The United States healthcare system does not provide an optimal experience for patients. The system is fragmented and crumbling under its cost and inefficiencies. Recent publications have focused on hospital readmissions as one indication of fragmentation and inefficiency. Following is data from a recent *Annals of Internal Medicine* editorial:

- One in 20 Medicare patients discharged from the hospital are readmitted within 30 days.
- Half of the Medicare patients rehospitalized within 30 days had not seen a physician between discharge and readmission.
- Total hospital costs of all readmissions may reach $44 billion.

These numbers represent a failure of coordination of care. Healthcare is a complex adaptive system. The complexity is easy to understand – we deal with it on a daily basis. It can change, and indeed has evolved as new specialties, technologies and delivery modalities emerge. Thus, it is adaptive. Lastly, it is comprised of interdependent parts and individuals, making it a system.

At its core, though, are the relationships between the interdependent components. There are sundry relationships that must operate seamlessly for the healthcare system to provide optimal care – those between providers and patients, physicians and nurses, and hospitalists and primary care physicians to name just a few. Relationships are the heart of any complex system and high quality relationships are essential to optimal functioning of a system. A failure of the system represents a failure of the relationships within that system.

The Department of Health and Human Services recently released the proposed regulations for Accountable Care Organizations (ACO). As one of the cornerstones of the Patient Protection and Affordable Care Act, ACOs are designed to facilitate seamless care for patients across the continuum. The goal is to provide local organizations and healthcare networks with incentives to improve coordination of care.

*Continued on next page*
Putting politics aside, let us ask the question – is greater accountability in the healthcare system the right thing for patients? I believe the answer is “yes.” Our patients deserve accountability from us, and we owe that to them. In order to make this system work, we must also be accountable to each other. We must hold each other to the high standards we have set at LVHN. We must help each other when we need a hand. As we continue to work harder to improve the care for our community, we must look out for each other.

As I conceptualize ACOs, it boils down to improving the relationships among the members of the healthcare team across the continuum, placing patients at the center. If we are able to build better relationships with each other and become more accountable to each other, improved care will follow. LVHN can provide accountable care without becoming an accountable care organization as the regulations outline. We can do it with minimal capital investment. We can continue to focus on deepening our relationships with each other and with our patients. We can emphasize accountability in our actions and our responses to the actions of others.

We can do this together.

Michael J. Pistoria, DO
Medical Staff President

---

**At-Large Members Needed for Medical Executive Committee**

The LVHN Medical Staff Nominating Committee is currently soliciting nominations for five at-large seats on the Medical Executive Committee, each for a three-year term beginning July 1, 2011.

Nominations should be submitted in writing or by email to Michael Pasquale, MD (michael.pasquale@lvhn.org), Chair of the Nominating Committee, via the Medical Staff Services office, Cedar Crest & I-78, or John W. Hart (john.hart@lvhn.org), Vice President, Medical Staff Services. All nominations must be submitted by **Friday, May 13, 2011**.

If you have any questions regarding this issue, please contact Dr. Pasquale or Mr. Hart at 610-402-8980.
INTRODUCING “PCE PRESCRIPTION”

PCE – you’ve probably heard people talking about it, but what is it? PCE stands for “Patient-Centered Experience.” It is Lehigh Valley Health Network’s ongoing initiative to ensure our patients and their loved ones have the best possible experience at every location within our health network.

Since 2006, several projects have been completed to help patients and families access, get involved in and understand their care. Additional projects are being worked on to help patients feel welcome and comfortable during their time at LVHN. Each PCE project is shared with the PCE Advisory Council. This group of former patients, family members and community leaders provides feedback to ensure that LVHN puts the needs of patients and families first.

In “PCE Prescription,” a new Progress Notes column, you will learn why PCE is important to you. Each month, a PCE project will be featured along with an explanation of how the project affects physicians and patient care.

For information about PCE, please contact James Geiger, Senior Vice President, Operations, at 610-969-4290, Anne Panik, Senior Vice President, Patient Care Services, at 610-402-4267, or James Prowant, Associate Executive Director, Primary Care Operations, at 610-439-7509.

NEW INTERDISCIPLINARY CLINICAL PRACTICE GUIDELINE FOR HYPERGLYCEMIA MANAGEMENT

The Diabetes Management Quality Improvement Team developed a NEW Interdisciplinary Hyperglycemia Management Clinical Practice Guideline for Inpatients, age 18 and up, to support the network’s inpatient glycemic control initiatives.

This guideline was approved for implementation at the January meeting of the Medical Executive Committee and includes the mandatory completion of a ½ hour associated eLearning session regarding the key components of the guidelines. All adult care inpatient providers – physicians, residents, allied health professionals, staff RNs, dietitians, and pharmacists – are expected to complete the eLearning.

Key Components of this New Clinical Practice Guideline

- There is new emphasis on evaluating a patient’s prior level of blood sugar control at time of admission, during hospitalization, and addressing the continuity of care. Patients are to be informed of their level of blood sugar control, including those “at risk for diabetes,” “new onset” diabetes, and known diabetes.
- RN staff are expected to contact providers when:
  - Patient has 2 or more BG values >180 in the past 24 hours.
  - A patient with Type 1 diabetes has persistent BG values > 240, to discuss if urine ketone testing should be obtained.
  - Patient has had a hypoglycemic event, prior to next dose of diabetes medications administered. Goal is to promote earlier identification of root causes and prevent re-occurrence.
  - Persons with no prior history of diabetes have fasting BG values greater than 100.
  - New guidelines related to standard “to have or to hold” pre-procedure medications direct to do so. For example, most diabetes medications in CAPOE now guide the RN whether to hold or not, if NPO, with direction to call for a few special scenarios.

The Hyperglycemia Management Clinical Practice Guideline is available on the LVHN intranet. To access, select the “Find Fast” drop down, then select Policy & Procedure Manuals, Clinical Practice Guidelines, and Hyperglycemia Management of Inpatients, Age 18 and Up.

To access the eLearning course, click on the eLearning icon on your SSO toolbar. In the Catalog Search box, enter Hyperglycemia* or the course code – CSHYPERC11.

If you have any questions regarding this issue, please call Joyce Najarian, RN, MSN, CDE, Inpatient Diabetes Program Coordinator, at 610-402-1731, or page Gretchen A. Perilli, MD, Division of Endocrinology, at 610-402-5100 8398.
In response to the evolution of health care reform, Lehigh Valley Health Network created a new division to address the unique challenges of this rapidly changing environment. The office of the Chief Strategy Officer will align business and care management resources to facilitate LVHN’s transformation into an Accountable Care Organization and provide agility in navigating a new value-based healthcare economy. Effective April 4, Brian A. Nester, DO, MBA, CPE, was appointed to this new position. Dr. Nester is a graduate of the Philadelphia College of Osteopathic Medicine and joined LVHN almost 13 years ago as the Associate Vice Chair for the Department of Emergency Medicine and Director of the LVH-Muhlenberg Emergency Department. He received his MBA from Columbia University in 2004 and has been a Certified Physician Executive through the American College of Physician Executives since 2005. For the last eight years, Dr. Nester has served as Senior Vice President of Physician Hospital Network Development. In this role, he has innovatively led business development and strategic market initiatives, resulting in several new health centers and numerous acquisitions, joint ventures, affiliations and collaborations with key physicians, practices and regional hospital partners – all of which have helped LVHN grow. While we’ve operated at a level of accountability for many years, Dr. Nester will ensure we focus strategic planning with the full spectrum of care in mind – inpatient as well as post-acute care – so we can continue to provide a higher quality of care at a lower cost. He will lead the coordination of key areas that will:

- Align our inpatient care management and primary care medical homes to prevent, diagnose and manage chronic disease;
- Enhance appointment access and relationships with our patients and their families;
- Build communication, transfer and referral access and partnerships between our hospitals, physicians, inter-hospital stakeholders and payers;
- Recruit the highest level of physicians, practices and executives.

To help accomplish this strategy, two accomplished leaders in our network have been promoted. Susan Lawrence, MHA, has been named Senior Vice President of Care Continuum, and Edward Dougherty, MBA, has been named Senior Vice President of Business and Network Development. Both will work closely together and will report to Dr. Nester.

The Chief Strategy Officer team will also include network visionaries David Beckwith, PhD, President and CEO of Health Network Laboratories, and Joseph Tracy, Vice President of Telehealth. Both will report to Dr. Nester and play a key role in our continuum of care, including access to timely diagnostic lab testing and results, and telehealth programs that enhance our physician consultation, advanced intensive care units and hospital partnerships.

About Our Senior Vice Presidents

Sue Lawrence joined LVHN 25 years ago and most recently served as Vice President of Care Continuum. Among her numerous accomplishments, Sue has led an innovative team that built our inpatient case management program. In addition, she has provided effective leadership in operational issues, reinvented processes and created efficiencies in our hospitals that have enhanced transparency and access – principles that can also be applied to our outpatient settings such as home care, skilled nursing and community practices. In her new role, Sue will continue to lead Care Management, provide oversight to Case Management and the Physician Advisor program and accelerate central scheduling innovations in collaboration with Lehigh Valley Physician Group. She also will assume responsibility for Chronic Disease Management, Home Care and Hospice, and the Patient Access Center. With her leadership, the alignment of all care continuum assets in our network will become an essential platform for delivering integrated, efficient and high quality care to our community, especially those with chronic illness.

Continued on next page
News from CAPOE Central

Calling all LifeBooks

If you or your group are no longer using the LifeBooks that were distributed to you, please return them to Information Services. Many of our colleagues are still using them on a daily basis, and there is a continuous need for LifeBooks to swap out with ones that need repair. To make arrangements to return your LifeBook, please contact Bill Grather in Information Services at 610-402-1327.

More Reminders about Using DCI

- When managing medications for discharge, please remember to remove all duplicate medications. This often occurs when medications are brought over from the in-patient medication list.

- The route and frequency of medications are translated into patient friendly language when selected from the drop-down menus. If you free-text the information into the fields, most of the information should be translated into appropriate language. Not all of the frequencies have been coded to translate – so please remember to check the language on the preview of the printed version for the patient.

- When printing, please remember to check the Smart Page Break checkbox to ensure that the printed version has clean page breaks. This will reduce confusion for the patients.

Need Anesthesia for MRI/MRA? There’s an Order Set for That

If you need to consult Anesthesia for an MRI or MRA, there is now an order set located under the Imaging Button. The order set is called “MRI/MRA with Anesthesia” and contains instructions on how to complete the Anesthesia consult and what information is required. This should decrease communication issues and eliminate delays in studies due to anesthesia not being scheduled.

New in the Viewer

You will notice new entries in the Viewer when viewing Hemocult and Gastrocult results. The result cell will contain both the actual result and the quality control result. The quality control result will contain the QC notation.

If you have any questions or concerns regarding these or any other CAPOE issues, please contact Don Levick, MD, MBA, Medical Director, Clinical Informatics, at 610-402-1426 or pager 610-402-5100 7481.

Continued from Page 4

Ed Dougherty joined LVHN 10 years ago and most recently served as Vice President of Physician Network Development. During his tenure, Ed established our formal sales program and cultivated a creative business development team that has enhanced our physician and practice relationships, analyzed our market to create service line strategies and developed programs with partnering regional hospitals.

Ed will continue to lead Physician Network Development, Liaison Services and Decision Support. He will also assume responsibility for Physician and Executive Recruiting and take on an expanded role in Inter-Hospital and Specialty Development.

This division will be a key network resource for strategic planning, practice acquisition and alignment, community electronic medical record adoption and network growth, working closely with Marketing and Public Affairs, Lehigh Valley Physician Group and service line leadership. Ed is an accomplished, innovative, and respected leader who has contributed significantly to our growth in market share.

As we come to understand better the challenges and opportunities of health care reform, we anticipate additional investments and innovations. Independent of legislation and its unpredictability, LVHN is — and always has been — committed to delivering value. This reorganization simply marks the beginning of our adaptive response to a rapidly changing environment.
Unsigned Orders – Verbal/Telephone and Physician Assistant Co-Signature

All unsigned orders prior to February, 2011 were purged from the physician’s inbox in Centricity Enterprise. After this time, upon accessing the inbox in Centricity Enterprise, new unsigned orders continue to be presented for signature or co-signature. Any unsigned orders remaining at the time of the patient’s discharge are then moved over to EHMR and assigned a signature deficiency. Over the past two months, courtesy calls to physician offices with deficiency reminders have also included unsigned order deficiencies. Following are a few reminders regarding this issue:

- Unsigned orders should be signed or co-signed in Centricity Enterprise within 24 hours
- Unsigned orders at the time of patient discharge become a medical record deficiency in EHMR
- Signing orders in EHMR will not remove the unsigned orders from the Centricity Enterprise inbox
- If orders are not signed in Centricity Enterprise prior to discharge, they will have to be signed in both EHMR and Centricity Enterprise to clear out the inbox
- Effective May 27, 2011, unsigned order deficiencies will be a suspendable deficiency

The following two charts provide the first quarter overview of unsigned orders at both the Cedar Crest and Muhlenberg sites. Although the numbers continue to decrease at LVH-Muhlenberg, the numbers have fluctuated at LVH-Cedar Crest. Please make every effort to sign your orders in Centricity Enterprise to reduce the number of deficiencies that are assigned following patient discharge.

Electronic Death Certificate Update

All death certificates must be completed and in the hands of the registrar within 96 hours. eCedent, the online electronic death certificate completion software, has improved both the communication and timeliness for the certifying physicians/clinicians. Non-compliance in meeting this deadline usually is the result of locating the pronouncing physician/clinician to sign their portion of the death certificate.

The Pennsylvania Department of Health confirmed that the signature of the pronouncing physician/clinician on the actual death certificate is not required. Therefore, effective immediately, death certificates will only require the signature of the certifying physician. In the case where the certifying physician is also the pronouncing physician, the certifying option will need to continue to be checked off. Eliminating this additional step in completing the death certification will assure that the 96 hour death certificate filing requirement is met.

For more information or if you have questions regarding this issue, please contact Susan Cassium, Director, Operations, at 610-402-8330 or via email at susan.cassium@lvhn.org.

For more information regarding this issue, please contact Zelda Greene, Administrator, HIM, at 610-402-8330 or by email at zelda.greene@lvhn.org.
PHYSICIAN DOCUMENTATION

Pay-for-Performance

Many Pay-for-Performance plans are coming in 2012 and 2013 including Medicare’s Value-Based-Purchasing, Bundling of Part A and Part B Services, and ACOs (Accountable Care Organizations). With so much granular scrutiny of your performance, clinical documentation will take on an even larger role in these programs and to succeed, you must master the art of clinical documentation.

Documentation Tips for Success in Pay-For-Performance

1. *In the world of inpatient coding, “Possible,” “Probable,” “Suspected,” and “Likely” all count as acceptable diagnoses. This allows you freedom to be more specific with a diagnosis or etiology in this setting.*

2. *Always identify the reason for admission (principal diagnosis). This drives all measures related to the hospitalization (quality metrics, risk of mortality, severity of illness, profiles, reimbursement).*

3. *Avoid listing symptoms (i.e., chest pain, abdominal pain, etc.) as a diagnosis. Be more specific and give your best guess as to cause of the symptoms – see 4. below.*

4. *Be Specific.* Non-specific documentation may be meaningless when it comes to coding and you will not be credited with proper severity of illness, risk of mortality, etc., of that case (i.e., for heart failure documentation, identify if acute or chronic and if systolic or diastolic.)*

5. *Be inclusive.* Include ALL diagnoses treated, evaluated, or monitored during the hospitalization.

6. *Explain why length of stay is increased.* Document the diagnoses or reasons responsible for this.

7. *Emphasize documenting acute vs. chronic conditions.* Many conditions can be classified into acute or chronic diseases, and these carry different risk of mortality and severity of illness weights, as well as different expected length of stays.


9. *Avoid using term “postop”.* In coding terminology, the word “postop” may give a false impression that a condition is a complication of surgery when it really may not be.

10. *If patient is re-admitted within 30 days for same reason, explain why* (patient noncompliance with medications, treatment plan, home care regime, outpatient follow-up, etc.).

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

ETHICS CORNER

This month, the authors of Ethics Corner would like to provide you with an opportunity to suggest topics related to ethics that you would like to read about in Progress Notes. If you have any ideas, please send them via email to diane.biernacki@lvhn.org. Thank you for reading.

If you have any questions or want to discuss your ideas, contact Robert D. Barraco, MD, MPH, Chair of the Ethics Committee, at robert_d.barraco@lvhn.org.
ADDED SAFETY MEASURES FOR NON-DKA ADULT PATIENTS ON IV INSULIN INFUSIONS

To ensure quality care and patient safety, new measures to validate point of care (POC) Blood Glucose (BG) accuracy have been added to the IV Insulin Infusion Process. Validation testing will be done upon initiation of the protocol, on a daily basis, and anytime a bedside point of care glucose deviates more than 20% from daily lab to meter glucose validations. The IV Insulin Infusion order set will contain a daily basic metabolic profile/panel (BMP), which will be pre-selected on, to aid in the daily concurrent point of care validation, consistent with the new protocol. Additional confirmatory lab tests will be done by protocol, and will not prompt a phone call to the physician to perform the lab test. The order will require co-signature by the protocol ordering physician within 24 hours. Nursing staff will continue to communicate with physicians regarding the results as per the revised protocol. This new lab will display in the Centricity Enterprise VIEWER as “Glucose, Confirmation.”

Additionally, new safety interventions have been added to existing call parameters in the insulin infusion protocol and include obtaining serum glucose values and notification to the ordering provider for further direction when:

- Insulin rate of greater than or equal to 24 units/hour has not resulted in lowering of BG
- A difference of greater than +/- 100mg/dl occurs between hourly BG values
- Unexplained change in condition or signs and symptoms of hypoglycemia with a contradicting POC value
- Insulin drip turned off for more than 1 hour

With the heightened awareness of the many variables that can affect the accuracy of POC BG monitoring, Patient Care Services staff are undergoing re-education of critical steps involved in the use of our bedside monitoring device to ensure that results used to make therapeutic decisions are reliable.

If you have any questions regarding the new insulin protocol changes or revised glucose monitoring procedures, please contact Joyce Najarian, Inpatient Diabetes Program Coordinator, at 610-402-1731, or Carolyn Davidson, Director of Quality Practice Research, at 610-402-1813.

LVHN DIGITAL LIBRARY

New Quality Measures and Copyright Subject Guides

Library Services is constantly adding new information to the Digital Library website. Subject guides display links to web resources, books, articles, and other information on a particular topic. Library Services has recently added additional subject guides to the Digital Library website.

The Quality Measures subject guide provides links to quality measures and indicators from CMS, AHRQ, The Joint Commission, National Quality Forum, The Leapfrog Group, and other related resources.

The Copyright subject guide contains links to books, videos, legal materials, and basic copyright information. It also provides teaching resources, fair use guidelines and permissions information.

Subject guides are accessible anywhere within the network, through WebSSO, and Centricity Enterprise. To access Subject Guides through the Digital Library’s homepage, from the LVHN Intranet homepage, go to Find Fast – Library Services then click on Subject Guides.

If you have any questions, please contact Kristine Petre in Library Services at 610-402-8408.
Basil Dolphin, MD, Medical Director, HealthWorks, and Carmine J. Pellosie, DO, MPH, MBA, Executive Director, HealthWorks, and Medical Director, LVHN Employee Health, were recently certified by the Medical Review Officer Certification Council (MROCC), an independent physician-based certifying body which conducts an extensive application process and written examination to identify licensed physicians with the highest professional standards of medical expertise and practical skills necessary to evaluate drug and alcohol test results in public and private sectors of the workplace.

The U.S. Department of Transportation, the U.S. Department of Health and Human Services, most Fortune 500 corporations, and many smaller companies require employee drug and alcohol testing today. Federal law mandates that a qualified MRO must make the final determination of whether a positive laboratory test represents substance abuse. The certified MRO may also act as a valuable resource to protect the quality of the drug and alcohol testing program, helping with policies and regulatory issues, as well as providing related services such as drug testing collections, breath alcohol testing services, coordination of laboratory services, laboratory performance testing, and preparation of summary reports for employers. MROCC certification indicates that a physician is well prepared to handle workplace drug and alcohol testing programs and to help manage chemical dependency.

The MROCC Board of Directors represent a multi-specialty partnership among a variety of medical specialty groups – the American College of Occupational Environmental Medicine, the American Academy of Clinical Toxicologists, the American College of Medical Toxicology, the American Society of Addiction Medicine, the College of American Pathologists, as well as the American Medical Association.

Dr. Dolphin has been a member of the Medical Staff since August, 1997, and is in practice with HealthWorks.

Dr. Pellosie has been a member of the Medical Staff since November, 1993. In addition to his duties at HealthWorks and Employee Health, he serves as Chief of the Section of Occupational Medicine.

Drew S. Harrison, MD, Division of Nephrology, was recently recertified by the American Board of Internal Medicine in Nephrology. He is also board certified in Internal Medicine. Dr. Harrison has been a member of the Medical Staff since July, 1990. He is in practice with Nephrology/Hypertension Associates of Lehigh Valley.

Daniel D. Lozano, MD, Chief, Division of Burn, was recently welcomed to membership in the American College of Physician Executives. The American College of Physician Executives (ACPE) is the nation’s oldest and largest health care organization for physician executives – doctors who hold leadership and management positions. Since its founding in 1975, the primary focus of ACPE activities has been encouraging physicians to assume more active roles in the leadership and management of organizations in the health care industry and helping physicians acquire leadership and management skills. The ACPE has grown from 64 members to nearly 10,000 members in 46 countries.

A member of the Divisions of Burn, Trauma-Surgical Critical Care, and General Surgery, Dr. Lozano was appointed to the Medical Staff in October, 2004. He is in practice with Surgical Specialists of the Lehigh Valley.

Robert A. McCauley, MD, Division of Endocrinology, was recently board certified in Endocrinology, Diabetes and Metabolism by the American Board of Internal Medicine. He is also board certified in Internal Medicine and in Pediatrics by the American Board of Pediatrics. Dr. McCauley has been a member of the Medical Staff since July, 2010. He is in practice with LVPG-Diabetes & Endocrinology.

Edward R. Norris, MD, Interim Chair, Department of Psychiatry, was recently recertified in Psychiatry by the American Board of Psychiatry and Neurology. He is also certified in Psychosomatic Medicine. A member of the Division of Consultation-Liaison Psychiatry, Dr. Norris has been a member of the Medical Staff since September, 2003. He is in practice with LVPG-Psychiatry.
UPCOMING SEMINARS, CONFERENCES AND MEETINGS

Cardiology Grand Rounds
“Cardiotoxicity from Cancer Therapies – What Every Cardiologist Needs to Know” will be presented on Friday, May 6, from Noon to 1 p.m., in the LVH-Cedar Crest Auditorium, and teleconferenced to ECC Room B at LVH-Muhlenberg. The speaker will be Ronald Witteles, MD, Senior Associate Program Director, Stanford University Internal Medicine Residency Program, and Assistant Professor, Cardiovascular Medicine, Stanford University School of Medicine.

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

Emergency Medicine Grand Rounds
Emergency Medicine Grand Rounds are held on Thursdays, beginning at 9 a.m., at various locations. Topics to be discussed in May include:

- May 5 – LVH-M ECC Rooms C and D
  - Journal Club
  - Ultrasound Series – Kevin Roth, DO

- May 12 – LVH-M ECC Rooms C and D
  - Rosen’s Club – Gavin Barr, Jr., MD
  - Toxicology Series – Matt Cook, DO
  - Thermal Injuries and Rhabdomyolysis – Will Greenhut, DO
  - Longitudinal Series – Kevin Weaver, DO, et al

- May 19 – LVH-M Banko Building
  - DIO/DME meeting
  - Research Day

- May 26 – Mack Building Auditorium
  - SAFE/SART – Liz Evans, DO, and Steph Goren-Garcia, DO

For more information, contact Dawn Yenser in the Department of Emergency Medicine at 484-884-2888.

Family Medicine Grand Rounds
Family Medicine Grand Rounds will be held on Tuesday, May 3, from 7 to 8 a.m., in Kasych ECC Room 9 at LVH-Cedar Crest, and teleconferenced to ECC Room A at LVH-Muhlenberg.

Resident Research will be presented by the following residents:

- “The impact of moving residents into an already established small community practice” – David Afzal, DO
- “16 Year Old Female ...” – Daniel Csaszar, DO
- “Vaccination Compliance in Teens: What Works?” – Cara Dellegrotti, DO
- “Predictive Value of Locations of Soot Deposition above or below the Main Carina during initial Bronchoscopy for the Severity of Airway Involvement and Respiratory Complications in Burn Patients” – Gerard Martin, MD
- “Implementing MFHS Policies at The Caring Place: A Situational Analysis” – Frances Romero, MD

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

Medical Grand Rounds
Medical Grand Rounds will be held on Tuesdays from Noon to 1 p.m., in the Auditorium at LVH-Cedar Crest and teleconferenced to ECC Room B at LVH-Muhlenberg and the VTC Room at LVH-17. Topics for May will include:

- May 3 – 3rd Annual Feather Endowed Lectureship Series
  - “Health System Transformation: Achieving High Quality, Patient-Centered Care through Research and Evidence” – Carolyn M. Clancy, MD, Director of the Agency for Healthcare Research and Quality for the U.S. Department of Health and Human Services

- May 10 – “Cardio-Pulmonary Monitoring in Patients with Heart Failure” – Jay Yadav, MD

- May 17 – “Hypertension in Pregnancy: An Update” – Sharon Maynard, MD

- May 24 – Resident Presentation of the Year

- May 31 – Department of Medicine QI Forum

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

Continued on next page
Continued from Page 10

Nutrition Grand Rounds

Nutrition Grand Rounds will be held on the first Wednesday of May beginning at Noon in Kasych ECC Room 5 at LVH-Cedar Crest. The topic for May is as follows:

May 4 – “Traumatic Brain Injury/Trauma – Michael D. Pasquale, MD, and Judy Holaska, MS, RD

For more information, contact Kimberly Procaccino, Director of Nutrition, at 610-402-8609.

Pediatric Grand Rounds

The Department of Pediatrics will hold Grand Rounds at 8 a.m., in Kasych ECC Room 6 at LVH-Cedar Crest on the following Tuesdays in May:

- May 3 – “Pediatric Patient Safety in American Hospitals” – Georgene Saliba
- May 10 – “Hypertrophic Cardiomyopathy” – Matthew Martinez, MD
- May 17 – “Food Allergies: A Review of National Institute of Allergy and Disease Guidelines for Diagnosis and Management” – Robert Zemble, MD
- May 24 – Pediatric Surgery topic
- May 31 – “Eosinophilic Esophagus” – Puneet Gupta, MD

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

Psychiatry Grand Rounds

The next Department of Psychiatry Grand Rounds presentation will be held on Thursday, May 19, beginning at Noon (registration at 11:45 a.m.) in ECC Rooms B, C and D at LVH-Muhlenberg, and teleconferenced to Kasych ECC Room 9 at LVH-Cedar Crest.

“ADHD” will be presented by George J. DuPaul, PhD, Professor of School Psychology and Chairperson of Education and Human Services at Lehigh University.

For more information, contact Tammy Schweizer at tammy.schweizer@lvhn.org or by phone at 610-402-5766.

Surgical Grand Rounds

Surgical Grand Rounds are held on Tuesdays at 7 a.m., in the Auditorium at LVH-Cedar Crest and teleconferenced to the First Floor Conference Room at LVH-Muhlenberg, unless otherwise noted. Topics for May will include:

- May 3 – CANCELED
- May 17 – “Adult Respiratory Disease Syndrome” – Jayme Lieberman, MD, Surgical Critical Care Fellow
- May 24 – “Midterm Results of External Iliac Artery Reconstruction” – Kenneth J. Cherry, MD, Chief, Division of Vascular Surgery, University of Virginia

This will conclude the Surgical Grand Rounds schedule for the 2010-2011 academic year. Have a safe and happy summer!

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

What’s New in Continuing Medical Education?

FYI - Upcoming Events

- Evolution of an Epidemic: Diabetes 2011
  May 7, 2011
  Kasych Family Pavilion (ECC Rooms 6, 7 and 8)
  Registration through 610-402-CARE

- Stroke in Young Conference: Tying Together the Care of Stroke Patients Under 60 Years Old
  May 12-13, 2011
  LVH-Cedar Crest Auditorium
  Registration through 610-402-CARE

- Viral Hepatitis Treatment: A New Era
  May 17, 2011
  LVH-Cedar Crest Auditorium
  Registration through Hepatitis Care Center – 610-969-4293

- Solutions for the Dizzy Patient
  May 18-19, 2011
  Kasych Family Pavilion (ECC Rooms 6 and 7)
  Registration through 610-402-CARE

- HIV AIDS Conference
  June 23, 2011
  LVH-Cedar Crest Auditorium
  Registration through 610-402-CARE

If you have any questions regarding CME/CNE accreditation, PI CME, or the CE Advisory Board, please contact Jane Grube, Associate Director, Continuing Education, at 610-402-2398.
A. Hamed Amani, MD, Associate Medical Director, Burn Center, presented “Brother Have You Got a Light?” at the 43rd Annual Meeting of the American Burn Association held March 29 to April 1, in Chicago, Ill.

Russ S. Bergman, DMD, Division of General Dentistry, presented “Educating Today’s Dental Resident to Become Tomorrow’s Leader through Interprofessional Education” at the Annual Session of the American Dental Education Association held March 12-16, in San Diego, Calif.

Aaron D. Bleznak, MD, Department of Surgery Vice Chair, Operations and Clinical Affairs, co-authored the article “Quality Measurement in Cancer Care Delivery” which was published in the March, 2011 issue of Annals of Surgical Oncology, Volume 18, Number 3.

In addition, Dr. Bleznak was also a co-author with Christine Du, MD, General Surgery resident; Samuel Steerman, MD, Chief Surgical Resident; and Elizabeth A. Dellers, MD, Associate Chief (LVH-M), Division of Anatomic Pathology, of a poster presentation – “Results of Re-excision for Inadequate Margins Following Partial Mastectomy for Carcinoma of the Breast” – which was presented at the 2011 National Consortium of Breast Centers meeting held March 12-16, in Las Vegas, Nev.

Sigrid A. Blome-Eberwein, MD, Associate Medical Director, Burn Center, gave two presentations – “Fractional ER: Glass Photothermolysis Laser Therapy to Treat Hypertrophic Scarring” and “Use of Hydrophilic Expanders in Burn Reconstruction” – at the 43rd Annual Meeting of the American Burn Association held March 29 to April 1, in Chicago, Ill.

During the American College of Physician Executives annual meeting, Muhamad Aly Rifai, MD, Medical Director, Behavioral Health Emergency Services, was one of 12 health care leaders invited to share a story of success by presenting the success of Lehigh Valley Health Network. The presentation, in poster and oral format, was titled “The Reduction in Crowding and Length of Stay of Psychiatric Patients in an Emergency Department; The Use of System for Partners in Performance Improvement (SPPI).” The meeting was held April 8-12, in San Antonio, Texas.

In addition, Dr. Rifai co-presented a poster presentation – “A Case Series on Blindness Associated with Preeclampsia and Eclampsia – during the Society of Maternal Fetal Medicine 31st Annual Scientific Meeting held February 7-12, in San Francisco, Calif.


In addition, Dr. Rosenau presented “Basics of Radiation Emergencies” and “Conflict and Communication in the Emergency Department” at the Society of Emergency Medicine Physician Assistants Annual Assembly held March 17, in Fort Lauderdale, Fla.
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 J. Piorkowski, Jr., DDS  
1125 Stones Crossing Road  
Easton, PA 18045-5541  
Phone: 610-258-8110 Fax: 610-258-5874  
Department of Dental Medicine  
Division of General Dentistry  
Provisional Active

Hina A. Sheikh, MD  
Health Network Laboratories  
Lehigh Valley Hospital  
Cedar Crest & I-78, P.O. Box 689  
Allentown, PA 18105-1556  
Phone: 610-402-8140 Fax: 610-402-1691  
Department of Pathology & Laboratory Medicine  
Division of Anatomic Pathology  
Section of Molecular Pathology/Transplantation Pathology  
Provisional Active

Adam P. Wallach, MD  
Medical Imaging of LV, PC  
Lehigh Valley Hospital  
Cedar Crest & I-78, P.O. Box 689  
Allentown, PA 18105-1556  
Phone: 610-402-8088 Fax: 610-402-1023  
Department of Radiology-Diagnostic Medical Imaging  
Division of Diagnostic Radiology  
Section of Neuroradiology  
Provisional Active

Medical Staff Leadership Appointments

Hospital Lab/Service Directors

Robert H. Biggs, DO  
Associate Medical Director (LVH-M)  
Non-Invasive Cardiology

Hari P. Joshi, MD  
Associate Medical Director (LVH-M)  
Electrophysiology Lab

Shehzak M. Malik, MD  
Associate Medical Director  
Cardiac Rehabilitation

Bruce J. Silverberg, MD  
Medical Director  
Cardiac Rehabilitation

Anthony M. Urbano, MD  
Associate Medical Director (LVH-M)  
Cardiac Catheterization Lab

Practice/Address Change

Uzma Z. Vaince, MD  
LVHN Hospital Medicine at Muhlenberg  
Lehigh Valley Hospital-Muhlenberg  
2545 Schoenersville Road  
Second Floor, Tower  
Bethlehem, PA 18017-7384  
Phone: 484-884-9677 Fax: 484-884-9297

Status Change

James F. Frommer, Jr., DO  
Department of Family Medicine  
From: Affiliate To: Provisional Active

Status Change to Honorary Status

Jay H. Kaufman, MD  
Department of Medicine  
Division of Pulmonary  
From: Active To: Honorary Status

Resignations

Eric C. Bruno, MD  
Department of Emergency Medicine  
Division of Emergency Medicine (LVPG-Emergency Medicine)

Edward S. Chmara, MD  
Department of Pathology & Laboratory Medicine  
Division of Anatomic Pathology  
Section of Medical and Forensic Pathology (Forensic Pathology Associates Inc.)

Continued on next page
Continued from Page 13

Adam D. Dratch, MD  
Department of Medicine  
Division of Nephrology  
(Lehigh Valley Nephrology Associates)

Michael A. Dunn, DO  
Department of Medicine  
Division of Nephrology  
(Lehigh Valley Nephrology Associates)

Robert S. Gayner, MD  
Department of Medicine  
Division of Nephrology  
(Lehigh Valley Nephrology Associates)

Joseph M. Jacobs, MD  
Department of Medicine  
Division of Nephrology  
(Lehigh Valley Nephrology Associates)

Nicholas E. Lamparella, DO  
Department of Medicine  
Division of General Internal Medicine  
(Afterhours Physician Coverage Group)

Shawn G. Leslie, MD  
Department of Medicine  
Division of General Internal Medicine  
(LVH Department of Medicine)

Robert N. Pursell, MD  
Department of Medicine  
Division of Nephrology  
(Lehigh Valley Nephrology Associates)

Richard W. Snyder, MD  
Department of Medicine  
Division of Nephrology  
(Lehigh Valley Nephrology Associates)

Allied Health Staff

New Appointments

Franklin M. Ammarell  
Pacemaker/ICD Technician  
Medtronic USA Inc.  
4230 Crums Mill Road, Suite 201  
Harrisburg, PA 17112-4086  
Phone: 717-657-6140  Fax: 717-657-9088  
Supervising Physician: Norman H. Marcus, MD

Edmund P. Brett, CCP  
Perfusionist  
Perfusion Care Associates, Inc.  
P.O. Box 3447  
Allentown, PA 18106-0447  
Phone: 610-402-1278  Fax: 610-402-0013  
Supervising Physician: James K. Wu, MD

Jeffrey D. DellaFranco  
Mapping Support Specialist  
Medtronic USA Inc.  
4230 Crums Mill Road, Suite 201  
Harrisburg, PA 17112-4086  
Phone: 717-657-6140  Fax: 717-657-9088  
Supervising Physician: Hari P. Joshi, MD

Heather M. Reifsnyder  
Mapping Support Specialist  
Healthworks, Inc.  
515 Old Swede Road, Suite C-1  
Douglassville, PA 19518-1208  
Phone: 610-385-1227  Fax: 610-385-1229  
Supervising Physician: Sultan M. Siddique, MD

Heidi A. Waxman, CCP  
Perfusionist  
Perfusion Care Associates, Inc.  
P.O. Box 3447  
Allentown, PA 18106-0447  
Phone: 610-402-1278  Fax: 610-402-0013  
Supervising Physician: James K. Wu, MD

Jessica R. Wilson, CNM  
Certified Nurse Midwife  
OBGYN Associates of the Lehigh Valley  
1611 Pond Road, Suite 401  
Allentown, PA 18104-2256  
Phone: 610-398-7700  Fax: 610-398-6917  
Supervising Physician: Michael Sheinberg, MD  
Secondary Supervising Physician: Suzanne Basha, MD

Rebecca A. Zeigler, PA-C  
Physician Assistant-Certified  
Orthopedic Associates of the Greater Lehigh Valley  
3735 Easton Nazareth Highway, Suite 101  
Easton, PA 18045-8338  
Phone: 610-252-1600  Fax: 610-250-9257  
Supervising Physician: Vito A. Loguidice, MD

Continued on next page
Change of Supervising Physician

Christine J. Breithoff
Certified Coder
(Pulmonary Associates)
From: Jay H. Kaufman, MD
To: Matthew M. McCambridge, MD

Gretchen P. Fitzgerald, CRNP
Certified Registered Nurse Practitioner
(OACIS Services)
From: Lou A. Lukas, MD
To: Kristin A. Bresnan, MD

Bonita L. Heydt, CRNP
Certified Registered Nurse Practitioner
(Bethlehem Medical Center)
From: Noel D. Brouse, DO
To: Holly L. Binnig, MD

Gregory T. Jones, PA-C
Physician Assistant-Certified
(LVPG-Emergency Medicine)
From: Gregg E. Hellwig, MD
To: Stanley R. Skonieczki III, MD

Michele A. Naugle, CRNP
Certified Registered Nurse Practitioner
(OACIS Services)
From: Lou A. Lukas, MD
To: Kristin A. Bresnan, MD

Patricia A. Reinbold
Medical Assistant
(The Heart Care Group, PC)
From: Jason D. Fragin, DO
To: Sean K. George, DO

Jacaline P. Wolf, CRNP
Certified Registered Nurse Practitioner
(OACIS Services)
From: Lou A. Lukas, MD
To: Kristin A. Bresnan, MD

Additional Supervising Physician

Terry S. Savan, CRNP
Certified Registered Nurse Practitioner
(HealthWorks – Basil Dolphin, MD)
Addition of: Health Center at Moselem Springs – Joselito A. Ouano, MD

Resignations

Richard W. Conklin
Pacemaker/ICD Technician
(Medtronic USA, Inc.)

Richard S. Miller, MS
Psychologist
(Richard S. Miller, MS)

Allison Nash
Pacemaker/ICD Technician
(Boston Scientific)

George M. Perovich, EdD
Psychologist
(George M. Perovich, EdD)
Medical Staff Services Office

Michael J. Pistoria, DO
President, Medical Staff

Michael D. Pasquale, MD
President-elect, Medical Staff

Matthew M. McCambridge, MD
Past President, Medical Staff

John W. Hart
Vice President, Medical Staff Services

Janet M. Seifert
Coordinator, Communications & Special Events
Managing Editor

Medical Executive Committee

Charles F. Andrews, MD
Paul M. Berger, MD
Aaron D. Bleznak, MD
Anthony P. Buonanno, MD
David B. Burmeister, DO
Peter E. Fisher, MD, MBA
Kelly M. Freed, MD
Timothy J. Friel, MD
Thomas A. Hutchinson, MD
Vivian B. Kane, MD
Michael W. Kaufmann, MD
Robert Kricun, MD
Martin A. Martino, MD
Martin E. Matsumura, MD
Matthew M. McCambridge, MD
Thomas M. McLoughlin, Jr., MD
William L. Miller, MD
Robert J. Motley, MD
Edward R. Norris, MD
Juhan Paiste, MD, MBA
Michael D. Pasquale, MD
Jarret R. Patton, MD
Michael J. Pistoria, DO
Debbie Salas-Lopez, MD, MPH
Frederic A. Stelzer, MD
Ronald W. Swinfard, MD
John D. Van Brakle, MD
James T. Wertz, DO
Thomas V. Whalen, MD
S. Clarke Woodruff, DMD

Visit us on the new LVHN internet site at www.lvhn.org
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.