

Published for the Medical Staff of Lehigh Valley Hospital

November, 2003

# Medical Staff PROGRESS NOTES

**Special  
JCAHO  
Edition**

## Inside This Issue:

Why JCAHO & Why the Medical Staff?	1
When Will the Survey Occur?	1
Helpful Tips for All Interview and Unit Visit Sessions	2
Patient Safety	3
Performance Improvement Overview	3
Medical Records Issues Overview	4 & 5
Emergency Preparedness	6
Fire Safety	7
Other Important Notes	8
2003 JCAHO National Patient Safety Goals	9

## Why JCAHO & Why the Medical Staff?

You might be wondering why a JCAHO (Joint Commission on Accreditation of Health Care Organizations) survey seems to create such a stir in and around the hospital. Very simply, the results of a JCAHO survey determine the hospital's continued participation in Medicare, Medicaid, and other programs and contracts requiring such certification, and maintain our good public image and professional standing in the community. JCAHO sets minimum standards by which organizations assure the delivery of quality patient care, and the survey is an evaluation of how well we meet those standards.

So, what does this have to do with you, the Medical Staff? It is recognized that Medical Staff members play an integral role in the planning and development of the hos-

pital's various programs and services. Of equal importance is the medical staff's involvement in the Performance Improvement Process as well as the day-to-day responsibilities of caring for our patients. Therefore, in order to gauge the involvement of the medical staff in these processes at LVH and LVH-M, the JCAHO surveyors will be stopping physicians on the patient care units, in the hallways, etc., and asking various questions that could range from the 2003 National Patient Safety Goals to medical records documentation, fire safety, or performance improvement.

The information contained in this **Special JCAHO Edition** is intended to highlight those areas about which you should be aware to make you feel more comfortable if you are approached by a JCAHO surveyor.

## When Will the Survey Occur?

From Monday, December 8, through and including Friday, December 12, the survey team will assess Lehigh Valley Hospital at both the Cedar Crest and 17<sup>th</sup> & Chew campuses. The survey will include outpatient and behavioral health programs associated with LVH, as well as Lehigh Valley Home Care and Lehigh Valley Hospice. From Monday, December 15, through and including Wednesday, December 17, the survey team will assess Lehigh Valley Hospital-Muhlenberg, as well as any outpatient and behavioral health programs associated with LVH-M (such as the Health Centers or Healthworks).

Chart reviews, as well as a recent Department of Health licensure survey, identified problem areas that may potentially affect

the accreditation process. In an effort to be proactive, this Special Edition of **Medical Staff Progress Notes** will provide identification of problem areas, clarification of the requirements and recommendations for improvement.

*The National Patient Safety Goals are all important. However, the following three are of the utmost importance for you to remember:*

- × **Do Not Use Abbreviations**
- × **Read Back of Verbal/Telephone Orders**
- × **Procedure for "Time Out" – Final Verification Process**

*Please refer to Page 9 for the complete list of Patient Safety Goals.*

## Helpful Tips for All Interview and Unit Visit Sessions

It is best to approach the interview and patient care unit review sessions as educational opportunities (for both the hospital and the surveyors) instead of antagonistic question and answer sessions. A critical factor in the success of JCAHO surveys is the active participation of physicians. If you know proper responses, by all means, speak up! If you don't know the answer, allow someone else to answer the question. If you are being addressed one-to-one and are unsure of an answer, it's okay to admit it, as long as you know what source to reference for the answer (e.g. policy manual, etc.).

**Above all . . . DO NOT Volunteer Information!!!** Other organizations have reported that surveyors frequently further investigate an issue that was "volunteered," whereas the issue might not even have been otherwise addressed. Some of these ad hoc investigations have turned up some non-compliance issues resulting in Type I Recommendations.

Every surveyor will be accompanied at all times by a member of the hospital's internal JCAHO preparation team. That team member will assist in any way possible, so be aware of any verbal and/or non-verbal cues that team member may be providing you.

Take the time to review the preparatory materials, especially this newsletter. While it is not necessary to memorize everything, it will be helpful to know what sources you can reference when you don't remember the answer to a particular question.

As we experienced in 2000, in 2003 the JCAHO surveyors will spend the majority of their time in patient care areas. The surveyors will conduct a

90-minute visit to every inpatient unit, as well as the operating rooms. The surveyors will also spend at least 45–60 minutes in every anesthetizing unit, such as the GI/Pulmonary Lab and Cardiac Catheterization Lab. In 2003, JCAHO has further decreased the number of focused interviews with certain hospital and Medical Staff members, in order to allow more survey time in patient care areas.

Be aware that although visits to patient care areas are scheduled, the surveyors may still visit any patient care area, unannounced, during one of the following survey activities:

- × Building Tour: The administrator surveyor will tour the entire building for approximately 3 hours on the first or second day of the survey. While his focus will mainly be assessing the facility, utilities, and life safety, he will still question staff and make other observations of care delivery during the Tour.
- × "Special Resolution" Times: Each survey day the agenda has a "Special Resolution" time built into it. The surveyors can use this time to review documents, confer with each other, visit units not scheduled on the agenda, or to revisit a patient care unit to "dig deeper" on a particular issue(s) that was not addressed to their satisfaction.
- × Off-shift Visit: At least once during both the LVH and LVH-M surveys, one to three surveyors will return on the off-shift (evening, night, or sunrise) to assess care de-

livery during that time. Although the surveyors can visit any area on the Off-Shift Visit, we can be fairly certain that they will at least stop at the Emergency Department and the Pharmacy.

Pocket reference materials will be provided to members of the medical staff as the survey draws closer. These items should be carried with you at all times throughout the duration of the survey for quick and easy reference. Please take a few moments to become familiar with the contents of these materials when you receive them. Additionally, the LVH intranet now has a JCAHO webpage (<http://www.lvh.com/webpublic/jcaho/>) which contains valuable information and resources for survey preparation, including sample questions, National Patient Safety Goals information, surveyor biographies, and the survey agendas. The webpage has a section devoted to Medical Staff resources.

The following materials will be available in the Medical Staff Lounges shortly before the survey, and will also be distributed to physicians the mornings of the surveys. You may also call the Medical Staff Services Office at (610) 402-8900 for these items one week before the survey.

- × Hot sheet of General Issues: Safety, Environmental, National Patient Safety Goals, Ethics, Medical Records documentation, etc.
- × Safety/Environmental Info Card to attach behind ID badge
- × Pocket manual of overall hospital information

## Patient Safety

Unlike the 2000 survey, the primary focus of the 2003 surveys will be patient safety. Be prepared to talk with surveyors about how patient safety has been improved in the last 12–18 months. Some initiatives you might share with them include: CAPOE, Primum Non Nocere (PNN) projects, the LVHVN Patient Safety Video (the 2003 John Eisenberg Patient Safety Award Winner for Patient Advocacy), and implementation of the 2003 National Patient Safety Goals.

### 2003 JCAHO National Patient Safety Goals

On January 1, 2003, the 2003 National Patient Safety Goals (NPSGs) became effective. These Goals outline 11

recommendations (requirements) that all healthcare organizations, regardless of the care setting, must implement to maintain accreditation. JCAHO will be implementing a set of National Patient Safety Goals every year, in an effort to improve patient safety and decrease medical errors.

Please be very familiar with the NPSGs and how they have been implemented at LVH and LVH-Muhlenberg. On every patient unit, as well as in the Medical Staff Lounges, laminated color posters are posted that outline how we have implemented the NPSGs. Please refer to Page 9 for a copy of the 2003 JCAHO National Patient Safety Goals.

## Performance Improvement Overview

Be familiar with the hospital-wide PI process, which was recently changed to Plan-Do-Study-Act (PDSA)! Most importantly, have in mind one or more issues in which your department was involved related to performance improvement. By being able to speak concisely about your own projects, you will be providing evidence to the surveyors that there is an effective process in place.

Be prepared to discuss collaborative performance improvement projects in which your department and others were involved. Please try to weave discussion of the PNN "Do No Harm" projects into your discussion, as well. Following is a list of some of the projects:

**Anesthesiology** – OR TAT, OR Pharmacy, expanded cardiac anesthesiology coverage, implemented PAT matrix, "Neuro Code Red".

**Dental Medicine** – "Most Improved Patient Satisfaction Award" – Press Ganey, developed Children's Dental Health Video in cooperation with MESH and Parkland High School, new Dental Charity System.

**Emergency Medicine** – Treatment of AMI patients (Fast Track/Door to Needle time). Clockwork ED, Stroke Alert, Trauma 18, Primary Angioplasty, AMI at LVH-M, Express Admit Unit, MedEvac, METI Simulator.

**Family Practice** – Electronic Medical Record, decreased patient attrition rate, improved appointment scheduling.

**Medicine** – Treatment of AMI (percentage patients receiving ASA on admission and discharge, Ace Inhibitors, Smoking Counseling, percentage patients receiving beta blockers on admission and discharge); CHF Core Measures (LVF Assessment, Ace Inhibitors, percentage Smoking Counseling). Pneumonia Care (Improvements in time to antibiotics).

**Obstetrics and Gynecology** – Web Based OB-Record for CWM, Collaborated with Neonatology for standard development for Management of Group B Streptococcus, Decreased OR late starts, Improved Press Ganey Scores, Low Infection Rate (below national average – C sections).

**Pathology** – Processes to decrease Mislabeled Specimens, Point of Care Testing – Rapid ABG's, Ionized Calcium, Sodium, Potassium, Telepathology.

**Pediatrics** – NICU Collaborative Rounds, Management of Group B Streptococcus, Organ Procurement – PICU, Burn/Wound Protocols – PICU.

**Psychiatry** – Reduction in Restraint Use, Reduction in Patient Falls, Patient Satisfaction

**Radiation Oncology** – Intensity Modulated Radiation Therapy (IMRT) at LVH-M, Implementation of Cancer Services Information System, Added 4<sup>th</sup> Linear accelerator.

**Radiology-Diagnostic Medical Imaging** – Voice Recognition, Radiology Roundtable, Fast Track at LVH-M, Response Time for IR

**Surgery** – OR TAT, 1<sup>st</sup> Case Starts, Short Stay Hospital, Supply Chain Management, Replaced Periop Information System, Guidelines for Transport of Code Red patients, Massive Transfusion Protocol, Geriatric Fall Protocol.

## Medical Records Issues Overview

The JCAHO surveyors will be pulling active patient charts on every unit they visit to look for compliance with particular issues. It is CRUCIAL that physicians make sure that all documentation is current and up-to-date on the paper charts, CAPOE, and in the imaging system. Only a very small number of charts, approximately 10, will be pulled for the closed records review in the Medical Records Department. We will not be able to screen charts for "the good ones". Surveyors will ask for closed charts by specific patient names, dates of discharge, diagnosis, procedure, etc. This will be a completely random review process. During these reviews, critical elements will be assessed for completion, and the charts will be evaluated as to how well they satisfy the requirements stated in the Medical Staff Bylaws and the JCAHO standards.

### Medical Records BIG Issues

Several issues noted during LVH/LVH-M Medical Records preliminary reviews, as well as the recent Department of Health surveys, represent POTENTIAL Type I (the worst recommendation JCAHO can make) recommendations which will seriously affect the hospital's accreditation status. Please share with your colleagues the critical need to provide complete and appropriate documentation, particularly in these significant areas:

#### 1. 'DO NOT USE' ABBREVIATIONS

To comply with the 2003 National Patient Safety Goals, LVH/M has designated a list of 'Do NOT Use' abbreviations that may not be used ANYWHERE in the medical record, including orders, progress notes, and consultations. These 'forbidden' abbreviations may present a risk of misinterpretation, which could result in error and jeopardize patient safety. The LVH/M unacceptable abbreviations are:

INCORRECT	CORRECT
x_d	Use "for ____ days" or "for ____ doses"
Zero after decimal point (1.0)	Do not use terminal zeros for doses expressed in whole numbers
No zero before decimal dose (.5 mg)	Always use a zero before a decimal when the dose is less than a whole unit
MTX	Use the complete spelling for drug names

#### 2. VERBAL/TELEPHONE ORDERS

Verbal Orders are not to be given except in emergency situations and must be countersigned within 24 hours, ac-

ording to the Medical Staff Bylaws. Additionally

\*All Physician Assistant orders need to be countersigned by a licensed physician.

\*A licensed physician must countersign all Medical Student orders.

\*All Verbal/Telephone Orders must be written down by the recipient and READ back to the provider.

CAPOE provides alerts to electronically sign verbal orders. For handwritten orders, please review the medical record daily to make sure that all the verbal orders are signed. As the residents initiate many of the verbal/telephone orders, sign-off by the attendings when making rounds would be of significant help. Since LVH received a supplemental recommendation for verbal order signatures during the 2000 survey, the JCAHO surveyors will definitely be looking at this item.

#### 3. ILLEGIBLE HANDWRITING

Illegible handwriting is going to be part of the record review process on the units. Physicians, nurses, and other personnel will be given charts and asked "can you read this?" JCAHO has been giving Type I recommendations for illegibility; in fact, a local hospital received one in 2003. To make your documentation clear and avoid being called to interpret your notes:

- ... Use only black ink for chart documentation
- ... Do not use "felt tip" or pens that make dark, bold lines
- ... Do not use "very fine" writing pens which tend to skip at times
- ... Include your phone number or pager # with your signature
- ... If you have been designated as having illegible handwriting and are required to use a name stamp, please make sure that the pad is appropriately inked.

#### 4. HISTORIES AND PHYSICALS

These are required on the chart within 24 hours of admission. H&Ps are required for any invasive procedure that puts the patient at risk, no matter what the setting (e.g. interventional radiology, GI Lab, Short Procedure Units, etc.). Most frequently missing components of the history and physical include the past history and review of systems. H&Ps that were performed within 30 days of the admission may be used, if they are updated. **NOT ACCEPTABLE** are H&Ps older than 30 days that are updated and added to the chart. H&Ps older than 30 days will result in a definite Type I recommendation.

*Continued on next page*



## 5. OPERATIVE/PROCEDURAL CONSENTS

Consents must be filled out completely, including the alternatives, risks and benefits to surgery. All consents must be signed and dated, and procedures should not commence until a signed consent is on the chart (except in cases of emergency). Recent reviews by our JCAHO continuous survey readiness consultant revealed such documentation missing from the consents.

## 6. OPERATIVE REPORTS

Operative Reports are required to be dictated IMMEDIATELY upon completion of the procedure. "Immediately" is defined as "upon completion of surgery, before the surgeon and patient part company." It must contain pre/post procedure diagnosis, primary surgeon/assistants, anesthesia, findings, procedures used, specimens removed, and estimated blood loss. Documentation must be made immediately after surgery so that caregivers attending the patient have the necessary information to make decisions regarding appropriate course of treatment.

## 7. IMMEDIATE POST-OPERATIVE NOTE

For continuity of care, it is the physician's responsibility to document the pre op diagnosis, post op diagnosis, and findings from the operative procedure in the progress notes. The dictated operative report does not meet this requirement due to delays in transcription.

## 8. PRE-ANESTHESIA DOCUMENTATION

When anesthesia will be administered, a **pre-anesthesia assessment**, including airway evaluation, must be documented. Additionally, immediately prior to the induction of anesthesia, a **pre-induction evaluation** must be documented on the anesthesia record. "Immediately" is defined as within five minutes of induction. Due to a supplemental recommendation received during the 2000 JCAHO survey, as well as the intense focus on patient safety, we are certain that these will be a significant focus.

## 9. PROCEDURE SITE IDENTIFICATION AND "TIME OUT"

Procedural/surgical sites involving laterality, multiple levels, or digits must be marked with a "yes" prior to the procedure. Immediately before the procedure begins a "time out" must occur, when the patient, procedure and site are identified by the entire surgical team. Physician's signature on the operative record indicating patient identification pre-procedure must be documented.

## 10. RANGE DOSES

Range orders are only acceptable if the range is present in the "dosage" only, i.e. '1-2 tabs acetometophin'. Ranges may not be given for the frequency, such as 'every 4-6 hours'.

## 11. PROGRESS NOTES

Every progress note must contain the date of the entry.

## 12. DISCHARGE/TRANSFER INSTRUCTIONS

The physician must document and sign that discharge/transfer instructions have been given to the patient. A copy of the discharge instructions in the record is not sufficient evidence that the patient has received a copy of the instructions. Frequently missing information includes: diagnosis, condition on discharge/transfer, and follow-up care.

## 13. CORRECTION OF ERRORS IN THE CHART

Draw a single line through the incorrect information, write "error" and initial it. Do not obliterate the error! Late entries should be labeled with the date and time that the entry is being made.

## 14. RESTRAINTS

PRN orders are **NOT** permitted! All orders must contain the reason for restraint use and type of restraint. Restraints may be applied for either med/surg or behavioral reasons, and the documentation requirements are specific to the reason for application:

- × Med/surg use: A physician order, not to exceed 24 hours in length, must be obtained within one hour of restraint application.
- × Behavioral use: A physician order, not to exceed four hours in length for an adult (two hours for adolescent), must be obtained within one hour of restraint application. A face-to-face evaluation by a physician **MUST** occur within one hour of restraint application, and every eight hours thereafter, regardless of the setting (e.g. psychiatry unit vs. med/surg unit).

## 15. SIGNATURE STAMPS

According to HCFA and the Department of Health, the use of signature stamps is an unacceptable form of physician authentication, because use by only the physician cannot be verified. An exemption may be granted by HCFA for physicians who find handwriting a hardship due to a legitimate disability. To obtain an exemption, physicians should submit a letter to HCFA stating the nature of the disability to support the request. The Department of Health does not provide an avenue for requesting an exemption. Pre-admission documents (H&P/Orders, etc.) and discharge summaries from physician offices should not contain signature stamps.

## Dial "555" to report in-house emergencies!

### Emergency Preparedness

An emergency is an unplanned event caused by fire, weather, utility system failure, or a disaster within the community, such as a severe bus accident or an explosion resulting in excessive number of severely injured patients. An emergency is declared and cleared by the Administrator-On-Call.

An external emergency occurs outside the main hospital and may result in a larger than normal influx of patients exceeding available hospital resources. Examples of external emergencies include: blizzard or snowstorm, tornado, floods with potential to interrupt normal hospital operations, and industrial or chemical incidents.

An internal emergency occurs inside the hospital resulting in injury or interruption of service. These emergencies may require relocation or evacuation of individuals or cause damage such that normal operations are impossible.

When an emergency is declared, an overhead announcement will state, "All Systems Alert." The announcement advises hospital personnel of an impending type of emergency. All personnel must return to their workstations and await further instructions.

### Emergency Codes

Several emergency codes are used throughout LVHHN. The following table includes those codes most commonly used.

CODE NAME	DEFINITION
CODE BLUE	Cardio-Pulmonary Arrest
CODE YELLOW	Fire Emergency
CODE GREEN	Medical Gas/Vacuum System Failure
CODE ORANGE	Behavioral dyscontrol (need Security)
CODE PINK	Missing Child (need Security)
CODE WHITE	Bomb Threat (need Security)
CODE SILVER	Bioterrorism Threat
CHEMICAL SPILL	Notification of a chemical spill
TRAUMA ALERT	Notification of pending trauma arrival
MEDEVAC ALERT	MedEvac dispatched to another hospital to pick up transfer patient

Familiarize yourself with these codes. All personnel are provided an Emergency Code card listing these and other codes. The Emergency Code card should be attached to your photo identification badge. Use this card as a reference whenever a code is announced or whenever reporting an emergency.

If you observe an emergency condition promptly report it to Security at Ext. 555.

# Fire Safety

Fire accounts for significant numbers of deaths and injuries and substantial property damage in healthcare facilities every year. Among the leading causes of fires in healthcare facilities are cigarette smoking and electrical appliances.

The vast majority of fatalities in healthcare fires occur near the point of ignition of the fire. Clothing, mattresses, and bedding materials produce large quantities of smoke and toxins that can quickly render a person unconscious.

The best way to deal with fire is to prevent its occurrence altogether. Please consider the following basic suggestions to help prevent fires at LVH and LVH-M. Doing so will go a long way toward making our hospital a safer place for you and everyone else.

- × Take time to recognize and eliminate potential fire hazards in your own area, as well as in other areas throughout the hospital.
- × Report fire hazards that are beyond your immediate control to the Environmental, Health & Safety Department at (610) 402-9480.
- × Be sure to keep your work area clean. Pay particular attention to halls and stairways -- keeping them clear ensures a faster evacuation in the event of fire.



## What to Do in Case of Fire

Stay calm, DO NOT shout "FIRE" or "RUN." Commit the following steps to memory. Following these guidelines may save your life.

- R**escue - **Rescue** anyone who is in immediate danger.
- A**larm - Pull the fire **alarm** nearest to you. Then, dial 555 to report the fire and location of the fire.
- C**onfine - **Confine** the fire to prevent it from spreading by closing all doors and windows tightly.
- E**xtinguish - Put out the fire using the proper fire **extinguisher** only after the alarm has been sounded and only if it is safe to do so.

Before you attempt to fight a small fire:

- × **PULL** the fire alarm
- × **CALL** 555

## How to Use a Fire Extinguisher

Remember the word PASS to recall how to use a fire extinguisher properly.

- × Pull the pin.
- × Aim Low – Point the extinguisher nozzle (or its horn or hose) at the base of the fire.
- × Squeeze the Handle. This action releases the extinguishing agent.
- × Sweep from Side to Side. Keep the extinguisher aimed at the base of the fire until the fire appears to be out. If the fire breaks out again, repeat the process.



## Other Important Notes

- × Caregivers' food and beverages (including your morning cup of coffee) are prohibited in the patient care areas. All such food/drink should be restricted to the lounge areas.



- × All wall-mounted chart holders ("wall-a-roos") must be in the upright position when not actively in use. Please do not leave your Life-Book on a chart holder while you conduct unit rounds or have a lengthy discussion with a patient family in the patient's room.
- × Be aware of the need for control of medications: Medications must be secure at all times; no medications can be on the top of medication carts, and there may not be any unlabeled drawn syringes. Additionally, medications should be clearly labeled and stored.

- × The mission statement of the hospital is located on the reverse side of your hospital identification badge.



- × If asked how you relate to referring physicians and the mode of communication used, one answer would be: chart, phone, and/or face-to-face.
- × In case of an emergency, such as fire, immediately dial "555" and give the location and a description of the emergency.

- × Handwashing!!! The most important infection control measure is to thoroughly wash hands at all appropriate times (before eating, after caring for a patient, after use of bathroom, etc.). Utilize the waterless hand sanitizers whenever your hands are not visibly soiled. The surveyors will observe handwashing and scrubbing practices.



- × Infection Control: Remember to wear appropriate protective attire based on the anticipated amount of exposure, and remove such attire prior to leaving the work area. If wearing a gown, please be certain that the gown is closed.

**If you have any questions regarding the information contained in this newsletter or the upcoming JCAHO survey, please contact Robin Anthony, JCAHO Coordinator, at 610-402-8638.**



# 2003 JCAHO National Patient Safety Goals

**LEHIGH VALLEY**  
HOSPITAL AND  
HEALTH NETWORK

## Safety Goal

## LVHHN Approach

<b>Accuracy of Patient Identification</b>	
Patient Identification: Use of 2 Identifiers	Both Name and Date of Birth (DOB) must always be used for the following processes: <ul style="list-style-type: none"> <li>◆ Medication Administration</li> <li>◆ Blood Administration*</li> <li>◆ Blood Draws*</li> </ul> *Blood Administration and Draws <u>are no longer driven by medical record number.</u>
<b>Communication</b>	
Read Back of Verbal/Telephone Orders	All Verbal and Telephone Orders, immediately upon receipt, must be written down and <i>read back</i> .
Do Not Use Abbreviations	4 abbreviations/dose expressions may NOT be used anywhere in the medical record: <ul style="list-style-type: none"> <li>◆ MTX</li> <li>◆ D (x3d)</li> <li>◆ Trailing zero's (1.0 mg)</li> <li>◆ Lack of leading zero (.5 ml)</li> </ul>
<b>High Alert Medications</b>	
Removal of Concentrated Electrolytes	All concentrated electrolytes have been removed from patient care units, including Dialysis areas.
Standardize/Limit Drug Concentrations	Drug concentrations are limited and closely controlled/monitored by Pharmacy.
<b>Wrong Site/Patient/Procedure</b>	
Pre-operative Verification Process	All surgical AND invasive procedure areas must have a pre-operative verification process. (EITHER a "pre-operative checklist" or documented statement on medical record confirming the process was done prior to the start of the procedure.)
Procedure Site Marking	All surgeries AND invasive procedures involving LATERALITY, LEVELS (spine) or MULTIPLE STRUCTURES (digits) must have the site marked with a 'Yes'.
Procedure for "Time Out" - Final Verification Process	All surgical AND invasive procedure areas must have a final verification process, or "Time Out", when the entire team openly verifies: <ul style="list-style-type: none"> <li>◆ Patient name</li> <li>◆ Procedure</li> <li>◆ Surgical/Procedural site</li> </ul> It is NOT acceptable to state "this is the correct patient, procedure, and site". The patient-specific information MUST be stated (Mary Smith, knee replacement, and right knee).
<b>Infusion Pumps</b>	
Free Flow Protection	All infusion pumps at LVH/LVH-M have free-flow protection.
<b>Clinical Alarms</b>	
Preventive Maintenance and Testing of Clinical Alarms	All clinical alarms (alarms triggered by physical or physiologic monitoring of a patient) have been identified and inventoried by Clinical Engineering. Alarm types have been prioritized and assigned a maintenance strategy by Clinical Engineering.
Alarms Activated Appropriately and are Audible	Clinical Engineering conducts "end-user" tests with clinical staff on the units to verify audibility. When appropriate, policies/procedures related to equipment specify alarm parameter guidelines and prohibit alarm "turn-off".

**LEHIGH VALLEY**  
**HOSPITAL**  
AND HEALTH NETWORK

Cedar Crest & I-78  
P.O. Box 689  
Allentown, PA 18105-1556

Phone: 610-402-8590  
Fax: 610-402-8938  
Email: janet.seifert@lvh.com

Non-Profit Org.  
U.S. Postage  
PAID  
Allentown, PA  
Permit No. 1922

***Medical Staff Progress Notes***

Alexander D. Rae-Grant, MD  
President, Medical Staff  
Donald L. Levick, MD, MBA  
President-elect, Medical Staff  
Edward M. Mullin, Jr., MD  
Past President, Medical Staff  
John W. Hart  
Vice President, Medical Staff Services  
Brenda E. Lehr  
Director, Medical Staff Services  
Janet M. Seifert  
Coordinator, Communications & Special Events  
*Managing Editor*

***Medical Executive Committee***

Linda K. Blose, MD  
Gregory Brusko, DO  
Elizabeth A. Dellers, MD  
William B. Dupree, MD  
Michael Ehrig, MD  
John P. Fitzgibbons, MD  
Larry R. Glazerman, MD  
Joseph A. Habig II, MD  
L. Wayne Hess, MD  
Herbert C. Hoover, Jr., MD  
Thomas A. Hutchinson, MD  
Ravindra R. Kandula, MD  
Laurence P. Karper, MD  
Michael W. Kaufmann, MD  
Sophia C. Kladias, DMD  
Glenn S. Kratzer, MD  
Robert Kricun, MD  
Donald L. Levick, MD, MBA  
John W. Margraf, MD  
Thomas M. McLoughlin, Jr., MD  
William L. Miller, MD  
Edward M. Mullin, Jr., MD  
Michael J. Pasquale, MD  
Alexander D. Rae-Grant, MD  
Victor R. Risch, MD, PhD  
Michael A. Rossi, MD  
Raymond L. Singer, MD  
Elliot J. Sussman, MD  
Ronald W. Swinfard, MD  
John D. Van Brakle, MD  
Michael S. Weinstock, MD  
James C. Weis, MD  
Patrice M. Weiss, MD

***We're on the Web!***

***If you have access to the Lehigh  
Valley Hospital intranet, you can  
find us on the LVH homepage under  
What's New — Medical Staff Services***

***Medical Staff Progress Notes*** is published monthly to inform the Medical Staff and employees of Lehigh Valley Hospital of important issues concerning the Medical Staff.

Articles should be submitted by e-mail to [janet.seifert@lvh.com](mailto:janet.seifert@lvh.com) or sent to Janet M. Seifert, Medical Staff Services, Lehigh Valley Hospital, 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.