating pain complaints seriously. Providers can no longer ignore patients’ complaints of pain.

Paramount to the success of improving our patients’ lives and easing their pain is professional education. The proactive, innovative, collaborative efforts presently ongoing here at LVHN reflect our commitment and dedication to being a leader in exceeding future national, state, Joint Commission and medical education needs.

The quality improvement strategies currently underway at Lehigh Valley Health Network include:

1. The development and implementation of a pain management curriculum for LVHN under the supervision of Bruce D. Nicholson, MD, Chief, Division of Pain Medicine. In addition there will be development of algorithms for treatment options in collaboration with the chronic pain (outpatient) center.

2. Implementation of Palliative Care and Pain Management CAPOE order sets, spearheaded by Daniel E. Ray, MD, Director, Medical Critical Care.

3. In collaboration with Virginia Commonwealth University, Cheryl A. Bloomfield, MD, Division of General Internal Medicine, will assess the utility of implementing their web-based pain management curriculum into our eLearning system to assist the medical residency programs and medical students in acute and chronic pain care.

4. Development and implementation of institution-wide eLearning modules to document and exceed The Joint Commission requirements.

5. Creation of a comprehensive web-based resource for convenient user friendly pain CME sites available to all professionals to access.

6. Development of evidence-based algorithms and web linked sites that allow for instant point of care systems based quality delivery of current pain treatment and recommendations.

7. Development of an evidence-based comprehensive pain curriculum for medical students, nurses, residents, physician extenders and physicians.


9. Continue with plans for a three-hour seminar titled “An Evening of Pain” to be held September 24.

If you have any questions regarding this issue, please contact Maryjane Cerrone, RN, MSN, Team Leader, Pain Research, at 610-402-9003, via email at mary_jane.cerrone@lvh.com, or pager 610-402-5100 2051.
NEW ANTICOAGULATION POLICY AND ENHANCEMENTS TO ENSURE PATIENT SAFETY

In order to reduce the likelihood of patient harm associated with the use of anticoagulant therapy and in keeping with 2009 Joint Commission requirements, the Anticoagulation Safety Committee has facilitated the development of an Anticoagulation Laboratory Monitoring Policy and new tools designed to improve the way patients who receive anticoagulation therapy are managed, treated and monitored.

“Laboratory Monitoring Guidelines for the Initiation of Anticoagulation” Policy

Highlights of this policy include the following requirements:

- When Warfarin orders are initiated, the prescriber is required to provide a reason for anticoagulation and a target INR in the medical record.
- All patients initiated on Warfarin therapy are to undergo initial/baseline PT/INR/PTT testing.
- Following initial PT/INR/PTT testing daily INR testing will be done.
- Current INR results are to be utilized by the prescriber to determine correct Warfarin dosing necessary to achieve therapeutic INR levels.
- All patients initiated on LMWH are to undergo initial/baseline serum creatinine, and platelet count testing.
- All patients initiated on UFH are to undergo initial/baseline PT/INR/PTT, serum creatinine and platelet count testing.
- Following initial PT/INR/PTT testing, ongoing PTT testing will be performed based on the directives of the prescribed heparin algorithm.
- Patients undergoing continued therapy with LMWH/UFH are to undergo platelet count testing at least every 48 hours.

“Coumadin Initiation” order set:

This new order set located under the CAPOE MEDS A-G list should be utilized when initiating patients on Coumadin therapy. Prescribers will receive an alert asking them to utilize the "Initiate Coumadin Order Set" when ordering Coumadin for patient with no previous Coumadin orders. This order set includes several previously unavailable enhancements that will help ensure the proper management and monitoring of their patients. Specifically these enhancements include:

- A drop down box to document reason for anticoagulation therapy
- A drop down box to document/record the target INR
- A free text box to document the estimated duration of anticoagulation therapy
"Anticoagulation Viewer" enhancements:

Under the Viewer tab select “Coag View.” This view provides the practitioner with a summary of all anticoagulant medications the patient has received, all laboratory values (PT, INR, etc.) blood transfusion information, and the target INR (when documented by prescribing physician). This view is intended to be used by physicians and nursing staff to assist with the treatment and monitoring of patients receiving anticoagulation therapy.

"Diet Coumadin Modification" consults enhancements:

This new consult option located under “Consults Ancillary” enables the prescriber to order a dietary consult if necessary for patients receiving anticoagulant therapy. This consultation is intended to assist the patient who may need additional education or dietary modifications due to food/anticoagulation medication interactions.

If you have any questions regarding this issue, please contact Bruce A. Feldman, DO, Division of Cardiology, at pager 610-402-5100 9074, or Michael J. Pistoria, DO, Medical Staff President-elect, at pager 610-402-5100 1091.
Department of Medicine – Research
Type 2 Diabetes Mellitus

This is a multi-center, randomized, double-blind, active-controlled clinical trial to evaluate the safety and tolerability of 24 weeks treatment with vildagliptin (50 mg qd) versus sitagliptin (25 mg qd) in patients with type 2 diabetes and severe renal insufficiency. Study involvement consists of 10 visits over a 24-week period. Subject will be excluded if they have previously been treated with any DPP-4 inhibitor, GLP-1 mimetic (e.g., Exenatide) or GLP-1 analogues (e.g., liraglutide). Other exclusion criteria include but are not limited to: liver disease, CHF, MI, unstable angina, CABG, PTCA, Stroke within past six months or undergoing any method of dialysis.

Principal Investigator: Larry N. Merkle, MD, Chief, Division of Endocrinology

Study Coordinator: Sharon Kromer, RN, BSN, CCRC, Department of Medicine—Research

For more information about the study or if you have a potential patient, please contact Sharon Kromer at 610-402-1592 or 610-402-1635.

Department of Surgery – Research

The Department of Surgery – Research recently initiated a second study with a product called Beriplex® P/N, a prothrombin complex concentrate (PCC). Beriplex® P/N is a highly purified, lyophilized human plasma fraction containing well-balanced amounts of the coagulation factors II, VII, IX, and X and of proteins C and S. The study’s primary objective is to compare the hemostatic efficacy of Beriplex® P/N and plasma in preventing excessive hemorrhages during emergency surgical or invasive interventions in subjects who have a deficiency of vitamin K-dependent coagulation factors II, VII, IX, X and protein C and S acquired from oral anticoagulation.

Background: A decade of clinical experience with Beriplex® P/N has confirmed good clinical efficacy and safety in the prophylaxis and therapy of hemorrhages caused by a congenital or acquired deficiency of coagulation factors II, VII, IX, X and X. One retrospective study analyzed 58 patients who required urgent reversal of over-coagulation with a PCC product. The median pretreatment INR was reduced from 3.8 to 1.3 within an hour after treatment, and was maintained until 24 hours post-treatment with a median INR of 1.5. Another open label, uncontrolled, multinational phase III study confirmed a rapid correction of INR (≤ 1.3) in 95% of the patients who required emergency surgery or had an acute bleed. In all studies, treatment with Beriplex P/N was safe and well tolerated. Only a few patients with significant additional risk factors (e.g., sepsis, cardiac and renal failure) have developed thromboembolism, which is a well-known potential side effect of PCCs.

Major study inclusion criteria: oral anticoagulation, INR ≥ 2, indication of emergency surgery or an invasive procedure.

Major study exclusion criteria: acute polytrauma, ICH with a GCS < 10, thrombotic event within three months of enrollment (e.g., MI, DIC, TIA, CVA, angina), sepsis, administration of whole blood, plasma or platelets within two weeks of study.

Principal Investigator: John J. Hong, MD, Division of Trauma-Surgical Critical Care/General Surgery, Section of Trauma Research

Lead Study Coordinator: Song-Hee Bohn, RN, BSN, CRC

To learn more about the study or if you have a potential patient, please page the Trauma/Surgery Research Coordinator On-Call through WebXchange via the hospital’s intranet.
**CONGRATULATIONS**

Russ S. Bergman, DMD, Dental Medicine Residency Program Director (LVH-M), concluded his year-long position as Chair of the Section of Post Doctoral General Dentistry at the annual meeting of the American Dental Education Association (ADEA) held in Phoenix, Ariz., in March. During his three years as a board member, he has been a leader in advancing the interests of General Practice Residency and Advanced Education General Dentistry Programs throughout the country with a focus on outreach, education and participation. He continues to provide input into this ADEA Section, increasing the visibility of the Lehigh Valley Health Network within the Dental community. Dr. Bergman has been a member of the Medical Staff since February, 1998.

**PERIOPERATIVE SERVICES EMBRACES FAMILY PRESENCE**

With a shortage of open beds following surgeries, the Post Anesthesia Care Unit (PACU) was inundated with complaints. Patients and their family members were frustrated, having long waits, without each other, before patients could be transferred to care units.

Perioperative services staff members recognized the immediate solution was to allow patients and family members to be together, introducing family presence to the unit. First, a committee that also included operating room and surgical staging colleagues enhanced the surgical waiting room. They added a patient-family phone line and collaborated with Volunteer Services to provide refreshments and magazines so family members didn’t miss opportunities to speak with surgeons. The team then developed family presence guidelines to ensure patients’ privacy while family members visit with their loved ones on the unit.

Two years later, staff members are taking family presence to a new level: inviting families of beating heart donors into the operating room during their last moments. Also, at a wife’s request, staff members accommodated her to remove her husband’s endotracheal tube – her way of saying goodbye before his organs were donated.

Perioperative services efforts are just one example of how the health network is shifting attitudes toward family presence. Leading the charge is the Patient and Family Involvement project team, part of the Patient-Centered Experience (PCE) 2016 – a 10-year initiative to enhance the experience of every patient and guest.

The team first eliminated the 11 a.m. to 8 p.m. visitation policy, including its daily announcement at all three hospital campuses. To date, family presence guidelines also have been established for the trauma bay at Lehigh Valley Hospital—Cedar Crest, neuroscience intensive care unit and all women and pediatric care areas. Most recently, questions regarding family presence were added to the Press Ganey patient care survey. Also, family presence guidelines are being developed for the entire health network, using a model and tools first introduced by the Neonatal Intensive Care Unit.

“There is evidence that family presence supports and comforts patients and families, improves safety, decreases medical errors and shortens length of stay,” says patient care services administrator Kim Jordan, RN, who is leading the PCE Patient and Family Involvement team. “We recognize not all areas can completely open their doors to family members and guests, but we hope they can open them as wide as possible.”

Perioperative services plans to explore the opportunity for parents to be with their children during induction and then again post-surgery when children are woken, as well as establish a survey to measure patient and family members’ satisfaction.

“It’s certainly a culture change and a learning process,” says perioperative services administrator Tammy Straub, RN. “Yet our success has inspired us to remain open about future opportunities.”
Save the Dates:

- **August 12-15** — 48th Annual Summer Festival
  Campus of LVH-Muhlenberg

- **October 3** — 14th Annual Nite Lites Gala
  Campus of LVH-Muhlenberg

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**Lehigh Valley Health Network**

**17th Annual Golf and Tennis Classic**

**Monday, May 18, 2009**

**Saucon Valley Country Club**

**Tennis**

Tennis package includes tennis fees, tournament gift, light refreshments, and cocktail reception. In the case of inclement weather, tennis will be relocated to Lehigh Valley Racquet & 24-7 Fitness Club (West End).

**Golf**

Golf package includes all greens fees, cart, tournament gift, luncheon, on-course refreshments and cocktail reception. In the case of inclement weather, Saucon Valley Country Club has the discretion to cancel play.

**Raindate:** TBD

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**Sponsorships/Reservations**

- Premier Sponsor $15,000
- Platinum Sponsor $7,500
- Gold Sponsor $5,000
- Closest-to-the-Pin Sponsor $2,500
- Longest Drive Sponsor $2,500
- On Course Refreshment Sponsor $3,000
- Registration Table Sponsor $3,000
- Tennis Court Sponsor $1,500
- Tee/Green Sponsor with Golfer $1,000
- Tee/Green Sponsor $500
- Individual Golfer $500
- Individual Tennis Player $250

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For sponsorship, reservation or event information, contact:
Amy Burrows at 610-402-9123 or Sandi Marsh at 610-402-9119

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**A PASSION FOR BETTER MEDICINE.™**
UPCOMING SEMINARS, CONFERENCES AND MEETINGS

Endowed Lectureship Series
Lehigh Valley Health Network will host the Jeffrey Paul and Grace Kathryn Feather Endowed Lectureship Series on Tuesday, May 19, from Noon to 1 p.m., in the Auditorium at Lehigh Valley Hospital – Cedar Crest & I-78. The topic — “Doctors and Patients Facing an Uncertain Future” — will be presented by Darrell G. Kirch, MD, President and CEO of the Association of American Medical Colleges.

For more information, please contact Rachael Scheffler in the Development Department at 610-402-9168.

Cardiology Grand Rounds
“Cardiac Resynchronization Therapy: Patient Selection and Optimization” will be presented by Michael R. Gold, MD, PhD, Medical University of South Carolina, on Friday, May 1, from Noon to 1 p.m., in the Auditorium at Cedar Crest, and teleconferenced to the Educational Conference Center Room B at LVH-Muhlenberg.

For more information, please contact Caroline Maurer in the Department of Medicine at 610-402-8215.

Medical Grand Rounds
Medical Grand Rounds are held on Tuesdays, beginning at Noon, in the Auditorium at Cedar Crest & I-78 and teleconferenced to the Educational Conference Center Room B at LVH-Muhlenberg. Topics to be discussed in May will include:

- May 5 – Clinical Pathological Conference – Case of the Year – Matthew Miller, DO
- May 12 – “Acute Kidney Injury” – Joseph Y. Cheung, MD, PhD, Director, Division of Nephrology, Thomas Jefferson University
- May 19 – “Doctors and Patients Facing an Uncertain Future” – Darrell G. Kirch, MD, President and CEO, Association of American Medical College
- May 26 – “Upper Extremities Nerve Injuries and Disorders” – Phillip R. Bryant, DO

For more information, please contact Becky Sherman in the Department of Medicine at 610-402-8045.

Neurology Conferences
The Division of Neurology conferences are held on Thursdays beginning at Noon at the noted locations. Topics to be discussed in May will include:

- May 7 – “Antiphospholipid AB and Stroke” – Yevgeniy Isayev, MD – Lehigh Neurology Conference Room, and Videoconferenced to Third Floor Conference Room, LVH-Muhlenberg
- May 14 – “Update on the Treatment for Acute Ischemic Stroke – What Are the Golden Hours?” – John E. Castaldo, MD – Kasych ECC Room 6
- May 21 – “International Stroke Conference Update” – John E. Castaldo, MD – Auditorium, Cedar Crest & I-78, and Videoconferenced to Third Floor Conference Room, LVH-Muhlenberg
- May 28 – Division of Neurology Meeting

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

OB/GYN Grand Rounds
The Department of Obstetrics and Gynecology holds Grand Rounds every Friday from 7:15 to 8:15 a.m., in the location noted. Topics to be discussed in May will include:

- May 1 – Gynecologic Oncology Tumor Board – Kasych ECC Room 8
- May 8 – Benign Gynecologic M&M – Kasych ECC Room 8
- May 15 – No OB/GYN Grand Rounds – Residents participating in OB Society’s Education Day
- May 22 – “Clinical Teaching Skills” – Bryan Kane, MD – Kasych ECC Room 10
- May 29 – Resident Research Day – Auditorium, Cedar Crest & I-78

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

Continued on next page
Psychiatry Grand Rounds

“Psychiatric Use of Unscheduled Medications in the Pennsylvania State Hospital System: Effects of Discontinuing the Use of PRN Orders” will be presented at Psychiatry Grand Rounds on Thursday, May 21, beginning at Noon (registration at 11:45 a.m.) in the Banko Family Center on the LVH-Muhlenberg campus.

Guest speakers will include Gregory M. Smith, MS, and Dung P. Tran, MD. Mr. Smith is the Chief Executive Officer at Allentown State Hospital and administers the Risk Management and Performance Measurement Systems for the Pennsylvania State Hospital System. Dr. Tran is an Assistant Clinical Professor at Lake Erie College of Osteopathic Medicine and DeSales University as well as the Chief Medical Officer at Allentown State Hospital.

For more information, please contact Tammy Schweizer in the Department of Psychiatry at 610-402-5255.

Spine Conferences

Conferences relating to interesting spine cases are held the first Wednesday of every month beginning at 7 a.m. Attendees typically include spine surgeons, neurosurgeons, physiatrists, pain management specialists, radiologists, among others. All clinicians are invited to bring interesting cases to this meeting.

The next Spine Conference will be held on Wednesday, May 6, in Kasych ECC Room 10.

For more information, please contact James C. Weis, MD, Co-Chief, Division of Spine Surgery, or Laura Warner, Clinical Coordinator, at 610-973-6338.

Surgical Grand Rounds

Surgical Grand Rounds are held on Tuesdays, beginning at 7 a.m., in the hospital’s Auditorium at Cedar Crest & I-78, and via teleconference to the First Floor Conference Room at LVH-Muhlenberg.

Topics to be discussed in May will include:

- May 5 – “Incidental Adrenal Tumor” – Nicolas Teleo, MD, Chief Resident, General Surgery
- May 12 – “Final Journey” – Bruce A. Ellsweig, MD, Medical Director, Hospice
- May 19 – Stahler-Rex Symposium Lecture – “Individualized Education to Enhance the Quality of Surgical Care” – Agit K. Sachdeva, MD, Director, Division of Education, American College of Surgery

This will conclude the Surgical Grand Rounds schedule for the 2008-2009 academic year. Have a safe and happy summer!

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

Save the Date

“An Evening of Pain”
An update on current trends in pain management for all independent healthcare practitioners and nurses
Thursday, September 24
4 to 8 p.m.
Kasych ECC Rooms 7 and 8
**PAPERS, PUBLICATIONS AND PRESENTATIONS**

George A. Arangio, MD, Chief, Section of Foot and Ankle Surgery, co-authored the paper, “A Biomechanical Analysis of Posterior Tibial Tendon Dysfunction, Medial Displacement Calcaneal Osteotomy and Flexor Digitorum Longus Transfer in Adult Acquired Flat Foot” which was published in *Clinical Biomechanics* (2009;24:385-390).

Mark A. Gittleman, MD, Division of General Surgery, Section of Surgical Oncology, was an invited speaker at the National Consortium of Breast Centers annual meeting held in Las Vegas, Nev., March 14-18, 2009. At the meeting, he lectured on “Breast Biopsy Techniques in the 21st Century,” “An Update on Coding/Reimbursement,” and “Imaging of the Breast for Surgeons.”

Nelson P. Kopyt, DO, Chief, Division of Nephrology, was co-chairman and a speaker at the National Kidney Foundation Spring Clinical meeting held in Nashville, Tenn., on March 29. Dr. Kopyt’s presentation was titled “The CKD Clinic: If You Build It Will They Come? – Practitioners’ Challenge.”

Meet Rosie – the World’s Largest Pharmacy Robot

It holds 60,000 doses of medication, covers an area of 420 square feet and picks medication for 800 inpatients every day without making one mistake. It’s the world’s largest pharmacy robot. Lehigh Valley Health Network put the robot into service at Lehigh Valley Hospital – Cedar Crest in November. It runs 24 hours a day, 365 days a year and dispenses 8,000 doses of medication daily.

The robot’s two mechanical arms give it the ability to multitask. While one arm is packaging medication, placing barcodes on each package and hanging packages on storage pins, the other arm is reading doctors’ orders, retrieving medication and dispensing medication for delivery. Because of the robot’s ability to perform several tasks simultaneously, the hospital’s inpatient pharmacy staff named it “Rosie” after the mechanical maid on the TV cartoon “The Jetsons.”
WHO’S NEW

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

Medical Staff

New Appointments

Frank M. Capobianco, MD, MPH
HealthWorks
1243 S. Cedar Crest Blvd.
Allentown, PA 18103-7982
Phone: 610-402-9230
Fax: 610-402-9293
Department of Family Medicine
Section of Occupational Medicine
Provisional Active

Anita C. Daniels-Rodriguez, MD
LVPG-Pediatrics
Lehigh Valley Hospital
17th & Chew, P.O. Box 7017
Allentown, PA 18105-7017
Phone: 610-969-4300
Fax: 610-969-4332
Department of Pediatrics
Division of General Pediatrics
Provisional Active
Appointment Date – 7/1/2009

Amy M. DePuy, MD
College Heights OBGYN Associates
1245 S. Cedar Crest Blvd.
Suite 201
Allentown, PA 18103-6267
Phone: 610-437-1931
Fax: 610-433-8791
Department of Obstetrics and Gynecology
Division of Obstetrics/Gynecology
Provisional Active
Appointment Date – 8/1/2009

Kristin C. Reihman, MD
Lehigh Valley Family Health Center
1730 Chew Street
Allentown, PA 18104-5595
Phone: 610-969-3500
Fax: 610-969-3605
Department of Family Medicine
Provisional Active

Medical Staff Leadership Appointments

Department of Emergency Medicine

Marna R. Greenberg, DO
Director, Research

Department of Medicine

Ronald S. Freudenberger, MD
Acting Chief, Division of Cardiology

Marc A. Vengrove, DO
Associate Chief, Division of Endocrinology

Addition to Departmental Assignment

Victoria L. Russin, MD
Department of Pathology & Laboratory Medicine
Division of Anatomic Pathology
Section of Gynecologic Pathology/Cytopathology

Change of Practice

Robert E. Budinetz, MD
Jeffrey A. Debuque, DO
William R. Swayser, Jr., DO
Lehigh Area Medical Associates, PC
3800 Sierra Circle, Suite 115
Center Valley, PA 18034-8476
Phone: 484-664-2480 Fax: 484-664-2483

Practice Name Changes

Lou A. Lukas, MD
Sarah Nicklin, MD
From: Palliative Care Associates of the Lehigh Valley
To: OACIS Services

Michael F. Busch, MD
Randy Jaeger, MD
Gerald-John M. Rossini, MD
Leo J. Scarpino, MD
From: Lehigh Valley Orthopedics at Coordinated Health
To: Coordinated Health

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Address Change

John S. Ziegler, DDS
Miles of Smiles
Lehigh Valley Hospital
17th & Chew
P.O. Box 7017
Allentown, PA 18105-7017
Phone: 610-969-3955
Fax: 610-969-3084

Resignations

Barbara K. Bollinger, MD
Department of Pathology & Laboratory Medicine
Division of Anatomic Pathology
Section of Forensic Pathology

Richard V. Hartzell, DDS
Department of Dental Medicine
Division of General Dentistry

Ursula M. Hoffmann, MD
Department of Family Medicine

David R. Johnson, MD, MPH
Department of Pediatrics
Division of General Pediatrics

Michael J. Nimeh, MD
Department of Medicine
Division of General Internal Medicine

Virginia C. Phipps, DO
Department of Medicine
Division of General Internal Medicine

Edward H. Wu, MD
Department of Medicine
Division of General Internal Medicine

Allied Health Staff

New Appointments

Rainie L. Doll, PA-C
Physician Assistant-Certified
Muhlenberg Primary Care, PC
2649 Schoenersville Road
Suite 201
Bethlehem, PA 18017-7326
Phone: 610-868-6880
Fax: 610-868-5660

Karen L. Ferrey, PA-C
Physician Assistant-Certified
Coordinated Health
2775 Schoenersville Road
Bethlehem, PA 18017-7307
Phone: 610-861-8080
Fax: 610-861-2989

Steven R. Moyer, OTC
Orthopaedic Technologist Certified
Coordinated Health
2300 Highland Avenue
Bethlehem, PA 18020-8920
Phone: 610-865-4880
Fax: 610-997-7171

Christy M. Niemkiewicz, PA-C
Physician Assistant-Certified
Muhlenberg Primary Care, PC
2649 Schoenersville Road
Suite 201
Bethlehem, PA 18017-7326
Phone: 610-868-6880
Fax: 610-868-5660

Liza M. Towne, PA-C
Physician Assistant-Certified
Neurosurgical Associates of LVPG
Center for Advanced Health Care
1250 S. Cedar Crest Blvd.
Suite 400
Allentown, PA 18103-6224
Phone: 610-402-6555
Fax: 610-402-6550

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**Change of Supervising Physician**

**Darci L. Brown, PA-C**  
Physician Assistant-Certified  
From: Coordinated Health – Manny S. Iyer, MD  
To: Chand Rohatgi, MD, FACS – Chand Rohatgi, MD

**Robyn L. Cimerol**  
Dental Assistant  
(Greater Lehigh Valley Oral Health Partnership)  
From: Sophia C. Kladias, DMD  
To: S. Clarke Woodruff, DMD

**Heidi P. Gearhart**  
Dental Hygienist  
(Greater Lehigh Valley Oral Health Partnership)  
From: Sophia C. Kladias, DMD  
To: S. Clarke Woodruff, DMD

**Emily A. Hafner**  
Dental Hygienist  
(Greater Lehigh Valley Oral Health Partnership)  
From: Sophia C. Kladias, DMD  
To: S. Clarke Woodruff, DMD

**Patricia A. Muller, PA-C**  
Physician Assistant-Certified  
(Surgical Specialists of the Lehigh Valley)  
From: Robert D. Barraco, MD, MPH  
To: A. Hamed Amani, MD

**Susan M. Speer**  
Dental Hygienist  
(Greater Lehigh Valley Oral Health Partnership)  
From: Sophia C. Kladias, DMD  
To: S. Clarke Woodruff, DMD

**Geannina E. Subbio, PA-C**  
Physician Assistant-Certified  
From: LVH Department of Surgery – Scott W. Beman, MD  
To: General Surgical Associates – Richard C. Boorse, MD

**M. Christine Yenshaw**  
Dental Hygienist  
(Greater Lehigh Valley Oral Health Partnership)  
From: Sophia C. Kladias, DMD  
To: S. Clarke Woodruff, DMD

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**Resignations**

Beverley J. Genetti, RNFA  
Registered Nurse First Assistant

Sheldon C. Lamoreaux, Jr., CRNA  
Certified Registered Nurse Anesthetist

Victoria C. LaPorte, RNFA  
Registered Nurse First Assistant

Marjorie A. Ofrichter, MS  
Audiologist

Edward F. Sayres, CRNA  
Certified Registered Nurse Anesthetist

Patricia A. Vaccaro, CRNP  
Certified Registered Nurse Practitioner

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**GO GREEN TIP OF THE MONTH**

Save time and a lot of paper – Switch to tree-free billing and pay those bills online with the click of a button or an automatic debit. Approximately one billion trees worth of paper are trashed each year in the United States and hard copy bills alone generate almost 700,000 tons of waste and almost two million tons of carbon dioxide. Both you and the planet will be happier without the excess garbage.
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@lvh.com or sent to Janet M. Seifert, Medical Staff Services, Lehigh Valley Health Network, Cedar Crest & I-78, P.O. Box 689, Allentown, PA 18105-1556 by the 15th of each month.

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