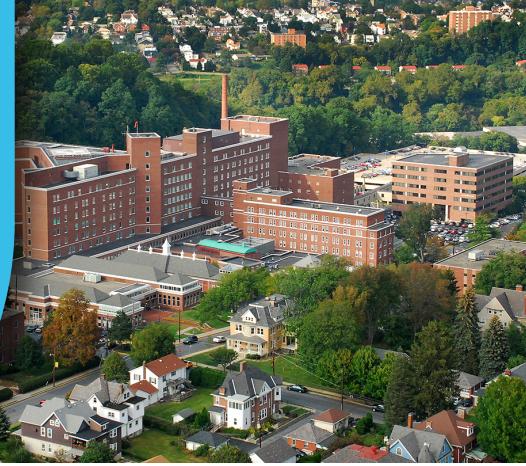


# THE COLLABORATIVE



## HARNESSING ARTIFICIAL INTELLIGENCE TO TRANSFORM HEALTHCARE: INSIGHTS FROM DR. CHARLIE SONDAY

The Graduate Medical Education Quality Improvement (GME QI) Collaborative meeting that kicked off the academic year included an inspiring presentation by Dr. Charlie Sonday, Associate Chief Medical Information Officer at St. Luke's University Health Network. Dr. Sonday shared an in-depth look at how artificial intelligence (AI) is reshaping clinical practice, research, and education across the health system.

Dr. Sonday emphasized that AI in healthcare is far more than a buzzword; it's an essential tool for improving safety, accuracy, and efficiency. At St. Luke's, the AI strategy is built upon three key pillars: strategy, data, and governance. These elements ensure that every AI solution developed is explainable, reproducible, and measurable in terms of return on investment; whether financial, operational, or clinical.

St. Luke's has already implemented several impactful AI-driven models. The Deterioration Index Model, for instance, monitors patients for early signs of clinical decline, alerting nurses and rapid response teams to intervene before emergencies occur. This model has significantly improved survival rates and reduced rapid response calls across the network. Similarly, the Sepsis Time Zero Model has driven top-decile performance in compliance and mortality outcomes.

One of the highlights of Dr. Sonday's presentation was the demonstration of several AI tools that are streamlining workflows for clinicians.

In addition, AI-powered assistants such as the upcoming Text Assistant and In-Basket Augmented Response Technology (ART) are poised to further reduce administrative burden by generating drafts of patient communications and clinical summaries.

Dr. Sonday also shared the exciting implications of AI for Graduate Medical Education (GME). Through partnerships with industry leaders like Wolters Kluwer (UpToDate) and Microsoft, St. Luke's is developing

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*"We're not just installing technology-we're cultivating a mindset that transforms how we deliver care."*

*– Dr. Charles Sonday*

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## Ambient Voice Recognition

Enables physicians to complete documentation automatically by capturing encounters and generating accurate, structured notes.

## Epic-based Feature

Connect providers treating rare conditions with colleagues who have managed similar cases, accelerating collaborative decision-making.

## OR Block Utilization Models

Optimizing surgical scheduling, increasing operating room efficiency from 67% to 74%, with goals set even higher.

AI-driven educational tools that can summarize medical literature, support research design, and enhance clinical reasoning. These capabilities will help residents and fellows more efficiently explore differential diagnoses, review evidence-based treatment options, and prepare scholarly projects with the support of

integrated analytics and data science teams.

Looking ahead, Dr. Sonday envisions a healthcare environment where ambient voice technology and real-time digital assistants seamlessly integrate into clinical workflows. “In the next five years,” he predicted, “every clinician

will have a virtual assistant that listens, documents, queues up orders, and provides real-time decision support.” St. Luke’s commitment to pioneering responsible and effective AI adoption ensures that these innovations will continue to elevate both patient outcomes and provider experience.

*“I’m excited to return to the GME world and truly look forward to collaborating with all of the programs, program directors, faculty, residents, and staff.”*

*– Sandra “Sandi” Yaich*



Sandra "Sandi" Yaich has been appointed Graduate Medical Education (GME) Service Line Administrator and ACGME Designated Institutional Official (DIO). In this role, she will oversee GME residency and fellowship programs across the Network. Since joining St. Luke's in 2019 as Associate DIO, Sandi has driven significant program growth, building the foundational structure for new residencies and integrating key programs across campuses. With more than two decades of GME leadership experience, she is nationally recognized for her innovative work in resident scheduling.

# A COMPASSIONATE VISION FOR THE FUTURE OF MEDICAL EDUCATION AT ST. LUKE'S

Stepping into the role of Chief Academic Officer at St. Luke's University Health Network, Dr. Shaden Eldakar-Hein brings a leadership style rooted in community, collaboration, and genuine purpose. For Dr. Eldakar-Hein, leadership isn't about titles or hierarchy; it's about building strong relationships and fostering a sense of belonging. "Success comes from the community you build around you," she notes, a philosophy that resonates deeply with those who work alongside her.

Dr. Eldakar-Hein's background is a testament to resilience and the transformative power of education. Raised by a single mother who emigrated from Egypt to pursue a doctorate degree, she learned early on the value of opportunity and inclusivity. These lessons shaped her approach as both a physician and a leader, emphasizing that access and support can change lives.

Her commitment to mentorship is well known. Many students and residents have affectionately called her "Dean Mom" or "Chief Mom," a reflection of her dedication to seeing each individual as a whole person, not just a learner or professional. Balancing the demands of leadership and family, she draws inspiration from her own children and values the diverse perspectives her family brings to the table.

Mentorship has played a pivotal role in Dr. Eldakar-Hein's career. Influenced by Dr. Daralyn Moyer, a trailblazer in academic medicine, she learned that true leadership means believing in others, even before they believe in themselves. This philosophy guides her work, from her early days as chief resident to her current leadership role at St. Luke's.

Collaboration plays a significant role in Dr. Eldakar-Hein's approach. She describes the academic structure—including undergraduate, graduate, and continuing medical education—as an interconnected system where each phase supports the next and

partnerships contribute to outcomes. Her process for instituting change involves first listening to faculty, learners, and staff to understand their perspectives and needs before setting new priorities.

Dr. Eldakar-Hein's professional philosophy focuses on collaboration and continuity. In her partnership with Dr. James "J.P." Orlando, SLUHN's former DIO in Graduate Medical Education (GME), she highlighted joint efforts. "I consider my team as family," she states. "J.P. contributed a vision for GME, and our collaboration has facilitated sharing insights across undergraduate, graduate, and continuing medical education. We have built on one another's strengths."



*"When we lead with empathy and purpose, we can truly transform medical education."*

**Dr. Shaden Eldakar-Hein**

The concept of unity is present in her perspective on St. Luke's academic enterprise. She refers to UME, GME, and CME as interconnected elements within a broader system rather than isolated areas. "Medicine involves lifelong learning," she says. "Each stage relies on others: medical students become residents and later faculty members who continue education. The stages are interdependent."

Dr. Eldakar-Hein's transformational leadership aligns with St. Luke's culture, which values community-centered care and innovation. Dr. Eldakar-Hein credits the network's commitment to its mission and highlights the sense of family that persists, even in a large organization.

Looking forward, Dr. Eldakar-Hein's objectives are well-defined: to engage in active listening, foster collaboration, and enhance existing successful practices. Her optimism and authenticity set the tone for a future where medical education is not only about knowledge and skill, but also about compassion and connection. "We're stronger together," she says, "and when we lead with empathy and purpose, we can truly transform medical education."

## THE GRANTS TEAM IS HERE TO HELP!



Did you know there is a Grants Team in the Development Office at St. Luke's whose members are available to help with all external grant applications? Their involvement is required every step of the way, from initial conversations and application submissions to post-award reporting and stewardship. Meet your experts: Grants Officers Leah Triber and Rob Breckinridge, and Senior Director Deb Willey, reporting to Carla Thomas, Associate Vice President of Development. Together, they

bring over 80 years of experience in writing and managing grants. They're just a call or email away, and look forward to supporting grant processes throughout the Network.

The process begins with the Grant Approval Form, completed by the project director and approved by the appropriate supervisor(s). The Grants Team will then help with crafting the proposal narrative and developing the budget, all in compliance with St. Luke's policies

and procedures. If you are awarded a grant, they will help with processing the award so that it's available for you to access, and will assist with meeting the funder's reporting requirements. The Team's goal is to help you submit the strongest possible application and manage the grant in a way that meets the funder's expectations. This nourishes the relationship and reputation with the funder so that others at St. Luke's can apply in the future with a greater likelihood of success.

Interested in applying for a grant? Rob is the point person on the Grants Team for Graduate Medical Education. Feel free to reach out to him at [Robert.Breckinridge@sluhn.org](mailto:Robert.Breckinridge@sluhn.org) or 484-526-9140. We look forward to working with you!

## NEW INNOVATIONS RESIDENCY MANAGEMENT SYSTEM - A JOURNEY TOWARD GREATER EFFICIENCY AND COLLABORATION

The New Innovations platform has been condensed to one single account within the St. Luke's University Health Network organization. All duplicate accounts have been combined with safeguards added to reduce the potential for multiple accounts being set up in the future. As the GME office continues to work toward maximum efficiency using this platform, users will notice like programs relocated under the specialty department listings. Additional improvements will be made to streamline each of the modules in a systematic fashion over the eighteen months. Informational emails and system notices will be posted as each module undergoes any

changes. Evaluation is a core focus for the current academic year, and we continue to work on better utilization for the compliance reporting features which will continue to be discussed at various GME meetings (specialists and program directors).

Please direct any questions regarding the NI PI/merger project or requests for individual program training to [@KimberlyCornwell](https://twitter.com/KimberlyCornwell). Users may also log a ticket directly with NI for assistance with any particular module.

# AI USE

Look just about anywhere, and you'll see references to artificial intelligence systems, commonly referred to as AI. Because of its prevalence, it is important to understand how AI can and cannot be used in a healthcare setting. Julie Tanhauser, IT Strategic planner & Portfolio Manager for AI at St. Luke's, presented valuable insights regarding AI use at the November Collaborative Meeting and shares those insights here.

## WHAT DO YOU WISH PEOPLE AT ST. LUKE'S KNEW ABOUT AI?

Julie writes: "AI should feel like a partner that frees us to do what matters most: spend more time with patients, make better-informed decisions, and deliver care that is both high-tech and high-touch. That balance with technology and empathy is where the real transformation happens."

## HOW SHOULD AI BE USED (OR NOT USED) IN A CLINICAL SETTING?

"Its role is to support clinicians by providing timely insights, reducing repetitive tasks, and improving accuracy in areas like diagnostics, documentation, and predictive analytics. When used well, AI can free up time for what matters most: human care and decision-making.

However, AI should not be used to override clinical judgment or diminish the patient-provider relationship. Ethical safeguards, data integrity, and explainability are non-negotiable. Technology should serve care, not dictate it."

## ARE THERE HIPAA OR OTHER REQUIREMENTS REGARDING AI USE?

"At the federal level, **HIPAA applies whenever AI systems handle Protected Health Information (PHI)**. That means AI tools must comply with the Privacy Rule, Security Rule, and Breach Notification Rule—just like any other technology in clinical workflows.

Beyond HIPAA, **FDA regulations apply to AI tools classified as medical devices, and HHS OCR guidance under Section 1557** prohibits discrimination in AI-driven clinical decision support.

At St. Luke's, our governance framework aligns with these standards. We ensure:

- AI use is mapped to HIPAA and FDA requirements.
- Patient consent and transparency are prioritized for novel or research-related AI applications.
- Ethical principles such as autonomy, beneficence, non-maleficence, and justice guide every deployment."



## WHAT AI TOOLS ARE ALLOWED WITHIN THE NETWORK?

"At St. Luke's, we do not allow the use of third-party AI tools like ChatGPT, Claude, or Gemini on our servers. These platforms pose security and compliance risks because they operate outside our protected environment. Instead, we encourage tools that are **embedded within our secure ecosystem**:

- Microsoft Copilot for administrative tasks and productivity in Office applications. This is great for drafting documents, summarizing emails, and organizing data.
- Epic's embedded AI tools, which are designed specifically for clinical workflows and meet healthcare compliance standards. These tools help with documentation, predictive analytics, and decision support while keeping patient information safe.
- The guiding principle is simple: AI should enhance care and efficiency without compromising security or trust."

If you have any questions about AI use at St. Luke's, please reach out to **Sunday, Charles** – Associate Chief Medical Information Officer (Email: Charles.Sunday@sluhn.org | Teams Office: (484) 658-1773) or **Tanhauser, Julie** – IT Strategic planner & Portfolio Manager for AI (Email: Julie.tanhauser@sluhn.org or available via teams chat), or visit the AI SharePoint site: [https://sluhn.sharepoint.com/sites/IT\\_ArtificialIntelligence](https://sluhn.sharepoint.com/sites/IT_ArtificialIntelligence).

# 2025 ANNUAL QUALITY AWARDS

## FIRST PLACE AWARD WINNERS

### **Diagnostic Drift: Calibrating Accuracy and Speed in ED Respiratory Viral Testing**

**Campus:** Network

**Leaders:** Courtney Getz, Kelsey Elliott, Lucille Hough, Richard Matthews

### **Reduction of Backlog of Pediatric Anesthesia Cases in MRI at St. Luke's University Health Network**

**Campus:** Network

**Leaders:** Heather Marth, Kathy Sanders, Sharon Kemmerer

### **St Luke's Network Orthopedic Surgical Site Infection Prevention and Reduction Using Surgical Bundles**

**Campus:** Network

**Leaders:** Shannon Harbison, Danielle Roman, Corissa Browne, Erin McCartney

### **Standardization of Suicide Risk Assessment and Interventions Throughout the Network**

**Campus:** Network

**Leaders:** Linda Machado, Christina Zelko-Bennick, Kathleen Willner

### **Triple Impact: How Waitlist Interventions Boost Care Access, Training, and Revenue**

**Campus:** SLPG/Dermatology

**Leaders:** Lisa Zhai, Devon Cross, Kristi Lauser, Judi Saxe, Jess Duong, John Sankari, Andrew Krakowski

### **Turning for the Better: Saving Skin, Time, and Money with Smarter Turning Systems**

**Campus:** Allentown

**Leaders:** Tammi Jones, Ashley Siglin, Jessica Sgro

## SECOND PLACE AWARD WINNERS

### **Blood Culture Blues-Cured with Lab Stewardship**

**Campus:** Network Laboratory, SLE, SLW, SLRA, SLMC, SLUB

**Leaders:** Richard Matthews, Jane Cope, Diane Reichard, Kelsey Elliott, Peter Ender, Jamie Mittal

### **Flipping the Script**

**Campus:** Sacred Heart

**Leaders:** Rona Welch, Carissa Fegley, Kathy Barna, Sarah Werner

### **Incorporating Paid Vo-Tech Co-Op Experiences for Recruitment Pipelines**

**Campus:** Network

**Leaders:** Georgina Winfield, Ashley Swope

### **IU and US: From Chaos to Clean, OR- SPD Synergy to Slash IUSS**

**Campus:** Allentown, Sacred Heart, West End Ortho

**Leaders:** Christine Lewbart, Jennifer Whitney, Bryan Mehalick, Jennifer Burrell, Tammi Jones

### **Periprosthetic Fracture Rate in Elderly Patients Undergoing Hip Hemiarthroplasty: A Comparison Before and After Implementation of a Quality Improvement Program**

**Campus:** SLPG/Dermatology

**Leaders:** Margaret Higgins, Douglas Lundy, Michael DeRogatis, Neil Jain, Keith Grega

### **Volatile Anesthetic Cost and Its Environmental Impact Reduction Effort**

**Campus:** Allentown

**Leaders:** Robert Morris, Mark Lischner, Corissa Browne, Matt Bretter, Anna Ng-Pellegrino

# WINNERS



## ADDITIONAL PROJECTS FOR POSTERS (HONORABLE MENTION)

### CLABSI Reduction After Implementing Passive Disinfecting Caps

**Campus:** Network  
**Leaders:** Laurie Smickle, Erin Hunter, Kelly McCormick, Elizabeth Serratore

### Continuing Down the Pathway to Vascular Surgical Site Infection Reduction

**Campus:** Network  
**Leaders:** Jessica Sgro, Sharvil Sheth, Danielle Roman, Erin Hunter, Kelly McCormick, Elizabeth Serratore

### Enhancing Understanding and Utilization of Hypercoagulable Workup

**Campus:** Network  
**Leaders:** Pooja Rani, Keerthy Joseph, Nicole Agostino, Amy Kolbe, John Gillard

### Gut Check! A Quality Improvement Project Aimed at Eliminating Inappropriate Use of Fecal Occult Blood Testing (FOBT) in the Acute Care Setting

**Campus:** Network  
**Leaders:** Brittney Shupp, Noel Martins, Shannon Tosounian

### Home Hospice Scheduled Medication Safety & Stewardship

**Campus:** Hospice  
**Leaders:** Shannon Bachman, Vicki Berta

### Illuminating Care: Improving the Radiology Patient Experience

**Campus:** Warren  
**Leaders:** Travis Conway, Joseph Bucich

### Implementing Standardized Family-Centered Rounds to Improve Satisfaction in Communication and Perceived Quality of Care

**Campus:** St. Luke's Children's Hospital Bethlehem Campus  
**Leaders:** Ashley Joseph, Patti Jo Jaiyeola, Jessica Komlos, Parampreet Kaur, Ellen Jurgen, Pat Gubich

### Optimizing STEMI Transport: Saving Time, Saving Lives

**Campus:** Network  
**Leaders:** Melinda Shoemaker, Erin Quick

### Project Comfort Quest

**Campus:** Bethlehem  
**Leaders:** Shelly Campf, Gretchen Duffy, Alexa Dunlap, Jaclyn Finelli, Pat Gubich

### Utilizing Findhelp to Drive Quality Health Outcomes Through Staff, Patient, and Community Engagement with Social Determinants of Health Resources

**Campus:** Community Health, Care Management, IT, STAR Community Health  
**Leaders:** Rosemarie Lister, Rajika Reed, Rebecca Miller, Karen Hepworth

\*Listed in alphabetical order by first word in title.



## AIAMC National Initiative X: Optimizing the Clinical Learning Environment – Meeting One

From simulation to street medicine, we are dedicated to providing our learners with a well-rounded experience that supports their growth and prepares them for a successful transition into clinical practice.



At the annual Family Medicine Education Consortium, our Family Medicine residencies from St. Luke's University Health Network have truly shined. With a united team spirit, we have showcased the best of St. Luke's with more than 200 resident and faculty attendees participating and delivering over 160 presentations since 2019.



REDCap (Research Electronic Data Capture) is a flexible and secure web-based system for collecting and managing research and quality improvement study data that was developed at the Vanderbilt Institute for Clinical and Translational Research.

Users enter study data in a web browser, either locally or from remote locations. The data are then stored centrally in a secure MySQL database.

For training registration and dates visit  
[www.sln.org/research/gme-data-outcomes/redcap](http://www.sln.org/research/gme-data-outcomes/redcap)

Question Contact: Dania Mosquera, MS, REDCap Administrator

### Required REDCap Timeline

*You must be trained in REDCap at least 60 days before the start of scholarly activities.*



**Support Request Form**



**Longitudinal Support Request Form**

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