

THE HEALTH NETWORK OF THE CHESTER COUNTY HOSPITAL ■ FALL 2008

SYNAPSE



The Chester County Hospital

QUALITY COUNTS

Six Gold Seals of Approval™
Earned for Disease-Specific Care

*Special
ISSUE*

COMMUNITY PROGRAMS & EVENTS

Throughout the year, The Chester County Hospital offers many types of programs, courses, support groups and social events. Here are just a few of the many opportunities that will be taking place in the coming months.

Screenings

WINTER HEALTH SCREENINGS

- **HEART TRACKS** – Cardiovascular Risk Assessment
- **BREAST CANCER***
March 29: For women over 40 who do not have insurance.
- **BLOOD PRESSURE***

Shopping

ENCORE SHOP
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Registration

FOR PROGRAMS & SCREENINGS

To register or to learn more about the times, locations and fees (if applicable) for any of these events, call 610-431-5644.

* Free program; all others include a fee.

December

3RD SUPERMARKET TOUR
Get practical nutrition advice from a registered dietitian.



4TH SENIOR SUPPER CLUB
Topic: Healthy Holiday Eating



10TH HEART TRACKS – *Comprehensive screening and education program to assess the risk for heart disease.*

January

8TH SENIOR SUPPER CLUB
Topic: Exercising to enhance weight loss



14TH SUPERMARKET TOUR *See above*

26TH HEALTHY STEPS (Mondays, first of a 16-week series) *Develop healthy habits for lifetime weight maintenance.*



26TH STOP SMOKING NOW!* (First of an 8-week series)

27TH HEALTHY STEPS (Tuesdays)

29TH MANAGING STRESS IN A CHANGING WORLD: *M. Anjum Irfan, MD, Psychiatry*

February

American Heart Month

5TH STOP SMOKING NOW!* (First of an 8-week series)



11TH SUPERMARKET TOUR *See above*

12TH SENIOR SUPPER CLUB
Topic: Red Dress Gathering



18TH IT'S ABOUT TIME* *Cardiovascular Expo*

19TH HEART-TO-HEART WITH OUR CARDIOLOGIST @ Freedom Village *Brandywine: Gregg L. Neithardt, MD, Cardiology*

25TH HEART TRACKS @ The Center for Health & Fitness: *Dionne Chamoun, DO, Family Medicine*

March

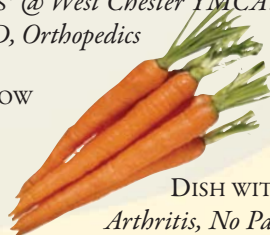
National Nutrition Month

6TH ORTHOPEDIC SOLUTIONS* @ West Chester YMCA: *Cheston Simmons, Jr., MD, Orthopedics*

11TH WHAT YOU NEED TO KNOW ABOUT AFIB* *Marc L. Platt, MD, Cardiology*

11TH SUPERMARKET TOUR *See above*

12TH SENIOR SUPPER CLUB
Topic: Nutrition for Seniors



DISH WITH THE DOC *Arthritis, No Pain, No Gain: Adrienne J. Towsen, MD, Orthopedics*

18TH DINING WITH A DIETITIAN* @ Bellingham Retirement Community: *Trish King, RD*

26TH WOUNDS: ARE YOU AT RISK?* *Martye L. Marshall, MD, Wound Care*



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Time matters when someone is having a stroke or heart attack. It is critical to call 9-1-1 and to get to the nearest hospital immediately in order to receive urgent tests and medication within a certain amount of time. The Chester County Hospital's stroke care program and its heart attack protocols follow strict national standards that can significantly improve outcomes for patients.



7 From Anxious to Grateful

Coupled with the latest technology, the Wound Care Center® team uses a compassionate approach toward healing. The nurse case managers play a key role in their patients' experiences with wound treatment.



8 Chronic and Telephonic

The Hospital has collaborated with Siemens Medical Solutions to develop a telemedicine program to help patients with CHF (congestive heart failure) self-monitor and control their disease better. The goal is to decrease unscheduled visits to the Emergency Department, as well as unplanned hospitalizations.



10 A Joint Effort

For anyone anticipating hip or knee replacement surgery, education plays a crucial role. In addition to its advanced surgical capabilities, the Hospital offers pre- and post-surgical education for both the patient and for their loved ones who play a critical part in their at-home care.

DEPARTMENTS

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National Recognition for Disease-Specific Care

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GREETINGS FROM THE CHESTER COUNTY HOSPITAL

Dear Neighbors,

Over the last few months, the Hospital has celebrated the successful culmination of several quality initiatives that our entire Hospital team has worked on over the past two years as part of our internal Hospital of Distinction Campaign (page 2). Following on the heels of our favorable Joint Commission and State surveys last April, we had the immense satisfaction and pride of finding our Hospital in a leadership position in the recent "Hospital Compare" reports that the Centers for Medicare & Medicaid Services published in major newspapers this past summer.

In June, we were excited to learn that we received the Joint Commission's Disease-Specific Care Certification for six important services. We are the first hospital in our region, if not among a very few nationally, to have certifications in stroke and heart attack (page 3), heart failure (page 8), hip replacement and knee replacement (page 10), and outpatient wound care (page 7). Previously, no hospital in the State of Pennsylvania had more than four such Certifications.

The Joint Commission's Health Care Services Certification Program provides us with an important validation of the excellent care we deliver to our patients. By steadfastly focusing on excellent patient care every day, the Hospital has set a new standard for consistent quality for the residents of Chester County.

Stay well,

H.L. Perry Pepper
President

SYNAPSE

Synapse is a publication of The Chester County Hospital's Corporate Marketing Department. The articles provided in this magazine are solely for informational purposes. It should not be relied on or used in placement of a physician's medical advice or assessment. Always consult a physician in matters of your personal health.

William W. Wylie, Jr. *Chairman, Board of Directors*

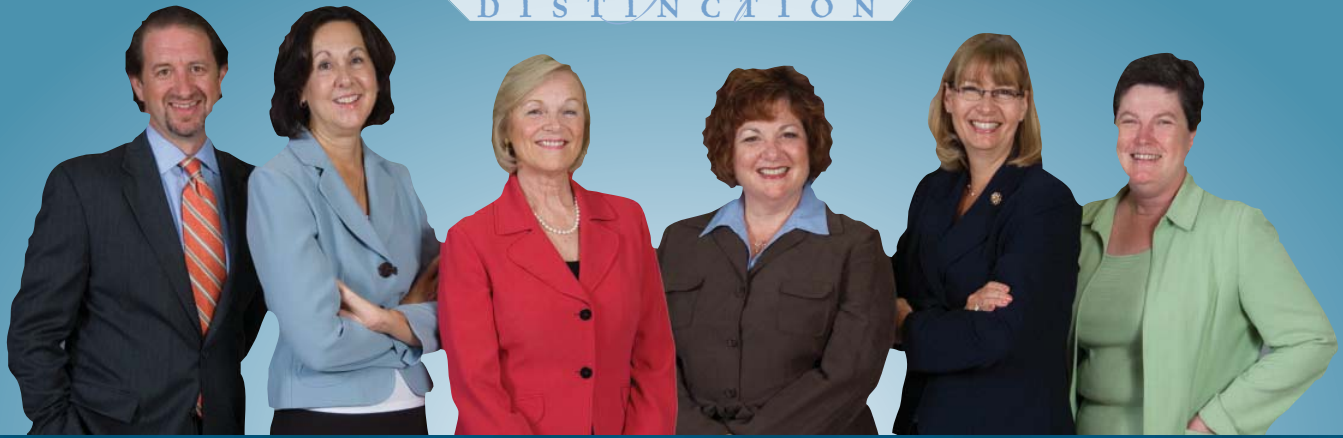
H.L. Perry Pepper *President*

Colleen Leonard Leyden *Editor-in-Chief*

Lisa M. Huffman *Managing Editor*

The Bing Group *Design and Photography*

FEEDBACK WELCOME: Email synapse@cchosp.com to let us know what you think about our magazine or to make suggestions about future topics.



WOUND CARE



STROKE



HEART FAILURE



HIP REPLACEMENT



KNEE REPLACEMENT



AMI (HEART ATTACK)

NATIONAL RECOGNITION for Disease-Specific Care

More than two years ago, The Chester County Hospital embarked on an aggressive, organization-wide initiative to enhance the environment of patient care and to position ourselves as one of the leading hospitals and employers in the region. The Hospital of Distinction Campaign and its 16 task forces mobilized and focused on specific clinical areas including fall reduction, rapid response, heart failure, and central line infections. Our goal has always been to provide the highest quality of care to our patients based on best practices and national guidelines. We have seen remarkable progress as a result of our collective efforts.

To evaluate our performance, we invited the Joint Commission, the nation's oldest and largest standards-setting and accrediting body in health care, to conduct a rigorous, on-site evaluation of six disease management programs at the Hospital: hip replacement, knee replacement, heart failure, acute myocardial infarction (heart attack), stroke, and wound care.

We are pleased to report that the Joint Commission has awarded Disease-Specific Care Certifications, and the resulting Gold Seal of Approval™, to all six programs!

This remarkable achievement makes The Chester County Hospital the first hospital in Chester County to receive any certifications and the only hospital in Pennsylvania to have six Disease-Specific Care Certifications. In addition, we are proud to be the first designated Primary Stroke Center in Chester County.

The Joint Commission certifications not only provide us with an important validation of our commitment to excellence, but it also has a number of other collateral benefits. Beyond the marketing benefit of this recognition, which you have seen promoted in the region, this achievement provides us with a valuable credential in terms of risk management and sends a message to payers that we are prepared to stake our reimbursement on objective "pay for performance" criteria.

We would like to recognize and applaud the collective efforts of our entire Hospital team. With steadfast attention to the daily delivery of excellent patient care, we will continue to set a new standard for consistent quality among our peers.

By Michael A. Barber, Chief Operating Officer

PICTURED: (from left) The clinical leaders for the certification effort were Andy Fazio, Director, Wound Care Center; Sandra Garrison, BSN, MBA, Director, Cardiovascular Disease Management; Dianne Lanham, RN, MSN, CPHQ, Patient Safety and Quality Officer; Catherine Weidman, RN, BSN, Director of Medical Surgical Services; Mary Lou Lafreniere, RHIA, CPHQ, MBA, Quality Manager; and Cindy Brockway, RN, MSN, CCRP, Research & Data Coordinator for The CardioVascular Center.



VISIT WWW.CCHOSP.COM/QUALITY TO UNDERSTAND THE FULL SCOPE OF THE CHESTER COUNTY HOSPITAL'S QUALITY INITIATIVE AND ACHIEVEMENT.

Every Minute Counts



“TIME IS HEART MUSCLE.” “TIME IS BRAIN.”

Spend any time with the doctors, nurses and other staff members at The Chester County Hospital who treat a heart attack (acute myocardial infarction/AMI) or stroke, and you are likely to hear these expressions. What they mean is that quick action is essential in handling patients who show symptoms of either condition.

A heart attack occurs when a clot (thrombus) blocks a vessel to the heart and muscle tissue begins to die due to lack of blood supply. Similarly, a stroke happens when a blood vessel to the brain becomes blocked and brain tissue begins to die. The more time lost before restoring blood flow, the more healthy heart muscle or brain tissue that can be lost—and the greater the patient’s risk of permanent damage or even death.

That is why the Joint Commission includes “time to treatment” as a key factor in granting hospitals Disease-Specific Care

Signs of Heart Attack

According to the American Heart Association, common symptoms include:

- **Chest discomfort that lasts more than a few minutes or goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness, or pain.**
- **Discomfort in other areas of the upper body, such as one or both arms, the back, neck, jaw, or stomach.**
- **Shortness of breath, which may occur with or without chest discomfort.**
- **Other signs such as breaking out in a cold sweat, nausea, or lightheadedness.**

Women are somewhat more likely than men to experience some of the other common symptoms, particularly shortness of breath, nausea, and back or jaw pain.

HEART ATTACK AND STROKE PATIENTS NEED QUICKNESS AND QUALITY

Certifications for AMI and stroke, which The Chester County Hospital earned in June. Although many other care procedures are considered—from prescribing the right medications at the right times to providing appropriate education—timing is the most challenging, notes Dianne Lanham, the Hospital’s Patient Safety and Quality Officer.

“With both AMI and stroke, each person who is part of the care system is vital to the process, from the paramedics in the field to the staff who handle the patient on arrival,” Lanham observes. “Each of them has to know exactly what he or she needs to do, so that each step along the way is the best it can be in terms of time and quality of care. Pulling everyone together in this way is the most challenging aspect of these projects—but also the most rewarding.”

Before even deciding to apply for Joint Commission certification in 2007, the Hospital was intent on speeding “time to treatment” for AMI and stroke as part of its own internal Hospital of Distinction Campaign. Initiated in 2006, the Campaign formed 16 task forces to focus attention on a wide range of conditions and make sure the Hospital was providing care based on best practices and national guidelines—and to make any improvements where needed. The six Joint Commission Certifications—including those in stroke and AMI—are a reflection of this effort.

“Our quality successes really tie back to the Hospital of Distinction Campaign,” says Michael A. Barber, Chief Operating Officer. “We focused everyone in the entire Hospital on quality improvement and made it part of everyday life here, part of everyone’s vocabulary. It’s all about our ongoing effort to be the healthcare provider and the employer of choice in our region.”

continued →



AMI: DECREASING “DOOR TO BALLOON” TIME

By looking at an electrocardiogram (EKG), which charts the heart’s electrical impulses as waves, a doctor can tell the severity of a heart attack. Patients with a type of heart attack called STEMI (ST-segment elevated myocardial infarction), marked by a prolonged blockage of blood supply affecting a large area of heart muscle, are at greatest risk for long-term complications and premature death.

Research has shown there is a good way to reduce these risks: get STEMI patients to the cardiac catheterization lab quickly to open the blockage and dislodge the clot through percutaneous coronary intervention (PCI), called angioplasty. PCI involves threading a slender balloon-tipped tube, or catheter, through an artery in the groin to open up the blocked artery.

According to the American Heart Association and the American College of Cardiology (ACC), so-called “door-to-balloon” (D2B) time—the time between a patient’s arrival at the Emergency Department and the PCI procedure—should be no more than 90 minutes. Two years ago, the ACC formed “D2B: An Alliance for Quality” to enable hospitals to track and compare their times, with the goal of getting at least 75% of their STEMI patients to meet the 90-minute window.

Timothy Boyek, MD, Medical Director of the Cardiac Diagnostic and Interventional Catheterization Laboratories at The Chester County Hospital and a partner at Chester County Cardiology Associates, notes that the Hospital had already been targeting this goal since the inception of the Lab over seven years ago and for a couple of years before volunteering to join the D2B Alliance. The Hospital was the first full-service catheterization laboratory in Chester County to champion this approach to AMI treatment.

“We saw the Alliance as a way to improve our existing standards. Every minute counts and you can see the outcome with AMI. How quickly you get the problem fixed makes a visible difference in patients’ lives and their long-term survival. In most cases, the patients can literally be up and walking within 12 hours of arrival and usually go home in 48 to 72 hours.” — Timothy Boyek, MD



One of the biggest challenges, he adds, is how many different clinicians are involved in caring for AMI patients, from the paramedics in the field to the emergency department (ED) physicians to the cardiac catheterization team.

“Meeting the target involves previously unseen amounts of cooperation across multiple departments in the Hospital,” Dr. Boyek says. “But the team at The Chester County Hospital wants to be the best provider of care to patients—and that has driven all of us to look for ways to save valuable minutes and continue to raise the bar.”

Further decreasing door-to-balloon minutes became a central focus of the Hospital’s AMI task force, formed in 2006. According to task force leader Cindy Brockway, Research & Data Coordinator for The CardioVascular Center, a couple of key changes made a critical difference in getting patients from the door of the ED to having angioplasty in under 90 minutes:

1. EQUIPPING PARAMEDICS with technology to perform EKGs that can be transmitted to the ED before a patient arrives. ED physicians can then recognize patients with a severe heart attack and trigger a Code PCI, which quickly notifies the cardiac catheterization lab team. “This gives us valuable additional minutes to get the cath lab team and the physician ready to do the procedure,” Brockway says. These extra minutes are especially critical after hours, she notes, and gives team members time to get from their homes to the Hospital.

2. EMPOWERING EMERGENCY DEPARTMENT PHYSICIANS to initiate Code PCI without consulting the on-call cardiologist, as was required in the past.

Another key to the Hospital’s success is giving constant feedback to the care teams. Brockway says, in every case, the Hospital analyzes:

- WHEN THE CODE PCI WAS INITIATED
- WHAT TIME THE PATIENT ARRIVED
- WHAT TIME THE EKG WAS PERFORMED
- WHEN THE PATIENT ARRIVED IN THE CARDIAC CATH LAB
- WHEN THAT ARTERY WAS OPENED.

“We get that data out electronically to all team members, from pre-Hospital to post-intervention, and let the team know how that patient did. If we have any outliers, we look at every one of those cases and ask ourselves, ‘What do we need to do differently in order to meet our goal?’” “I am proud to say that our times are very good, and we have low complication rates and low mortality rates with these patients,” Brockway adds. Right now, the Hospital surpasses the 75% national goal in its “time to treatment.”

“For us, a big part of the Joint Commission certification process was allowing our community to have a look inside and to know what value they would receive by coming here,” she says.

AMI data shared with the Joint Commission:

- **78% of eligible patients are receiving treatment within 90 minutes of arriving at The Chester County Hospital (CCH). As of March 2008, according to a report by the American College of Cardiology, the national average was 72%.**
- **CCH complication rate for these patients is 0.7%, versus a national average of 1.6%.**
- **CCH risk-adjusted mortality rate for these patients is 0.58%, versus a national average of 1.19%.**
- **CCH has received favorable results on Press Ganey satisfaction surveys of its AMI patients.**

Stroke: MEETING TIME TARGETS FOR EVALUATION AND TREATMENT

As with AMI, identifying and treating stroke patients quickly makes a major difference in outcomes. No one knows this better than neurologists like Heidar Jahromi, MD, an attending physician at the Hospital and a member of its task force to improve stroke care.



“I see the consequences of not treating quickly—the patients can be left with major deficits or they can die. Stroke has a major impact on their lives and their livelihood, and it can have a major economic impact not only on them individually, but on all of society.” — Heidar Jahromi, MD

It is no wonder that the Hospital’s neurologists quickly jumped on board when the stroke task force formed in 2007, says Sandra Garrison, task force leader and Director of Cardiovascular Disease Management. In addition to improving all aspects of stroke care, the task force focused on speeding “time to treatment.”

The main treatment for people experiencing stroke is a clot-busting medication called tissue plasminogen activator (tPA). Not everyone is a candidate for tPA—but for those who are, the treatment is effective only if given within three hours of the onset of stroke symptoms. The first step is evaluating the person with suspected stroke by ordering a CT (Computed Tomography) scan of the head and a number of blood tests.

“The Joint Commission expects that at least 80% of patients will have their CT scan done and lab results ready within 45 minutes,” Garrison notes.

continued →

Signs of Stroke

F
FACE

Ask the person to smile.

Does one side of the face droop?

A
ARMS

Ask the person to raise both arms.

Does one arm drift downward?

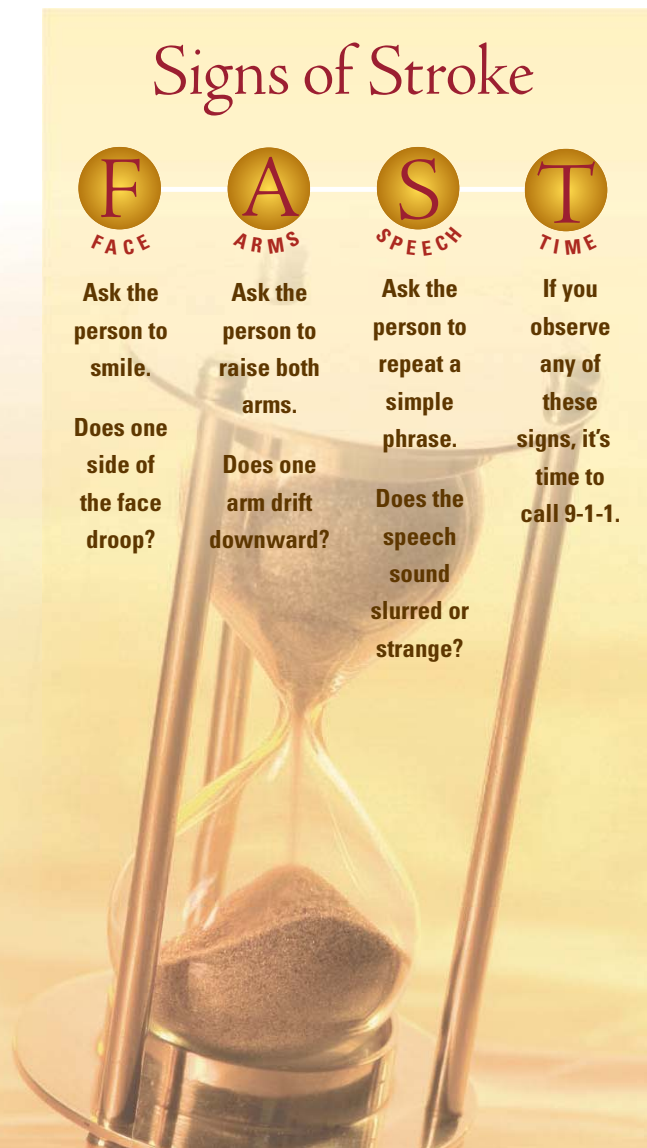
S
SPEECH

Ask the person to repeat a simple phrase.

Does the speech sound slurred or strange?

T
TIME

If you observe any of these signs, it’s time to call 9-1-1.



To achieve this, the Hospital initiated a process called Code Gray, which goes into effect whenever a patient is coming in with stroke symptoms or suddenly develops them in the Hospital.

“Code Gray activates our Rapid Response Team, which in turn activates a CT scan alert and a Lab alert for a 45-minute turnaround,” she says. “It goes out to the key people who are involved in these procedures and notifies the pharmacy to mix tPA. It puts everyone on alert that we have a potential stroke—be ready.”

To meet that 45-minute window for testing and the three-hour treatment window, the Hospital had to look for ways to shave time off its care processes.

Stroke data shared with the Joint Commission:

During the three months leading up to The Chester County Hospital’s certification by the Joint Commission as a Primary Stroke Center, 100% of eligible patients with ischemic stroke (caused by a blocked blood vessel) received tPA within 41 to 50 minutes of their arrival in the Emergency Department. This shows how quickly staff members were able to complete the series of steps leading up to treatment, such as a medical history, survey of stroke symptoms, lab testing, and a CT scan of the head.

“The Emergency Department really had to look at its processes—how it approached these patients, what it did, how quickly it did it, what it could do differently,” Garrison says. “The Lab also re-evaluated its processes to figure out faster ways to run the tests and expedite study requests. They receive the Code Gray alerts and when specimens from a stroke patient go to the Lab, the specimens now go with a bright pink card that visually cues them for immediate attention.”

To improve stroke care further, the Hospital created a dedicated stroke unit where all the nurses are specially trained to care for stroke patients.

“Studies have shown that people treated in stroke units have better outcomes than those who are spread over other areas of a hospital,” says Dr. Jahromi. “Staff members in stroke units are more familiar with the standard of care. They know exactly what to expect and what to do. Patients get better care as a result.”

Just a year after the stroke task force formed, the Hospital earned Joint Commission Certification in stroke, making it the only certified Primary Stroke Center in Chester County. Being designated as ‘Primary’ means it is the first place you want to go to get the immediate care you need to stabilize vital functions. The clinicians at the Hospital can then assess a patient’s condition and either admit them or transfer them to a comprehensive stroke center.



911: THE IMPORTANCE OF CALLING

Receiving Joint Commission Certifications in stroke and AMI has been an important milestone for the Hospital, but it is by no means an ending.

“Focusing on quality is not just a ‘program of the month,’” says Dianne Lanham, Patient Safety and Quality Officer. “We tell our employees, ‘This is how we are going to do business every single day.’”

One additional challenge to be met now is educating people with AMI or stroke symptoms to call 9-1-1, instead of driving themselves to the Hospital—as more than half currently do. Critical time can be lost when people initially try to “wait it out” at home and then have to find a ride to the Hospital.

“We can help patients help themselves by getting the message out to call 9-1-1,” says Brockway. “In theory, we want to move the door of our Emergency Department to the door of our patients’ homes. The sooner we can get trained medical professionals by their side, the sooner we can start the ball rolling to get the care they need.”

After all, time is heart muscle and time is brain, and every minute counts.

By Kristine Conner



TO INQUIRE ABOUT OUR PRIMARY STROKE CENTER, CALL 610-431-5059. TO LEARN MORE ABOUT CARE FOR A HEART ATTACK, CALL 610-738-2578.

The Wound Care Team Uses Compassion to Dissolve Fear

FROM ANXIOUS TO GRATEFUL

The best word to describe a first-time wound care patient is anxious. Anxious about their wound. And, anxious about the care required to heal it, especially if they've been living with it for months or even years.

"Some of our patients have been dealing with their condition for a long time," says Denise Paoline, RN, Clinical Manager of the Wound Care Center®. "There's always a reason a wound won't heal. It's our job to figure out why and to educate patients on what they need to do to get back to their lives."

Upon their first visit, each patient is matched with a wound care physician and a nurse so a complete picture of the patient's condition is created and consistency of care is provided. A team of five nurse Case Managers drives this one-to-one service. In addition to Paoline, Cathy Norris, BSN, Jeanne Seidell, RN, Lauren Wertman, BSN, and Linda Huber, RN, are the pivot points between the Wound Care Center, the primary physician, any medical specialists, and testing needed to heal the wound.

The nurses complete a full medical history for each patient. Photographs of the wound are taken and the wounds are measured weekly in order to gauge progress. From that point, a plan of care is established and the nurse educates the patient as to their self-care.

The goal is always to put chronic (long-term) wounds back into an acute (short-term) status to promote healing. A non-healing wound persists because of some underlying cause — poor nutrition, lack of exercise, diabetes, poor blood flow, infection, ill-fitting shoes. The Center not only uses the most advanced therapies available for healing, but also by addressing the underlying cause of the wound can help eliminate recurrence.

As part of the national network of Wound Care Centers, Inc.,® the Center develops a course of care based in part upon nationally established Clinical Practice Guidelines and local best practices. An outpatient service of the Hospital, The Wound Care Center follows a systematic approach to analysis, care and education.

"We do more than just wound care here," says Paoline. "The wound is the window to an underlying problem." The time-intensive nature of healing wounds affords our nurses the opportunity to spend extra time with their patients. This additional time — at least 20 minutes of individualized attention per weekly visit — allows



Martye Marshall, MD, ABPM/UHM, CWS, Internal Medicine, (right) is certified by the American Board of Preventative Medicine in Undersea and Hyperbaric Medicine. She and Denise Paoline, RN, BSN, CWS, (left) are certified wound specialists.

them to listen fully to their patient's concerns and tailor a specific plan of care for helping them.

Patients share critical pieces of information with nurses that they would never tell their doctors, says Martye Marshall, MD, Medical Director of the Wound Care Center. "The nurses are really the success of the Wound Care Center." She describes the nursing team as caring, patient and non-judgmental. Marshall is one of four doctors who provide care at the Center. Podiatrists

Steven B. Chen, DPM and Alan L. Meshon, DPM, along with Robert Goldman, MD, a doctor of Physical Medicine and Rehabilitation, also treat patients' wounds.

Chronic and non-healing wounds can result from a number of factors, including diabetes, poor circulation, trauma, vascular disease, and immobility (which can lead to pressure ulcers, commonly known as bedsores). If you have a wound that will not heal, you are not alone. Up to five million Americans experience this condition.

Through September, the clinical team has healed 93.2% of their patients' wounds in an average of 28 days. These same wounds had previously resisted treatment for an average of three months. The Center's patients also report 98.6% overall satisfaction with the services. For the quality care provided by the team at the Wound Care Center, the Joint Commission recently bestowed upon the Center its Disease-Specific Care Certification for wound care, currently the only such certification in Pennsylvania.

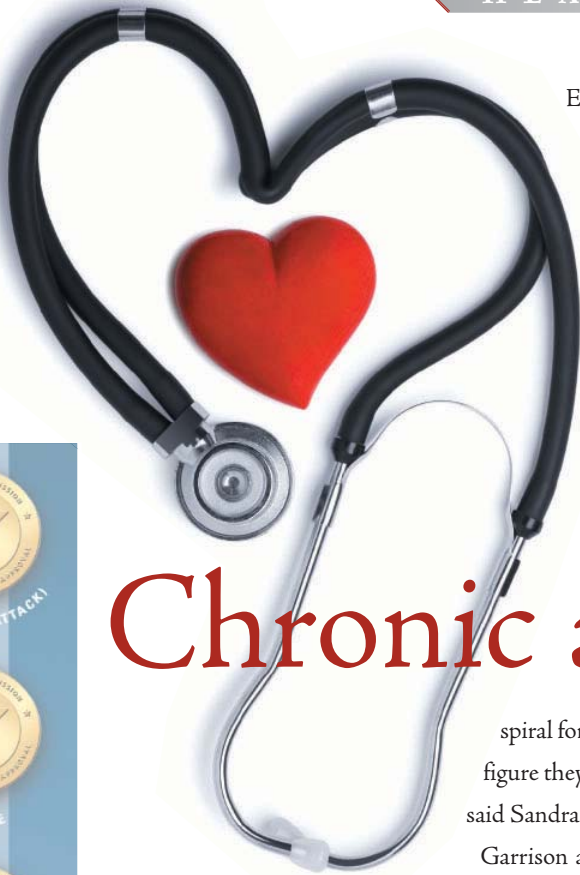
After the patient receives their diploma (*yes, an actual diploma*) for successfully completing the healing process, the best word to describe their state of mind is grateful.

"The patient heals the wound, not the Wound Care Center," says Marshall, stressing the importance of the patient's role in treating the injury. Wounds heal at home; the Center simply provides the guidance.

By Lisa M. Huffman



FOR MORE INFORMATION, CALL THE WOUND CARE CENTER® AT 610-738-2590.



Every morning, about two dozen Chester County Hospital patients who were treated for congestive heart failure start their day by calling a computer.

Using the dial buttons on their telephone, they punch in information concerning their weight, how they are feeling and whether they have experienced any shortness of breath or swelling in their ankles or feet.

The results are monitored by a small team of nurses, who, if necessary, will instruct a patient to see their doctor or get to the Hospital.

The patients and nurses are part of The Chester County Hospital's chronic heart failure initiative, a disease management program supported with technology developed by Siemens Medical Solutions in Malvern.

"One issue we have with heart-failure patients is they can be in a downward

Chronic and Telephonic

spiral for two weeks before there is a crisis, but they won't do anything about it because they figure they have an appointment with their doctor next Tuesday and they'll deal with it then," said Sandra Garrison, director of the initiative. "We want to deal with it now."

Garrison and her team of four* nurses are notified by a computer alert whenever a patient arrives at The Chester County Hospital with congestive heart failure, or with the suspicion of it.

The Hospital's computer system is programmed to alert the nursing team when certain tests, such as an echocardiogram, are ordered for a patient and by scanning entries that contain key words like edema (an excessive accumulation of fluid in body tissues) or key strings of words, such as "shortness of breath." An alert also occurs when a patient who was previously admitted for heart failure comes back to the Hospital for any reason.

Once a patient is identified, a nurse immediately begins an evaluation of the patient's electronic medical records. If heart failure is confirmed, the nurse then arranges to visit the patient to provide education covering diet, weight monitoring, medications, exercise, what to do if symptoms worsen, the importance of keeping medical appointments and smoking cessation. The nurse also determines whether the patient is a candidate for home self-monitoring and reporting as part of the disease management program.

To date, 169 patients have been enrolled into the program and more than two dozen actively comply with the self-reporting requirement at any given time.

H.L. Perry Pepper, President of The Chester County Hospital, said the program's goal is to keep patients out of the Hospital. "These are patients with difficult conditions to manage," he said. "Everybody benefits by keeping them well."

Keeping the patients out of the Hospital helps avoid overcrowding in the Emergency Department and frees up beds for patients who need to be admitted.

HEART FAILURE PATIENTS BENEFIT FROM TECHNOLOGY AND A NURSING TEAM MONITORING THEIR VITAL SIGNS

Monitoring the patients on the other end of the line are nurses (from left) Joanne O'Brien, RN; Brenda L. Sampson, RN, BSN; Terri McClure, RN; and Annmarie Blair, MSN, BSN, RN, CPT.

(Page 9) Cardiologists Hope B. Helfeld, DO, and W. Clay Warnick, MD, were physician champions for the heart failure certification.





“When a person is experiencing heart failure, their heart is not able to pump effectively. In reaction to the decline in cardiac function, you can have fluid overload, which can cause shortness of breath, fatigue and weakness.”

– W. Clay Warnick, MD

Garrison said the Hospital has experienced a drop in readmission rates among patients participating in the program and an increase in compliance with care plans after patients are discharged.

The program is just one example of how the medical center is benefiting from its standing as one of only a handful of testing sites for Siemens Medical Solutions, a division of Siemens AG of Germany previously known as Shared Medical Systems. The two organizations have a relationship that dates back two decades.

For the past eight years, The Chester County Hospital has served as a beta testing site for Siemens' Soarian product designed to provide financial and clinical information management, including workflow guidance, treatment decision support at the point of care and computer-based patient records.

“Patients who understand heart failure and who participate in monitoring their own health with support from their healthcare team, often feel better and find that they make less unscheduled trips to the Hospital or their doctor’s office. The key is knowing your body and taking all the measures to stay in good health.” – Hope B. Helfeld, DO



“Soarian provides a way to extend care from the Hospital bed back into the community,” said Janet Dillione, president of Siemens' health-care information technology division. “It’s a way to have the patient be part of the health process, to be more than just an admission number.”

By John George

John George is a staff writer for the Philadelphia Business Journal.

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Causes of Heart Failure

MOST COMMON — *coronary artery disease, high blood pressure, long-standing alcohol abuse, and disorders of the heart valves.*

LESS COMMON — *viral infections or the stiffening of the heart muscle, thyroid disorders, disorders of the heart rhythm, and many others.*

Symptoms

The symptoms of CHF can vary among individuals, and may include one or more of the following:

- ✦ FATIGUE AND INABILITY TO TOLERATE A NORMAL LEVEL OF ACTIVITY
- ✦ WEAKNESS, LIGHTHEADEDNESS, OR DIZZINESS
- ✦ SWELLING OF THE ANKLES AND LEGS OR ABDOMEN
- ✦ SHORTNESS OF BREATH, PARTICULARLY DURING EXERCISE OR WHEN LYING FLAT
- ✦ A RAPID HEART RATE, EVEN WHILE RESTING
- ✦ INABILITY TO SLEEP, UNLESS SITTING UPRIGHT
- ✦ INCREASED URINATION, PARTICULARLY AT NIGHT
- ✦ WEIGHT GAIN
- ✦ NAUSEA AND DECREASED APPETITE
- ✦ ABDOMINAL PAIN
- ✦ CHEST PAIN AND PRESSURE
- ✦ COOL, PALE, SWEATY, AND SOMETIMES BLUE-GREY SKIN

If you are experiencing any of these symptoms, please contact your physician.

SOURCE: www.uptodate.com/patients



TO INQUIRE ABOUT THE HOSPITAL'S CONGESTIVE HEART FAILURE PROGRAMS, CALL 610-431-5059.

A Joint Effort

For hip and knee replacement patients, collaborative education plays an important role

NO ONE WOULD ARGUE THAT THE AGE OF OUR COMMUNITY IS ON THE RISE. As individuals live longer, physical challenges like painful osteoarthritis threaten to steal life's freedoms and joys. The Chester County Hospital is helping residents with hip and knee discomfort to hold on to their independence and to continue enjoying the life they want to lead.

"The joint replacement process is a complex and unique one. Our goal is to provide the best outcome and experience for our patients," says Cheston Simmons, Jr., MD, Orthopedic Surgeon. Following his training at The Rothman Institute and Thomas Jefferson University Hospital, Dr. Simmons assisted in the development of The Orthopedic Center at The Chester County Hospital. "Our patients receive big-city care and technology at their home-town Hospital," he says.

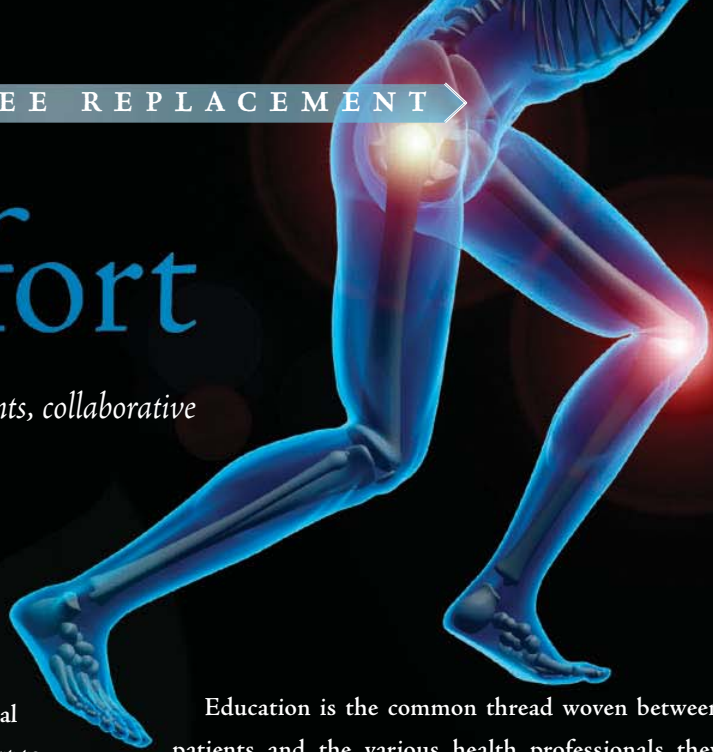
The key to joint replacement success – which recently resulted in two Gold Seals of Approval™ by the Joint Commission for both hip and knee replacement individually – is the tightly knit, cross-trained lineup of professionals who are committed to preparing and collaborating with patients throughout the joint replacement process.

Both hip and knee replacements involve an intricate chain of events. To maintain consistency and excellence, the Hospital implemented strict protocols and organized a multi-disciplinary team that included physicians, diagnostic services, nursing, occupational therapy, physical therapy and patient education. Cathy Weidman, BSN, RN, Director of Medical Surgical Services, describes the importance of communication, stating that team members confer not only daily, but also on an hour- to-hour basis while patients are in the Hospital. Emphasizing the most important member of the team, Weidman adds, "Our surgeons do a great job, but it is up to the patient to do his or her part too."

Education is the common thread woven between patients and the various health professionals they encounter for their care. Before entering the Hospital, patients speak with their surgeon, receive a step-by-step guide to the entire joint replacement protocol, and are invited to attend a pre-surgery education class, called "I Love This Joint!" Patients may also opt to receive a home-readiness assessment through Neighborhood Health Agencies, Inc. Weidman explains, "An informed patient understands the process and has realistic expectations for the hospitalization and recovery period."

Betsy Harned of West Chester had bilateral (double) knee replacement surgery this past March. After her surgery, she had to overcome two-times the normal risks and rehabilitation, but she still felt well prepared. "Dr. Simmons impressed me from the beginning. He was more than helpful, providing advice and exercises for me before my surgery," she says. "My binder [the Patient Education Guide] helped me stay organized and kept everything in one place—even while I was in the Hospital," she includes.

One of the most common challenges to joint replacement is the patients' fear of the unknown. The pre-surgery education class alleviates patients' fears. Pre-surgery students learn directly from the joint replacement team—nursing, physical and occupational therapy, and home care. Topics of discussion include preparation, surgery, recovery, and rehabilitation. Patients also have the chance to ask questions. A retired educator, Mrs. Harned felt well prepared for her surgery even prior to the class, but found it very helpful to hear from others with similar concerns. Just like a teacher would say in school, there is no such thing as a dumb question, especially prior to major surgery.



AMI (HEART ATTACK)



STROKE



WOUND CARE



HEART FAILURE



HIP REPLACEMENT



KNEE REPLACEMENT

During class and throughout the process, patients are encouraged to bring a “coach” – a family member or friend. Mrs. Harned was thankful for her coach-husband who she describes as “an encourager and helper, offering a good mix between helping me and letting me try things on my own.”

Clinical Manager Debbie Hetrick, RN, offers class attendees relief when she informs them of the various pain-relief methods available following surgery and explains the Level-of-Pain Scale established for patients to communicate their comfort. She eliminates serious patient anxiety about the Operating Room, while teaching important safety precautions prior to surgery. The Hospital takes this kind of care in educating patients, she explains, because “we want to alleviate any fears that they may have by making them feel as comfortable and as informed as possible.”

“The joint replacement process is a complex and unique one. Our goal is to provide the best outcome and experience for our patients.” – *Cheston Simmons, Jr., MD*

When students ask how to extend the life of a new joint, John Gose, PT, MS, OCS, Director of Physical Therapy and Rehabilitation, says, “The key to success is movement – losing extra weight that puts additional pressure on the joint; and then, building flexibility, strength and endurance.” During class, Gose also helps hip replacement patients get accustomed to hearing about hip precautions, important safety measures practiced after surgery.

Upon the completion of surgery and physical therapy, patients can participate in Hospital programs to continue their lifelong wellness, including Warm Water Aquatics at The Center for Physical Rehabilitation and Sports Medicine; exercise and personal training at The Center for Health and Fitness; and Supermarket Tours and counseling with the Hospital’s Outpatient Nutrition Services.

When asked to share her story, Mrs. Harned said, “Absolutely, especially if I can possibly help someone else in their decision to have surgery.” Of her experience, she says it was better than she expected and attributes her success to the high-quality care she received. Now several months after her surgery, she says she is doing well—she is back to golfing with her husband and socializing with friends, two things she loves. Freedom from pain and joy of independence are hers once again.

By Heather DeRafelo



Replacement Statistics

Fiscal Year 2008

- NUMBER OF HOSPITAL CLASSES: **25**
 - NUMBER OF PRE-SURGERY CLASS ATTENDEES: **283**
 - NUMBER OF ORTHOPEDIC SURGEONS PERFORMING REPLACEMENTS: **6**
John H. Benner, MD; Robert H. Huxster, MD; Christopher J. Lyons, MD; John P. Manta, MD; Cheston Simmons, Jr., MD; Adrienne J. Towsen, MD
- | | |
|--------------------------------|--------------------------------|
| HIPS: | KNEES: |
| TOTAL PATIENTS: 106 | TOTAL PATIENTS: 239 |
| AVERAGE AGE: 68.6 YEARS | AVERAGE AGE: 68.3 YEARS |
| MALES: 55 | MALES: 90 |
| FEMALES: 51 | FEMALES: 149 |

Tips for living with your new joint:

- **ASK FOR HELP.** While your goal is to do things for yourself eventually, do not take unnecessary risks by trying to do too much too soon. Give yourself approximately 6-to-12 weeks to recuperate. You may feel weak during this time.
- **KEEP YOUR APPOINTMENTS WITH YOUR DOCTOR.** It is important to monitor healing and function on a regular basis.
- **CONSULT YOUR ORTHOPEDIC SURGEON** if you begin to have pain in your artificial joint or if you suspect something is not working correctly. Under optimal conditions, your artificial joint can last for many active years.
- **WATCH FOR ANY SIGNS OR SYMPTOMS OF INFECTIONS,** such as redness, swelling, unusual discharge of fluid, increased tenderness, red streaks or a more constant ache. Call your family doctor immediately; early treatment is crucial.
- **ALERT YOUR DENTIST OR FAMILY PHYSICIAN** about your joint replacement before any dental work or procedure. You may also need to take antibiotics first to prevent infection.

SOURCE: www.ccortho.com



TO MEET OUR SURGEONS, VISIT THE ORTHOPEDICS PAGE OF WWW.CCHOSP.COM.



movers ■ shakers ■ newsmakers

Gala Celebrates 25th Anniversary of May Festival



At the Friday Night Gala, any and all **May Festival co-chairs** were called to the dance floor in honor of their years of dedicated service to the Hospital. The annual family-friendly Festival marked its silver anniversary this year. Although rainy weather affected the Festival itself, nothing could dampen the spirit of our Gala guests.

Exton Medical and Diagnostic Center Opens

The Chester County Hospital consolidated services that had been offered in the Downingtown and Exton areas into one building located at the **Commons at Oaklands** on Route 30. The building is now open and houses a satellite location for Physical Therapy and Sports Medicine, and Radiology.

Cardiac Rehab Receives National Certification



The **Kennett Square Cardiac Rehab program**, located at the New Garden Medical Office Building, received National Certification by the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR). AACVPR is the national organization that recognizes and certifies programs based on specific 'Standard of Care' requirements reflected in the program's policies. Its focus is on promoting health and secondary prevention. The organization dictates guidelines for cardiac and pulmonary rehab programs including exercise protocols and education. Kennett Square Cardiac Rehab is the only certified program in southern Chester County. In September, this service of The Chester County Hospital celebrated its fourth year in operation.



Pictured (from left): Donna Merkel, Lead PT; John Gose, Director of Rehabilitation Services; Mary Loughlin, OT, Certified Hand Therapist; Matt Grady, MD, sports physician with CHOP; Dave Cluck, ATC, PTA, Asst. Director of Physical Rehabilitation.



CVC BBQ The Friends of The CardioVascular Center gathered this summer for a charming cookout at the Unionville home of Cookie and Jerry Brown. Loyal supporters of the Hospital's cardiovascular services, this group helps raise awareness and funds to enhance our heart program.



ECHO Lab honored with ICAEL Accreditation

The Intersocietal Commission for the Accreditation of Echocardiography Laboratories (ICAEL) granted accreditation to **The Chester County Hospital Echocardiography Laboratory**. Our Hospital is the only hospital-based lab in Chester County to be accredited. It is recognition for the commitment to high-quality patient care and the provision of quality diagnostic testing. Participation in the accreditation process is voluntary. Accreditation status signifies that the facility has been reviewed by an independent agency, which recognizes the laboratory's commitment to quality testing for the diagnosis of heart disease. The ECHO staff performed 4,801 ECHOs in fiscal year 2008. Fiscal year 2009 volume is up 13.5% over last year.



Pictured (from left) Donna Maria Reed, DO, Cardiology; Maria Lark, RCS, CCT, Clinical Lead; Christopher Calvey, RDCS; Nicole Lalonde; Claire Miller, RDCS, RCS; Sheila McNabb, RDCS, RVT, Clinical Lead; and Sharon Delaney, RN, Director of Cardiology.

In Memory of Gordon Bowker

Gretchen Bowker presented H.L. Perry Pepper (right), President of The Chester County Hospital, and David Grossman, MD, Hematology/Oncology, with a check for \$20,000. The generous contribution to The Cancer Center of Chester County was the result of the family's spring golf fundraiser to memorialize Gretchen's late husband, Gordon, who passed away from cancer in 2006.



Polo Cup Committee Ponies Up Again



For the second year in a row, the **Polo Cup Committee** raised more than \$25,000 for the Hospital. The committee treated guests to a fast-paced Polo match with lots of great food, children's activities and raffle prizes. The Turks Head Branch of the Women's Auxiliary hosts the event annually on the second Sunday in June. H.L. Perry Pepper, (center) President of the Hospital, enjoyed the match with sponsor representatives Amy Williams of Endo Pharmaceuticals, Dr. Frank Baldino of Cephalon and Michael Vadasz of Otto's BMW. Auxiliary members Michele Fort and Kimberly Cutting Winter (standing in the convertible) co-chaired the event.

FERN HILL

State-of-the-Art Technology Housed in Architectural Beauty

The Chester County Hospital increased the scope of services offered at the Fern Hill Medical Campus this summer. This included the completion of Building D, which houses Radiology, outpatient Pathology and Laboratory Medicine, as well as physician offices for Manos Family Practice and Chester County OB/GYN Associates. Radiology services provided at Fern Hill include Digital Mammography, DEXA scan, MRI, CT Scanning, X-ray and Ultrasound.



Technicians Dawn Richardson and Barbara Nather of the Lab direct a patient to the new section of Fern Hill.

PATHOLOGY AND LABORATORY MEDICINE

Just beyond the bridge at Fern Hill, The Chester County Hospital Laboratory is utilizing state-of-the-art equipment and information systems to provide accurate and timely test results. The dedicated staff of experienced and highly trained Phlebotomists, Technologists and a Physician's Assistant are directed by four board certified Pathologists who have specialized training in various disciplines. The Hospital's Lab processes, analyzes and diagnoses more than 1.2 million tests annually. It has provided clinical and anatomic services to residents of Chester County and neighboring communities for 50 years.

SCHEDULING

OUTPATIENT LABORATORY 610-431-5160

RADIOLOGY 610-431-5131 *Ask about evening and weekend hours.*

The Fern Hill Medical Campus is located at 915 Old Fern Hill Road in West Chester.



DEXA SCAN

▼ Every day, physicians use X-rays to view and evaluate bone fractures and other injuries of the musculoskeletal system. To detect osteoporosis accurately, doctors use an enhanced form of X-ray technology called dual-energy X-ray absorptiometry (DEXA). DEXA is today's established standard for measuring bone mineral density. DEXA is a quick, painless procedure for measuring bone loss, such as in the lower spine and hips.

Kathleen Hooper demonstrates the DEXA equipment



DIGITAL MAMMOGRAPHY

▲ Mammography is a specific type of imaging that uses a low-dose X-ray system for the examination of breasts. It plays a central part in the early detection of breast cancers because it can show changes in the breast up to two years before a patient or physician can feel them. New digital mammography technology, with Computer Aided Detection, digitizes and analyzes mammograms for suspicious regions. This provides reassurance to radiologists and their patients, detecting actionable breast cancers many times earlier than screening mammography alone.



Melinda Ryan, MRI Technician, operates the Siemens Espree, which is a 1.5 high field, short bore, semi-open unit

MAGNETIC RESONANCE IMAGING (MRI)

◀ MRI uses radiofrequency waves and a strong magnetic field, rather than X-rays, to provide remarkably clear and detailed pictures of internal organs and tissues. The technique has proven very valuable for the diagnosis of a broad range of pathologic conditions in all parts of the body including cancer, heart and vascular disease, stroke, and joint and musculoskeletal disorders. MRI requires specialized equipment and expertise and allows evaluation of some body structures that may not be as visible with other imaging methods. The same machine with a different technique can be performed of blood vessels in any body part, as a non-invasive angiographic technique to visualize the vessels. Here at The Chester County Hospital we are able to image any part of the body, including the breasts, necessary to diagnose all pathology or problems. The MRI team works with the physicians to deliver the highest quality studies in the safest possible environment with kindness and compassion.

IN LIEU OF FAVORS

West Chester Newlyweds Support the Hospital in Honor of their Guests

During a break at a meet-and-greet conference for single professionals, Julie eyed the fresh-baked chocolate chip cookies on the buffet. Politely, she asked another conference attendee, "Are you the end of the line?" Although John knew there were more people behind him, he saw the opportunity to answer, "Yes."

The conference drew a crowd of more than 3,000 people, but with a simple question and a quick-thinking answer, Julie Frey and John Fisher met.

When they started dating, career-minded Julie was still settling into her new role as a diabetes educator with a diabetes center associated with the University of Pennsylvania. She had plans of returning to school to advance her professional aspirations, and to enjoy her new life in the South Philadelphia home she had just purchased.

John, an entrepreneur with a well-established optical engineering business in the suburbs, owned a home within walking distance of downtown West Chester and was personally committed to being a productive member of his community.

He began introducing Julie to his beloved hometown. One of the earliest local dates he planned was for the two of them to run in The Chester County Hospital's Dash for Diabetes. Between her mission to help people with diabetes and his concern for his Hospital of choice, the Dash was the ideal date for the couple.

Within six months of that fateful encounter at the cookie line, Julie accepted John's marriage proposal and the two began planning their life together. However, with Julie's home and career in Center City and John's life steadfastly rooted in Chester County, the couple had big decisions to make. He began a not-so-subtle campaign to promote suburban life to his urban bride, who had mixed feelings about living so far from work.

"That was my dream job, so I thought," she says. But, life with John was a dream too, and Julie chose to resign from her city job and to sell her city home. Without a second diabetes educator job lined up, Julie figured she would use the free time to plan the wedding. She sent a few résumés locally, but assumed she would need to resume her search after the wedding.

Within two weeks of leaving her job, Julie received a well-timed call from The Chester County Hospital to offer her an in-patient, diabetes educator position, which she happily accepted.

"The offer of this position was an absolute blessing to John and me," she says. "This was an incredible answer to our prayers and just further confirmed that we were making a good choice."

As their January wedding approached, the civic-minded couple wanted to thank the Hospital for the personal role it holds in their lives – as their provider of care and her employer of choice. In honor of their guests, John and Julie donated \$1,000 toward the Capital Campaign, to support the construction of the West Pavilion expansion that will be the future location of The CardioVascular Center and serve, in part, as "The Heart Hospital within the Hospital."

"Heart disease is the leading cause of death for people with diabetes," she says. "And, caring for the heart is what John and I intend to do as we start our life together in West Chester."

By Lisa M. Huffman

Julie Fisher, BSN, RN, CDE, is a certified diabetes educator for The Chester County Hospital's inpatients.



NEW! YOU CAN NOW MAKE A GIFT ONLINE BY VISITING WWW.CCHOSP.COM/FOUNDATION.

NEW MEDICAL STAFF

ATTENDING STAFF



Carol Andersen, MD, Department of Pediatrics, Section of Neonatology. Dr. Andersen graduated from State University of New York Medical School at Buffalo. She completed an internship and residency at Children's Medical Center of Dallas and a fellowship at the Children's Hospital of Philadelphia. Dr. Andersen is Board Certified in Pediatrics and Neonatal/Perinatal Medicine. She has joined the Neonatology practice in the Hospital's CHOP Connection.

William Brown, DO, Department of Family Practice. Dr. Brown graduated from the Philadelphia College of Osteopathic Medicine and completed an internship at Suburban General Hospital in Norristown. Dr. Brown is Board Certified in Family Practice with a Certificate of Added Qualification in Sports Medicine. He is in practice with Ingleside Medical Associates.

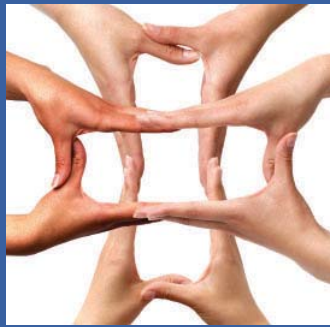


Michael Carnuccio, DO, Department of Family Practice. Dr. Carnuccio graduated from the Philadelphia College of Osteopathic Medicine and completed an internship and residency at Eisenhower Army Medical Center in Georgia. Dr. Carnuccio is Board Certified in Family Practice. He is in practice with Ingleside Medical Associates.

Albert Harris, MD, Department of Surgery, Section of Plastic and Reconstructive Surgery. Dr. Harris graduated from the University of Michigan Medical School in Ann Arbor. He completed an internship and residency at Rhode Island Hospital in Providence and a fellowship at the Mayo Clinic in Rochester, Minn. Dr. Harris has joined Plastic and Reconstructive Surgery of Chester County.



Michael Jaworski, MD, Department of Medicine, Section of Rheumatology. Dr. Jaworski graduated from Temple University School of Medicine and completed an internship, residency and fellowship at Temple University Hospital. Dr. Jaworski is Board Certified in Internal Medicine, and he has joined Chester County Rheumatology.



Amin Kazemi, DMD, Department of Surgery, Section of Oral and Maxillofacial Surgery. Dr. Kazemi graduated from the University of Pennsylvania School of Dental Medicine and completed a residency at the Hospital of the University of Pennsylvania. Dr. Kazemi is Board Certified in Oral and Maxillofacial Surgery and has joined Oral and Maxillofacial Surgical Associates of Chester County, LTD.



Edward Ma, MD, Department of Medicine, Section of Internal Medicine. Dr. Ma graduated from UMDNJ – New Jersey Medical School and completed an internship and residency at Thomas Jefferson University Hospital. Dr. Ma is Board Certified in Internal Medicine. He has joined Medical Inpatient Care Associates of Chester County.

Craig McHugh, DPM, Department of Surgery, Section of Podiatry. Dr. McHugh graduated from Temple University School of Podiatric Medicine and completed a residency at the University of Medicine and Dentistry of New Jersey. Dr. McHugh is Board Certified in Podiatric Surgery and is in practice in Exton.

Complimentary
MEDICAL DIRECTORY

Contact the Corporate Marketing
office at jbixler@cchosp.com.



Christopher Schreier, DO, Department of Family Practice. Dr. Schreier graduated from the Philadelphia College of Osteopathic Medicine and completed an internship and residency at Altoona Hospital. Dr. Schreier is Board Certified in Family Practice and is in practice with Ingleside Medical Associates.

Robert Shaw, MD, Department of Radiology. Dr. Shaw graduated from UMDNJ – Robert Wood Johnson Medical School in New Jersey. He completed an internship at Cooper University Hospital in Camden, a residency at Montefiore Medical Center in New York and a fellowship at Johns Hopkins University. Dr. Shaw is Board Certified in Radiology, and is part of the Penn Radiology service at The Chester County Hospital.



Kevin Sowti, MD, Department of Medicine, Section of Internal Medicine. Dr. Sowti graduated from the University Auto de Guadalajara in Mexico and completed an internship and residency at Saint Mary's Hospital in Waterbury, Conn. Dr. Sowti has joined Medical Inpatient Care Associates of Chester County.

COURTESY STAFF

Amit Gangoli, MD, Department of Medicine, Section of Infectious Diseases. Dr. Gangoli graduated from the Armed Forces Medical College in India. He completed a residency at Mountainside Hospital in New Jersey and a fellowship at the University of Pittsburgh. Dr. Gangoli is Board Certified in Internal Medicine and Infectious Disease and is in practice with Raida Rabah, MD.

AFFILIATE STAFF

Liping Yao, MD, Department of Medicine, Section of Physical Medicine and Rehabilitation. Dr. Yao graduated from Shanghai Medical University in China, completed an internship at Albany Medical College and a residency at Mount Sinai School of Medicine in New York. Dr. Yao is Board Certified in Physical Medicine and Rehabilitation. His practice is limited to acupuncture.

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BEYOND GOOD CARE™

HIP REPLACEMENT



KNEE REPLACEMENT



STROKE



HEART FAILURE



AMI (HEART ATTACK)



WOUND CARE



It's NOT ENOUGH for us to be THE BEST HOSPITAL we can be. We want to help you become THE BEST CONSUMER you can be.

There are many ways to measure a hospital's quality of care. None are more demanding than evaluation by the Joint Commission.

Recently, The Chester County Hospital received Gold Seals of Approval™ for health care quality from the Joint Commission in not just one, but six different clinical areas: stroke, acute myocardial infarction (heart attack), heart failure, hip replacement, knee replacement, and wound care.

But the Joint Commission doesn't just help hospitals become better healthcare providers. It also can help you become a better healthcare consumer — by giving you the information you need to judge hospitals for yourself. You'll find it all on the Joint Commission's own website at www.JointCommission.org/GeneralPublic.

And while you're online, come visit us as well at www.cchosp.com/quality and see how we're working to become the best hospital we can be.

BEYOND GOOD CARE™

