Yes, I was in the band as a middle and high school student. I was a percussionist – snare drum, marimba, triple toms…you name it – and enjoyed it immensely. I appreciated the camaraderie and teamwork necessary to execute sophisticated field shows and concerts. I understood the importance of the relationships between various sections. If the woodwinds and brass were not playing the right notes at the proper tempo, the result was a cacophony of instruments. When everyone was on the right page – striking the correct notes – we created beautiful music.

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I am also a fanatical sports fan. I bleed Philadelphia Eagles green (and most seasons, I do a lot of bleeding), Flyers orange and Phillies red. When not yelling at the action on the field or ice, I appreciate the intricacy of the games. Again, there is an extraordinary amount of teamwork necessary to successfully execute even the simplest football play. If Jeremy Maclin cuts the wrong way on a crossing route, Mike Vick throws an interception – they must be on the same page to make a play.

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Continued on next page
Drs. Christian Schumacher, Darryn Shaff and Josh Bemporad recently delivered a multidisciplinary Grand Rounds to the Department of Medicine. They reviewed several patients presenting to LVHN with strokes and detailed their evaluation and treatment. In each case, the patients did well and owed their successful outcomes to the multidisciplinary care they received. The stories were riveting – “stroke alerts” allowing rapid evaluation of stroke patients and the technologies that facilitate prompt diagnosis and treatment.

Unspoken, but readily apparent to those in attendance was the importance of the relationships between Josh, Darryn and Christian. Each plays a specific role in the evaluation of stroke patients. They know the other’s preferences in terms of evaluation and needs relative to definitive treatment. This knowledge grew over time, concordant with their developing relationships. They work well together because they have relationships built upon trust, respect, relatedness and communication. They work well together because they nurture their relationships on a regular and consistent basis.

Music, sports, medicine – three of my passions are all built upon relationships and the interdependence of the participants.

Relationships allow us to provide the standard of care we are proud to deliver at LVHN. As you move about the hospital, take a moment and reflect upon the conversations you have – the relationships you cultivate that allow you to care for your patients. Walk through any of our intensive care units and watch the seamless interplay between the various disciplines. Realize that, for each patient we treat, there are countless members of the Network responsible for other aspects of that patient’s care, all working in harmony.

If you want to learn more about the importance of relationships in medicine, I recommend an article co-authored by Will Miller, MD, our Chair of Family Medicine. Published in the September 2009 issue of *The Joint Commission Journal on Quality and Patient Safety*, “How Improving Practice Relationships Among Clinicians and Nonclinicians Can Improve Quality in Primary Care” identifies seven key characteristics of relationships in medicine. These characteristics are: trust, mindfulness, heedfulness, respectful interaction, diversity, social and task relatedness, and rich and lean communication. We will explore some of these in future columns.

Until next month, appreciate the complexity involved while you listen to your favorite band or orchestra, watch your favorite team, or care for your patients. Reflect upon the fact that the system is the relationships. Take an extra moment in each day to nurture those relationships – it is quality improvement and is worth the investment.

We truly are a symphony of care.

Michael J. Pistoria, DO
Medical Staff President

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**2011 eLEARNING CORE CURRICULUM COURSES**

The first of three 2011 Core Curriculum education bundles will be released in early February with a due date of March 31, 2010. This bundle, sponsored by The Joint Commission and Regulatory Excellence Department, includes courses designed to align with The Joint Commission 2011 regulations.

Subsequent eLearning bundles pertaining to OSHA and Corporate Compliance are scheduled for release in the second and third quarters of 2011.

eLearning Core Curriculum courses are mandatory for all network-employed physicians, however, independent practitioners are also encouraged to complete them. If you have any questions regarding eLearning, please call the Information Services Help Desk at 610-402-8303.
LVHN OPENS HEALTH CENTER AT MOSELEM SPRINGS

On January 6, Lehigh Valley Health Network officials marked the opening of the Health Center at Moselem Springs with remarks and a ribbon cutting ceremony.

The 12,000 square-foot center at the intersection of Routes 662 and 222 in Richmond Township brings family medicine physicians, walk-in hours, diagnostic services and wellness care to this important community. “This health center marks a milestone in the care that Lehigh Valley Health Network offers to residents of Berks County,” said Ronald W. Swinfard, MD, LVHN President and Chief Executive Officer. “It will help meet the increasing medical needs of the region, and it will bring together in one convenient location some of the most in-demand services our community members requested during public forums we held last winter. This health center will ensure the residents of this region get the most advanced care, close to home.”

The facility will offer appointments with family medicine physicians and specialists, walk-in care, and a range of diagnostic testing, including digital mammograms, x-rays, ultrasounds and lab tests. There will also be physical therapy, behavioral health counseling, wellness classes and prevention resources.

The health center, which is in a building of local historic significance – known for years as the Inn at Moselem Springs – was developed by Anchor Health Properties of Wilmington, Del., designed by Alliance Architecture of Nazareth, Pa., and completed by Target Building Construction, of Crum Lynne, Pa. The integrity of the historic portion of the property was retained during the $2.5 million renovation. The health center will employ 25 people.

PHYSICIAN PATIENT SATISFACTION AWARD WINNERS SELECTED

The selection of winners is based, in part, on the results of the Press Ganey surveys, in which discharged patients rate their experience, including their experience with their doctors. Many doctors do pay extra attention to those areas that lead to high levels of patient satisfaction, such as spending time talking with their patients and their families, listening well, and working collaboratively with nurses, advanced practice clinicians and others to ensure that patients have the best possible experience and the best possible outcomes. Through this award, the exemplary efforts of our colleagues can be recognized. The recipients of the award will each receive a $500 check for their efforts.

Dr. Lebby has been a member of the Medical Staff since August, 2003. He is in practice with VSAS Orthopaedics.

Dr. Wilson joined the Medical Staff in January, 2001. He is in practice with Peripheral Vascular Surgeons, PC.

Eric B. Lebby, MD, Chief, Division of Orthopedic Surgery, and Eric P. Wilson, MD, Chief, Division of Vascular and Endovascular Surgery, were recently selected as the latest winners of the Physician Patient Satisfaction Award.

This award was initiated by the Patient Satisfaction Improvement Council team at LVH-Muhlenberg in 2007. When Medical Staff Leadership learned of the initiative, the decision was made to expand the idea across the Network. Beginning in 2008, all physicians, dentists, and podiatrists have been eligible for the award, which is presented every six months to two Medical Staff members who excel at promoting patients satisfaction.
Unsigned Orders

Medical Staff Rules and Regulations and regulatory agencies require that:

- verbal/telephone orders are signed within 24 hours of the order
- physician assistant orders are countersigned within 7 days by the supervising physician

As mentioned in previous Progress Notes articles, a Medical Record Committee subgroup has been working on methods to improve compliance with unsigned orders and orders requiring counter-signature.

Since implementation of CAPOE, there have been many unsigned orders, the majority of which require co-signature. In an effort to facilitate compliance, all outstanding unsigned CAPOE orders prior to January, 2011 will be purged from each physician’s inbox. Therefore, beginning February 1, 2011, upon accessing their inbox in CAPOE, providers will be presented with a current list of unsigned orders and are encouraged to promptly sign them.

Beginning with February 15, 2011 discharges, any outstanding unsigned orders at the time of discharge will be assigned a medical record deficiency in the EHMR medical record deficiency system. Over the next two months (February and March), unsigned orders will be monitored with communication to noncompliant providers of any unsigned orders.

For those of you who need a refresher in signing orders in CAPOE, please refer to the Physician Resources Page in Centricity Enterprise.

If you have any questions, please contact Zelda Greene, Administrator, Health Information Management, at 610-402-8330.

Medical Record Documentation

All medical record documentation must be legible, complete, dated, timed and authenticated by the person responsible for providing or evaluating the service provided. Adherence to the following guidelines will assure that medical records are complete to provide communication for continuity of care internally and externally.

- History and Physical Examination – Completed and documented no more than 30 days before or 24 hours after the admission or registration.
- Cardiac Catheterization Laboratory Procedure Reports (including electrophysiology) – Dictated in the medical record immediately following the procedure
- Operative Reports and High Risk Procedure Reports (including interventional radiology) – Dictated in the medical record immediately following the procedure
- Discharge Summaries – Dictated at the time of discharge
- Medical Record Documentation Queries – Answered within seven (7) days.

For clarification or additional information, please contact Karen Haley, Manager, Incomplete Chart Control, at 484-884-3826.

LVHN Digital Library

The Mobile Digital Library

Did you know there are library resources and services you can access on your Smartphone, iPad, or mobile devices? You can access online resources like Dynamed, AAP Pediatric Care Online, Micromedex, and MDConsult. Account activation is required to access these resources.

Do you request articles from the library, but don’t always have access to your email? If you access email from your Smartphone, the library can email the article right to your phone. When requesting the article, provide the email address that you access from your phone. If you are not sure how to open a PDF on your Smartphone, visit the Digital Library Mobile Resources page for instructions.

Are you interested in podcasts from the New England Journal of Medicine, JAMA, Johns Hopkins, etc.? The Mobile Resources page has links available to these sites along with YouTube medical channels, and other medical mobile sites.

If you would like to be notified when new resources become available or if you are interested in helping test resources on mobile devices, please email Library Services at libraryservices@lvhn.org.

For more information about any of these resources, visit the Digital Library’s mobile page. From the LVHN Intranet homepage, go to Find Fast/Library Services then click on Mobile Resources on the left hand side navigation frame. If you have any questions, please contact Kristine Petre in Library Services at 610-402-8408.
It is when doctor-patient beliefs conflict that problems can arise. Giving care or performing a procedure that conflicts with your beliefs, morals or values can affect the treatment rendered. If this happens, explaining this to the patient and/or family is necessary and gives them the option of seeing another doctor. If they cannot arrange this themselves, you must assist them in finding a replacement.

I am not suggesting that you engage in care to which you conscientiously object. When we are not able to put aside our beliefs, we must address this with the patient and/or family as above. But we must find a balance between the doctor and patient rights to their own beliefs and values. 1

If you have any questions regarding this issue, please contact Robert D. Barraco, MD, MPH, Chair of the Ethics Committee, at robert_d.barraco@lvhn.org.

1 http://www.gmc-uk.org/guidance/ethical_guidance/personal_beliefs.asp
CONGRATULATIONS

Scott J. Lipkin, DPM, Chief, LVHN Office of Research and Innovation, was informed that the Association for the Accreditation of Human Research Protection Program’s (AAHRPP) Board of Directors appointed him to a two-year term on the AAHRPP Council on Accreditation. This is the first time that a representative from a community hospital has been given this prestigious appointment.

Dr. Lipkin has been a member of the Medical Staff since July, 1989. He recently left his Podiatric practice after 21 years to help develop and implement the LVHN Network Office of Research and Innovation.

Basil S. Ahmed, MD, Division of Hematology-Medical Oncology, was recently notified by the American Board of Internal Medicine that he passed the recertification exam and has become recertified in Internal Medicine. Dr. Ahmed is also board certified in Hematology and Medical Oncology. A member of the Medical Staff since September, 2001, Dr. Ahmed is in practice with Drs. Surendra Shah, Dennis Giangiulio and Dan Popescu.

Michael M. Badellino, MD, Department of Surgery Vice Chair, Education, and Associate Chief (LVH), Division of General Surgery, was recently notified by the American Board of Surgery that he passed the recertification exam and has become recertified in Surgery. Dr. Badellino is also board certified in Surgical Critical Care. Dr. Badellino has been a member of the Medical Staff since November, 2001. In addition to the above listed positions, Dr. Badellino also serves as General Surgery Residency Program Director. He is in practice with Surgical Specialists of the Lehigh Valley.

Heiwon Chung, MD, Division of General Surgery, Section of Surgical Oncology, was recently notified by the American Board of Surgery that she passed the recertification exam and has become recertified in Surgery. Dr. Chung has been a member of the Medical Staff since September, 2001. She is in practice with Lehigh Valley Surgical Oncology.

Mikhail I. Rakhmanine, MD, Division of Colon and Rectal Surgery, was recently notified by the American Board of Surgery that he passed the recertification exam and has become recertified in Surgery. Dr. Rakhmanine is also board certified in Surgical Critical Care and Colon and Rectal Surgery. A member of the Medical Staff since July, 2001, Dr. Rakhmanine is in practice with Colon-Rectal Surgery Associates, PC.

PAPERS, PUBLICATIONS AND PRESENTATIONS

Robert D. Barraco, MD, MPH, Chief, Sections of Geriatric and Pediatric Trauma, Rovinder S. Sandhu, MD, Division of Trauma-Surgical Critical Care/General Surgery, and David W. Scaff, DO, Division of Trauma-Surgical Critical Care/General Surgery, were co-authors of the article “Child Passenger Safety: An Evidence-Based Review.” The article was published in the Journal of TRAUMA® Injury, Infection, and Critical Care, Volume 69, Number 6, December 2010.

Ronald S. Freudenberger, MD, Chief, Division of Cardiology, authored a book chapter – “Management of Thrombosis in Heart Failure” – which was published as Chapter 52 in Heart Failure: A Companion to Braunwald’s Heart Disease.

William L. Miller, MD, Chair, Department of Family Medicine, co-authored the article – “Evaluation of Patient Centered Medical Home Practice Transformation Initiatives” – which was published in Medical Care, Volume 49, Number 1, January 2011.

Dr. Miller also wrote the Afterword for the book titled Restoring Primary Care: Reframing Relationships and Redesigning Practice.

Ryann E. Morrison, PA-C, Physician Assistant with Lehigh Valley Infectious Diseases Specialists, and Jaan P. Naktin, MD, Division of Infectious Diseases, co-authored the article – “Treatment of central line associated Rhodococcus equi bacteremia with an oral antibiotic regimen in a pediatric oncology patient” – which was published in the Journal of Pediatric Infectious Diseases, Volume 5, Number 4, 2010.

Michael D. Pasquale, MD, Chief, Division of Trauma-Surgical Critical Care, was a co-author of the article – “Health Care Reform at Trauma Centers – Mortality, Complications and Length of Stay” – which was published in the Journal of TRAUMA® Injury, Infection, and Critical Care, Volume 69, Number 6, December 2010.

Sultan M. Siddique, MD, Division of Cardiology, and Yasser K. Khalil, MD, Division of General Internal Medicine, Section of Hospital Medicine, co-authored the article – “A Brugada-Pattern Electrocardiogram and Thyrotoxic Periodic Paralysis” – which was published in the Annals of Internal Medicine, Volume 153, Number 12.
The following revisions to the Medical Staff Bylaws and Rules and Regulations were approved at the General Medical Staff meeting on December 13, 2010, and by the Boards of Trustees of the Lehigh Valley Hospital and Lehigh Valley Hospital-Muhlenberg on January 5, 2011.

Medicare “Opt-Out”

ARTICLE III - MEDICAL STAFF MEMBERSHIP
SECTION C - SPECIFIC QUALIFICATIONS FOR MEMBERSHIP
(i) can demonstrate that they are not currently an active participant in all excluded from any Medicare and/or Medicaid programs and not excluded from Medicaid programs. However, a practitioner may seek an exception to this requirement from the Medical Executive Committee and the Governing Bodies.

Maintenance of Certification (MOC)

ARTICLE III - MEDICAL STAFF MEMBERSHIP
SECTION D - SPECIALTY BOARD CERTIFICATION AND RECERTIFICATION
3. Failure to achieve certification upon appointment to the Medical Staff or failure to maintain continuous certification, including requirement for Maintenance of Certification (MOC), will result in the voluntary relinquishment of staff privileges and Medical Staff membership.

Deletion of Associate Staff Category in the Bylaws and Rules and Regulations

ARTICLE IV - CATEGORIES OF THE MEDICAL STAFF
SECTION A - THE MEDICAL STAFF
1. The Medical Staff consists of the following categories: Active, Associate, Affiliate, Limited Duty, and Medical Administrative. The Active, Associate, Affiliate, Limited Duty, and Medical Administrative categories shall have a Provisional status. …

(The word “Associate” has been removed from all areas where there is mention of “Associate” category.)

Life Support Requirements

ARTICLE VI - PROCEDURE FOR APPOINTMENT, REAPPOINTMENT AND CLINICAL PRIVILEGES
SECTION B - APPLICATION FOR APPOINTMENT
1. Content of Application:
   * must provide evidence of current life support training specific to Department/Division membership and individual privilege requirements.

Drug and Alcohol Screening

ARTICLE VI – PROCEDURE FOR APPOINTMENT, REAPPOINTMENT AND CLINICAL PRIVILEGES
SECTION B – APPLICATION FOR APPOINTMENT
2. Effect of Application:
   g. consents to drug and alcohol screening.

Addition of Section of Pediatric Emergency Medicine

ARTICLE XII – DEPARTMENTS
SECTION A – DEPARTMENTS, DIVISIONS AND SECTIONS
3. Department of Emergency Medicine which shall include the following Divisions: Emergency Medicine and Emergency Medical Services.
   a. The Division of Emergency Medicine shall include the Sections of Medical Toxicology and Pediatric Emergency Medicine.

Name change from Section of Forensic Pathology to Section of Medical and Forensic Pathology

ARTICLE XII – DEPARTMENTS
SECTION A – DEPARTMENTS, DIVISIONS AND SECTIONS
7. Department of Pathology and Laboratory Medicine which shall include the Division of Anatomic Pathology.
Continued from Page 7

a. The Division of Anatomic Pathology shall include the Sections of Breast Pathology, Cytopathology, Dermatopathology, Gastrointestinal Pathology, Genitourinary Pathology, Gynecologic Pathology, Hematopathology and Clinical Laboratory Medicine, Medical and Forensic Pathology, Molecular Pathology, Neuropathology, Transfusion Medicine and HLA and Transplantation Pathology.

Adherence to The Joint Commission Standard MS.01.01.01

ARTICLE XII - DEPARTMENTS

SECTION C - DUTIES OF DEPARTMENTS-DEPARTMENT CHAIR

1. The individual serving as the Department Chair shall meet all the requirements of this Medical Staff for membership.

2. Chairs of Departments shall be accountable to the Governing Bodies through the Medical Executive Committee, the President of the Medical Staff, Chief Medical Officer or his or her designee and the Chief Executive Officer for all professional, clinical, and Medical Staff Administrative activities within his/her Department. Each Chair is responsible for departmental implementation of actions taken by the Medical Executive Committee.

3. In order to maintain quality care, each Department shall, through the Department Chair:

   a. integrate the Department into the primary functions of the Network, including, but not limited to interdepartmental and intradepartmental services.

   b. recommend to the Governing Bodies through the Credentials Committee of the Medical Staff and the Medical Executive Committee its own criteria for the granting of clinical privileges. These criteria will be combined with the criteria for general Staff membership when consideration is given to reappointment.

   c. in consultation with the Division(s) Section(s) Chief(s), review the application and all supporting documentation and transmit to the Credentials Committee a written report and recommendations as to whether the practitioner has established and meets all of the necessary qualifications for the category of Staff membership and for clinical privileges requested.

   d. determine the qualifications and competence of Department or service personnel who are not Medical Staff Members and who provide patient care services.

   e. develop and recommend objective criteria that reflect current knowledge and clinical experience concerning the performance of certain procedures and practice patterns.

   f. monitor and evaluate all major clinical activities of the Department. Monitoring and evaluation shall include, where appropriate:

      (1) the routine collection of information about important aspects of patient care; and

      (2) the ongoing surveillance of the clinical performance of the members of the Department, which information may be collected through activities of the Department, both physician and non-physician, through the overall Quality assessment program or through other Medical Staff monitoring functions.

   Departmental performance indicators are approved annually by the Medical Executive Committee.

   g. document and report the Department’s findings and conclusions from monitoring and evaluation on a monthly basis and report monthly to the Medical Executive Committee.

   h. oversee quality of care Audit and disclose any problems that may exist and assess whether more details are required. Each Department shall have a mechanism to conduct an Audit.

   i. identify opportunities to improve the efficiency and quality of patient care and take appropriate action and correct associated problems.

   j. assess the need for 1) professional members, including but not limited to physicians, allied health professionals, nursing staff, and other personnel; 2) space; and 3) resources of that Department on at least a bi-annual basis and make appropriate recommendations to the Governing Bodies.

   k. assess and satisfy coverage needs of the Emergency Department and Clinics. This responsibility shall be met by the establishment of rosters for the specific specialties deemed appropriate by the Chair of the respective Departments, with the Chair assuring coverage in all other specialties where a roster is not required.

   Continued on next page
Continued from Page 8

1. assess and recommend to the relevant hospital authority off site sources for needed patient care services not provided by the department or the organization.

m. develop, recommend, and enforce Department rules and regulations, including patient care activity levels.

n. develop, and recommend policies, procedures, and quality control programs, as appropriate, that guide and support the provision of services.

o. oversee the administration of orientation and continuing education programs for members of the department.

ARTICLE XIII - GENERAL MEDICAL STAFF AND MEDICAL STAFF COMMITTEE MEETINGS

SECTION B – SPECIAL STAFF MEETINGS

2. Dispute Resolution. A Special Meeting may be utilized to address concerns raised by the Medical Staff, and, where applicable, review and manage disputes which arise between the Medical Staff and the Medical Executive Committee on matters including, but not limited to, proposals to adopt a rule, regulation, policy, or an amendment. The President of the Medical Staff, or his/her designee, may deem necessary and establish a dispute resolution forum to report findings back to the Medical Staff on a contested issue.

ARTICLE XV - RULES AND REGULATIONS

SECTION A – RULES AND REGULATIONS

The Medical Executive Committee may provisionally adopt, and the Boards of Trustees may provisionally approve, amendments to the Medical Staff’s Rules and Regulations where such amendment becomes necessary to comply with:

1. Changes in federal or state law that affect the Network, including any of its entities or affiliates;

2. Changes in federal or state regulations that affect the Network, including any of its entities or affiliates;

3. Changes in state licensure requirements, Joint Commission accreditation standards, or other applicable accreditation or certifying agencies, the Medicare conditions of participation for hospital and/or requirements applicable to the Medicaid program.

The Medical Executive Committee shall notify the Medical Staff within seven (7) business days of the provisional approval, which will be discussed at the next regularly scheduled Medical Staff meeting in accordance with Article XIII A. of these Bylaws.

Eligible Pharmacists May Administer Immunizations

MEDICAL STAFF RULES AND REGULATIONS

E. DRUGS

2. Drugs shall be prescribed and administered only upon the proper order of an appropriately credentialed Medical Staff Member, nurse practitioner, and physician assistant, including appropriately credentialed certified registered nurse practitioners, or appropriately credentialed physician assistants. Additionally, drugs shall be administered directly by a practitioner qualified according to Medical Staff Bylaws, Medical Staff Rules and Regulations, or by a certified registered nurse practitioner, registered nurse, or a licensed practical nurse with pharmacy training. Eligible Pharmacists may only administer immunizations in accordance with LVHN Pharmacy Policy.

If you have any questions regarding these changes, please contact Ruth Davis, Director of Medical Staff Services, at 610-402-8975.
UPCOMING SEMINARS, CONFERENCES AND MEETINGS

Cardiology Grand Rounds
“Transradial Cardiac Catheterization: Improving Outcomes One Wrist at a Time” will be presented by Ian C. Gilchrist, MD, Professor of Medicine, Heart and Vascular Institute, Penn State Milton S. Hershey Medical Center, on Friday, February 4, from Noon to 1 p.m., in the hospital’s Auditorium at LVH-Cedar Crest, and teleconferenced to ECC Room B at LVH-Muhlenberg.

For more information, please contact Caroline Maurer in the Regional Heart Center at 610-402-8215.

Family Medicine Grand Rounds
Family Medicine Grand Rounds will be held on Tuesday, February 1, from 7 to 8 a.m., in Kasych ECC Room 9 at LVH-Cedar Crest and teleconferenced to ECC Room A at LVH-Muhlenberg.

“It’s Not Your Mother’s Breast Cancer: Modern Approaches to Breast Cancer Surgery” will be presented by Aaron D. Bleznak, MD, Associate Chief (LVH-M), Section of Surgical Oncology.

For more information, please contact Dorothy Jacquez in the Department of Family Medicine at 610-969-4965 or via email at dorothy.jacquez@lvhn.org.

Medical Grand Rounds
Medical Grand Rounds will be held on the following Tuesdays in February, 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-17. Topics for February will include:

- February 1 – “Multidisciplinary Case Presentation” – Lou A. Lukas, MD, and Eric J. Gertner, MD, MPH
- February 8 – 10th Annual Patt Endowed Lecture-ship in Oncology - “Gene-Based Trial Matching: The Future of Personalized Cancer Care” – Timothy J. Yeatman, MD, Professor of Surgery and Oncologic Sciences, Moffitt Cancer Center
- February 22 – TBA

For more information, Shelly Ketchens in the Department of Medicine at 610-402-4412.

Neurology Conferences
The Division of Neurology Conferences are held on Thursdays beginning at Noon. Conferences for February will be held in Lehigh Neurology’s Conference Room at 1250 S. Cedar Crest Blvd., Fourth Floor, and videoconferenced to Lehigh Neurology’s Bathgate Office. Topics to be discussed in February will include:

- February 3 – “Approach Hypothermia Therapy Related Status Epilepticus” – Clarissa J. Liew, MD
- February 10 – “Anxiety” – Mireille M. Meyerhoefer, MD, PhD
- February 17 – “Spine Cases” – Joshua A. Bemporad, MD
- February 24 – “New Guidelines for the Management of Intracranial Hemorrhage” – John E. Castaldo, MD

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

OB/GYN Grand Rounds
The Department of Obstetrics and Gynecology Grand Rounds are held Friday mornings from 7 to 8 a.m., in Kasych ECC Room 8 unless otherwise noted. Topics to be discussed in February will include:

- February 4 – “GME Annual Report to OB/GYN” – Thomas V. Whalen, MD, and J.P. Orlando, EdD
- February 11 – “Robotic Surgery in OB/GYN: The Role for Robotic Surgery and Resident Education” – Martin A. Martino, MD
- February 18 – “Electronic Fetal Monitoring” – Thomas A. Hutchinson, MD
- February 25 – “Gestational Diabetes Mellitus: A Diagnosis Comes of Age” – Mark Landon, MD, Visiting Professor, Ohio State University Medical Center

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

Continued on next page
**Spine Conference**

Conferences relating to interesting spine cases are held on the first Wednesday of every month beginning at 7 a.m. Clinicians are invited to bring interesting cases to the meeting.

The next Spine Conference will be held on **Wednesday, February 2**, in Kasych ECC Room 10.

For more information, contact James C. Weis, MD, Co-Chief, Division of Spine Surgery, or Kristen Tallman, Clinical Coordinator, at 610-973-6339.

**Surgical Grand Rounds**

Surgical Grand Rounds will be held at 7 a.m., in the Auditorium at LVH-Cedar Crest and via teleconference in the First Floor Conference Room at LVH-Muhlenberg. Topics for February will include:

- February 1 – “Thoracic Aortic Aneurysm Repair: How the ‘Easier’ Way Became Harder” – Eric P. Wilson, MD
- February 8 – TBA – William D. Hardin, Jr., MD
- February 15 – “Louis Wright and Henry Cave – The Officer and the Gentlemen” – Dale A. Dangleben, MD
- February 22 – “Understanding the Difference between Quality Improvement and Research; When is IRB Oversight Required?” – Scott J. Lipkin, DPM

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

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**News from Information Services**

Later this month, Information Services (I/S) will be piloting a different type of support model in the near future. During the last major GE Centricity upgrade (October 2010), there was a significant amount of positive feedback reported by having on-site support available on the units to assist users when issues surfaced.

Since this model proved successful, I/S will be making an effort to be more visible and provide improved support by having I/S support analysts rounding daily in the nursing and provider areas. The support analysts will be interacting with staff and physicians to identify problem issues. If the problem is immediately resolvable, the analyst will assist. If the problem requires deeper investigation, the analyst will work with the user to log a support ticket and will follow-up with the resolution.

In addition, I/S technical staff will be rounding assigned areas and analyzing/fixing the existing hardware in an effort to be proactive in resolving any hardware issues. There will also be a team rounding on these areas during weekends and performing periodic maintenance functions on the hardware.

This is a pilot program and will be initially trialed at the LVH-M site. Upon successful completion of the pilot, this will be extended to the other inpatient areas.

For more information or if you have any questions regarding this issue, please contact Phil Horlacher in Information Services at 610-402-1553.
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

Edward S. Chmara, MD
Forensic Pathology Associates, Inc.
1210 S. Cedar Crest Blvd.
Suite 3900
Allentown, PA 18103-6242
Phone: 610-402-8144  Fax: 610-402-5637
Department of Pathology & Laboratory Medicine
Division of Anatomic Pathology
Section of Medical and Forensic Pathology
Provisional Active

Joseph K. Lee, MD
Coordinated Health
2775 Schoenersville Road
Bethlehem, PA 18017-7307
Phone: 610-861-8080  Fax: 610-861-2989
Department of Medicine
Division of Physical Medicine-Rehabilitation
Provisional Active

Sharon E. Maynard, MD
Nephrology/Hypertension Associates of LV
401 N. 17th Street
Suite 212
Allentown, PA 18104-5050
Phone: 610-432-8488  Fax: 610-258-2140
Department of Medicine
Division of Nephrology
Provisional Active

Isidore Mihalakis, MD
Forensic Pathology Associates Inc.
1210 S. Cedar Crest Blvd.
Suite 3900
Allentown, PA 18103-6242
Phone: 610-402-8144  Fax: 610-402-5637
Department of Pathology & Laboratory Medicine
Division of Anatomic Pathology
Section of Medical and Forensic Pathology
Provisional Active

Yaqoob A. Mohyuddin, MD
Lehigh Valley Heart Specialists
Center for Advanced Health Care
1250 S. Cedar Crest Blvd.
Suite 300
Allentown, PA 18103-6381
Phone: 610-402-3110  Fax: 610-402-3112
Department of Medicine
Division of Cardiology
Provisional Active

John C.W. Worsley, Jr., DMD
John C.W. Worsley, Jr., DMD, PC
920 N. New Street
Bethlehem, PA 18018-2714
Phone: 610-867-7112  Fax: 610-868-3435
Department of Dental Medicine
Division of General Dentistry
Provisional Active

Medical Staff Leadership Appointments

Department of Medicine
Marc A. Vengrove, DO
Chief, Division of Endocrinology

Larry N. Merkle, MD
Associate Chief, Division of Endocrinology

Peter J. Barbour, MD
Associate Chief, Division of Neurology

Matthew M. McCambridge, MD
Chief, Division of Pulmonary

Robert J. Kruklitis, MD, PhD
Associate Chief, Division of Pulmonary

Laboratory and Other Service Medical Directors
Joseph B. Schellenberg, MD
Medical Director, Sleep Disorders Lab

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Status Change to Honorary Status

Gene H. Ginsberg, MD
Department of Medicine
Division of General Internal Medicine/Geriatrics
From: Affiliate  To: Honorary Status

Status Changes from Associate to Active Due to Elimination of Associate Category

Susan E. Adams, MD
Department of Pediatrics
Division of General Pediatrics
From: Associate  To: Active

Angela M. Camasto, MD
Department of Pediatrics
Division of General Pediatrics
From: Associate  To: Active

Rafael I. Colon, MD
Department of Pediatrics
Division of General Pediatrics
From: Associate  To: Active

James J. Daley, MD
Department of Medicine
Division of Physical Medicine-Rehabilitation
From: Associate  To: Active

Brian L. Fellechner, DO
Department of Medicine
Division of Physical Medicine-Rehabilitation
From: Associate  To: Active

Lawrence M. Galtman, MD
Department of Pediatrics
Division of General Pediatrics
From: Associate  To: Active

Joseph J. Grassi, MD
Department of Medicine
Division of Physical Medicine-Rehabilitation
From: Associate  To: Active

Cheryl L. Kienzle, MD
Department of Pediatrics
Division of General Pediatrics
From: Associate  To: Active

Jason E. Kooch, DO
Department of Medicine
Division of Physical Medicine-Rehabilitation
From: Associate  To: Active

Steven B. Mazza, MD
Department of Medicine
Division of Physical Medicine-Rehabilitation
From: Associate  To: Active

Scott Naftulin, DO
Department of Medicine
Division of Physical Medicine-Rehabilitation
From: Associate  To: Active

Charles C. Norelli, MD
Department of Medicine
Division of Physical Medicine-Rehabilitation
From: Associate  To: Active

Jorge A. Otero, MD
Department of Pediatrics
Division of General Pediatrics
From: Associate  To: Active

Jose L. Ramos, MD
Department of Pediatrics
Division of General Pediatrics
From: Associate  To: Active

Maria A. Ramos, MD
Department of Pediatrics
Division of General Pediatrics
From: Associate  To: Active

Mahim Shah, MD
Department of Pediatrics
Division of General Pediatrics
From: Associate  To: Active

Richard N. Stein, MD
Department of Pediatrics
Division of General Pediatrics
From: Associate  To: Active

Stanley I. Stein, MD
Department of Pediatrics
Division of General Pediatrics
From: Associate  To: Active

Scott R. Stoll, MD
Department of Medicine
Division of Physical Medicine-Rehabilitation
From: Associate  To: Active

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3465 Nazareth Road
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Easton, PA 18045-8332
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Practice Change
Natalie M. Rice, MD
(No longer with Danielsville Family Medicine)
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Resignations
Steven R. Blasi, DO
Department of Family Medicine
(Pleasant Valley Family Practice)

Marc B. Lewbart, DO
Department of Emergency Medicine
Division of Emergency Medicine
(LVPG-Emergency Medicine)

R. Christopher Martin, MD
Department of Medicine
Division of General Internal Medicine
Section of Hospital Medicine
(LVPG-Hospitalists Services)

Michelle L. McCarroll, DPM
Department of Surgery
Division of Podiatric Surgery
(Allentown Family Foot Care)

Eugene B. Nor, MD
Department of Family Medicine
(Whitehall Medical Center)

Stephen A. Volk, MD
Department of Medicine
Division of Hematology-Medical Oncology
(Oncology Hematology of LV, PC)

Allied Health Staff
New Appointments
Amy P. Blitz, CRNP
Certified Registered Nurse Practitioner
LVPG-Psychiatry
1251 S. Cedar Crest Blvd.
Suite 202A
Allentown, PA 18103-6214
Phone: 610-402-5766  Fax: 610-402-5763
Supervising Physician: Ralph A. Primelo, MD

Ramona E. Chase, CRNP
Certified Registered Nurse Practitioner
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1240 S. Cedar Crest Blvd.
Suite 103
Allentown, PA 18103-6218
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Supervising Physician: Eliot L. Friedman, MD

Krista L. Gerlach, PA-C
Physician Assistant-Certified
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Phone: 610-402-8420  Fax: 610-402-1689
Supervising Physician: Gary W. Clauser, MD

Amy M. Heckman
Mapping Support Specialist
St. Jude Medical
333 Meadowlands Parkway
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Secaucus, NJ 07094-1804
Phone: 800-722-3423  Fax: 610-530-9875
Supervising Physician: Vadim A. Levin, MD

Marie H. Popp, CRNP
Certified Registered Nurse Practitioner
Pediatric Specialists of the Lehigh Valley
Lehigh Valley Hospital-Muhlenberg
2545 Schoenersville Road
Third Floor
Bethlehem, PA 18017-7384
Phone: 484-884-3333  Fax: 484-884-3300
Supervising Physician: Boosara Ratanawongsa, MD

Continued on next page
Gabrielle M. Stacy, PA-C  
Physician Assistant-Certified  
Lehigh Area Medical Associates  
1255 S. Cedar Crest Blvd.  
Suite 2200  
Allentown, PA 18103-6257  
Phone: 610-437-9006  Fax: 610-437-2475  
Supervising Physician: Daniel T. Valancius, MD

Megan M. McCormack, PA-C  
Physician Assistant-Certified  
From: Valley Urology Group, USLV, PC – Jeffrey L. Gevirtz, MD  
To: Lehigh Neurology – David E. Jones, MD

**Change of Supervising Physician**

**Ann Marie Augustyn**  
Certified Genetic Counselor  
Cancer Risk Assessment Services  
From: Gregory R. Harper, MD, PhD  To: John C. D’Emilia, MD

**Tara L. Namey**  
Certified Genetic Counselor  
Cancer Risk Assessment Services  
From: Gregory R. Harper, MD, PhD  To: John C. D’Emilia, MD

**Diane E. DeAngelo, CRNP**  
Certified Registered Nurse Practitioner  
(Eastern PA Nephrology Associates)

**Marie A. DeFrancesco-Loukas, CRNA**  
Certified Registered Nurse Anesthetist  
(Lehigh Valley Anesthesia Services, PC)

**Marefa Siddique, PA-C**  
Physician Assistant-Certified  
(Lehigh Area Medical Associates)

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**Present on Admission and Hospital-Acquired Conditions**

Present on Admission (POA) is defined as a condition that is present at the time the order for inpatient admission occurs. This means that conditions which develop during any outpatient encounter – including in the Emergency Department, during observation or outpatient surgery – are considered to be POA.

Hospital-acquired conditions (HAC)/POA data track development of nosocomial infections and other adverse effects or iatrogenic complications during the inpatient hospital stay.

The Centers for Medicare & Medicaid Services (CMS) identified the following list of specific conditions as those that could be “reasonably prevented” by following established evidence-based guidelines. CMS requires that providers identify in their documentation whether the following HACs were present on admission or not.

- Stage III and IV Pressure Ulcers
- Falls and Trauma – includes fractures, dislocations, intracranial injuries, crushing injuries, burns, electric shock
- Manifestations of Poor Glycemic Control – includes:
  - DKA
  - Nonketotic Hyperosmolar Coma
  - Hypoglycemic Coma
  - Secondary Diabetes with Ketoacidosis
  - Secondary Diabetes with Hyperosmolarity
- Catheter-Associated UTI
- Vascular Catheter-Associated Infection
- Surgical Site Infection following:
  - CABG-Mediastinitis
  - Bariatric Surgery – includes Laparoscopic Gastric Bypass, Gastronterostomy, Laparoscopic Gastric Restrictive Surgery
  - Certain Orthopedic Procedures (Spine, Neck, Shoulder, Elbow)
- DVT and/or PE Following Certain Orthopedic Procedures (Total Knee Replacement, Hip Replacement, Arm Fractures)
- Foreign Object Retained After Surgery
- Air Embolism
- Blood Incompatibility

**PHYSICIAN DOCUMENTATION TAKE AWAY:** Whenever applicable, simply document “POA” next to the specific diagnosis listed above (i.e., Stage IV Pressure Ulcer - POA) if present on inpatient admission.

If you have any questions about this topic, please contact John P. Pettine, MD, Director of the LVHN Clinical Documentation Improvement Program, via email at john.pettine@lvhn.org
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Select “Information for: Physicians” in the lower black section, then select “Medical Staff Services” and “Services for Members of the Medical Staff”

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.

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