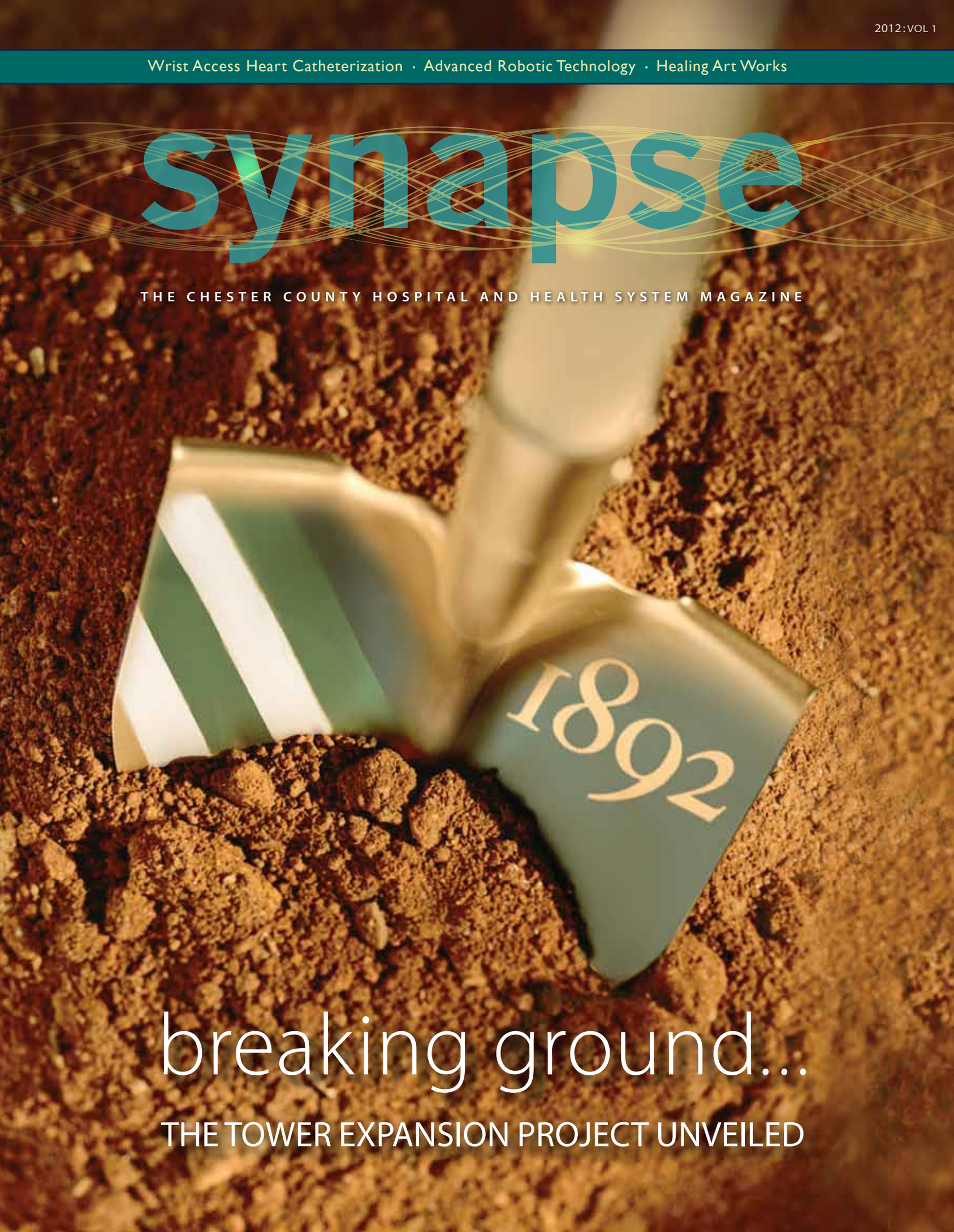
2012 : VOL 1

Wrist Access Heart Catheterization · Advanced Robotic Technology · Healing Art Works

synapse

THE CHESTER COUNTY HOSPITAL AND HEALTH SYSTEM MAGAZINE



breaking ground...

THE TOWER EXPANSION PROJECT UNVEILED

CALENDAR

▼ ONGOING

NUTRITION AND WEIGHT *Management*

Whether you have a chronic health condition or want to improve your eating habits for your own personal and physical well-being, we have the expertise and the programs in place to help you.

NUTRITION COUNSELING
SUPERMARKET TOUR
THE UNDIET DIET
WEIGHT MATTERS
WEIGHT MATTERS – MAINTENANCE CLASS
WHY WEIGHT? GET HELP LOSING THOSE PREGNANCY POUNDS

Screenings

BLOOD PRESSURE
CANCER RISK EVALUATION – 610.423.4556
CARDIOVASCULAR HEART TRACKS™ – MAY 23
FALLS RISK – 610.431.1852
HYDRATION – 610.431.1852
PERIPHERAL VASCULAR DISEASE (PVD) – 610.738.2771
SKIN CANCER – JUNE 12 & 13 610.431.5644
STROKE – JUNE 19

Support Groups

CANCER
CARDIAC DISEASE
CHRONIC LUNG DISEASE
CROHNS AND COLITIS
ICD (DEFIBRILLATOR)
DIABETES
GLUTEN INTOLERANCE
INSULIN PUMP
MACULAR DEGENERATION
PARKINSON'S DISEASE

HOSPITAL PROGRAMS & SUPPORT : The Chester County Hospital and Health System offers various types of programs, courses, support groups and fundraising events. Here are a few of the many opportunities that will be taking place in the upcoming months.

Wellness Events & Fundraisers

Young Bones, Old Bones, Bones to Last a Lifetime – May 9

May Festival* – May 18-20

Reversing Pre-Diabetes – May 23

Polo Cup* – June 10

Challenge for Cancer Bike Ride* – June 17

Reversing Pre-Diabetes – June 18

Bones & Joints – June 26

Playing a Round of Golf for SHiNE* – July 16

Gordon Bowker Memorial Golf Tournament* – September 17

Chester County Day* – October 6

Dilworthtown Inn Wine Festival* – October 14

FORE Health Invitational with Sean O'Hair* – October 15

SHiNE Gala* – November 3

Diabetes Day – November 10

*FOR SPECIAL EVENTS INFORMATION CALL 610.431.5329

Registration

Register online or call 610.738.2300, except where noted.

Please note: Some programs have a fee.
Pre-registration is required for these programs.

Because enrollment is ongoing, these events could potentially be filled.

Dates are subject to change.

www.chestercountyhospital.org/synapse

Contents

▼ DEAR NEIGHBORS

I am pleased to announce that The Chester County Hospital and Health System is breaking ground for a new, three-floor patient care Tower. After much anticipation, we are now proceeding with our 93,000-square-foot project that will sit adjacent to, and parallel with, the Hospital's main entrance hall.

The new Tower will initially house 24 private rooms with future expansion on the remaining two floors that will accommodate an additional 48 private rooms. Each room measures 332 sq. ft. and includes a private bath, accommodations for family members, state-of-the-art equipment and a flat panel television. In addition, the Tower Project also includes a new vault and Varian linear accelerator to ensure we have a state-of-the-art Radiation Oncology suite.

Fundraising for this construction began in 2005. While the footprint of our present project has been adjusted to address our most current needs, it is important to point out that we would not be in a position to expand at all had it not been for the generosity of our friends and neighbors who participated in our Capital Campaign. I am grateful to the employees, physicians, trustees and community members who have contributed to bringing this milestone to fruition.

Thank you for your continued support as together we advance the vision of The Chester County Hospital and Health System.

My best,

Michael J. Duncan

MICHAEL J. DUNCAN
President and CEO

synapse

(NOUN - *sin-aps*)
THE SITE OF COMMUNICATION BETWEEN NERVE CELLS

Synapse **is the award-winning publication produced by The Chester County Hospital and Health System'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
Michael J. Duncan President and CEO
Colleen Leonard Leyden Editor-in-Chief
Lisa M. Huffman Managing Editor
Howl Creative Design

▶▶ **Feedback Welcome**
Email synapse@cchosp.com to let us know what you think, to make suggestions about future topics or to change your mailing information.

our new physicians

Orr Barak, MD

Department of Medicine, Section of Dermatology. Dr. Barak graduated from the University of Pennsylvania School of Medicine and completed a residency and fellowship at Tufts in Boston. Dr. Barak is Board Certified in Dermatology and has joined Main Line Dermatology.

Jessica DiCerbo, DMD

Department of Surgery, Section of Pediatric Dentistry. Dr. DiCerbo graduated from the University of Pennsylvania School of Dental Medicine and completed a residency at Children's Hospital of Philadelphia. Dr. DiCerbo has joined Children's Dental Health Associates.

Daniel Hayes, MD

Department of Surgery, Section of Vascular Surgery. Dr. Hayes graduated from Tulane University School of Medicine, completed a residency at the University of Texas Southwestern Medical Center and a fellowship at Pennsylvania Hospital. Dr. Hayes is Board Certified in General Surgery and has joined Surgical Specialists.

Jerry Lee, MD

Department of Pediatrics. Dr. Lee graduated from UMDNJ – New Jersey Medical School and completed an internship at Thomas Jefferson University Hospital and a residency at Jersey Shore University Medical Center. Dr. Lee is Board Certified in Pediatrics and is part of CHOP Pediatric Care at The Chester County Hospital.

Cara O'Shaughnessey, DO

Department of Medicine, Section of Endocrinology. Dr. O'Shaughnessey graduated from Michigan State University College of Osteopathic Medicine, completed an internship and residency at Mercy Suburban Hospital in Norristown and a fellowship at Ohio University College of Osteopathic Medicine. Dr. O'Shaughnessey is Board Certified in Internal Medicine and has joined Gateway Endocrinology Associates.

Reneita Ross, MD

Department of OB/GYN, Section of Urogynecology. Dr. Ross graduated from the University of Wisconsin School of Medicine, completed a residency at Sinai Samaritan Hospital in Wisconsin and University of Wisconsin School of Medicine and a fellowship at Emory University School of Medicine in Atlanta. Dr. Ross is Board Certified in OB/GYN and is in practice in Phoenixville.

Paul Suri, MD

Department of Medicine, Section of Cardiology. Dr. Suri graduated from the University of Texas Medical Branch in Galveston, completed an internship at Strong Memorial Hospital in New York, a residency at Georgetown University Hospital and a fellowship at the University of Colorado Health Sciences Center. Dr. Suri is Board Certified in Cardiovascular Disease and Clinical Cardiac Electrophysiology and has joined West Chester Cardiology.

vital signs

Dr. Karen Pinsky Named Chief Medical Information Officer

Karen Pinsky, MD, Inpatient Pediatrics, has accepted the role of **Chief Medical Information Officer at The Chester County Hospital and Health System.** Dr. Pinsky joined the Hospital's Medical Staff in 1996 and was appointed Medical Director of the Children's Hospital of Philadelphia Pediatric Inpatient Service at The Chester County Hospital in 1998. Dr. Pinsky has been involved with information technology in the organization since 2001, and was named Medical Director of Information Systems in 2005. Dr. Pinsky will continue as Medical Director of the CHOP pediatric program. She will also complete her three-year term as the chair of The Chester County Hospital's Department of Pediatrics. With this change, Dr. Pinsky is now a member of the Health System's Senior Executive Team.

Dr. Andrew Murphy Elected Region 2 Governor

Andrew Murphy, MD, Allergy and Immunology, has been elected **Region 2 Governor of the Federation of Regional, State, Local Allergy, Asthma and Immunology Societies (RSLAAIS)** representing allergists in New Jersey, Pennsylvania, Delaware, Maryland, Virginia, West Virginia, Ohio and Washington, DC. The RSLAAIS is an assembly of the American Academy of Allergy, Asthma and Immunologists consisting of nearly 70 regional, state and local societies who promote, support and advocate for allergist / immunologists at a grassroots level in providing optimal delivery of quality patient care. This assembly assists in providing support, tools and effective methods to ensure allergist / immunologists are recognized as the premier providers of quality A/I care.

Dr. Murphy is the Allergy Section Chief at The Chester County Hospital, President – elect of the Philadelphia Allergy Society, Member of the Board of Regents of the Pennsylvania Allergy Asthma Association and member of the Specialty Leadership Cabinet and House of Delegates of the Pennsylvania Medical Society.

▶▶ To find a Doctor, call 610.738.2300, or search online at www.chestercountyhospital.org/synapse.

These physicians hold Medical Staff privileges at The Chester County Hospital but they are not necessarily employees of The Chester County Hospital and Health System.

room to breathe, room to grow

HOSPITAL UNVEILS ITS TOWER PROJECT EXPANSION

Chester County is growing, and it is growing fast. There was a 15.1% population increase in the County between 2000 and 2010, compared to Pennsylvania's growth of 3.4%*. Increased population creates a greater need for preventive care, emergency medicine and other local medical services. The Chester County Hospital has been carefully watching the demand for services swell over the past 10 years, and is embarking on an extensive construction project that will add to the number of available beds for neighbors needing acute medical care.

"At the core of the project is the need for beds and specifically for private rooms," says Michael J. Duncan, President and CEO of The Chester County Hospital and Health System. "The plan we created addresses that primary need." In fact, the building plans – referred to internally as the Tower Project – are designed to accommodate 72 private patient rooms in total or 24 rooms each on three new levels.

With construction already underway since March, the 93,000-square-foot Tower Project will sit parallel to the Hospital's main north-facing entrance and corridor. It will straddle the Hospital's existing loading dock, without requiring the pricey movement of soil or removing campus structures, such as the maintenance garages. Building above this already-paved location for the Tower Project will require very little new impervious surface to be added and therefore will have minimal impact on water run off. Plus, there will be less disruption to the Hospital's day-to-day functions, specifically to overall traffic flow, the lobby or active Emergency Department (ED) that sits adjacent to the Hospital's main entrance.

As Chester County's leading provider of healthcare, the Hospital is conscientious of the impact any construction would have on its current 220 beds or its 28-bed ED unit, which sees the highest volume of patients – more than 42,500 in fiscal year 2011 – among all the hospitals in Chester County. No existing beds will need to be taken out of service during construction.

PATIENT ROOM

"More inpatient beds are needed to help us get our waiting patients in and out of the ED quicker," Duncan says. "With the new Tower, we will start out opening the top floor with 24 private rooms. As our community's demand for more beds grows, we will work toward opening the rooms on the lower two floors."

The design of the new rooms was created with significant input from the Hospital's team of nurses. Each room will be comprised of three areas – the patient zone, the caregiver zone and the family zone.

continued >

"Nursing really played a huge role in the layout of the rooms," says Angela Coladonato, RN, MSN, NEA-BC, Chief Nursing Officer. "We looked at a lot of evidence-based practices in other hospitals and considered what made the most sense not only for our caregivers, but also for our patients and their families."

All the rooms will have the capability for the highest level of intensive care, so that each floor can be easily modified in the future if needed. The first floor to be opened will be an additional Telemetry Unit for patients who need continuous monitoring of their heart, medications or other instabilities that don't require a respirator.

"Right now, more telemetry beds are our patients' greatest need," Coladonato shares. "On any given day, we have people in need of inpatient monitored beds. More and more patients are sicker when they arrive at the Hospital because of their age or because they've deferred medical care. They require the type of monitoring that can only be done on the Telemetry Unit."

The Hospital's current Telemetry Unit has 30 beds, and the new construction will provide an additional 24. The extra capacity would also allow for the potential of more single-patient rooms on the original unit. All the telemetry beds will be centrally monitored in a large high-tech space in the Tower. The technology will have the ability to increase its capacity to monitor the current 30 beds, the new 24 beds, plus the eventual 48 beds on the other floors.

Years down the road though, patient volumes and healthcare indicators may determine that Intensive Care, Coronary Care or Maternity beds are a higher priority. The rooms are designed to anticipate future modifications, whether it be for post-surgical patients or intensive care patients. They will be built to code now to accommodate oxygen, suction and other gas outlets that could be required later.

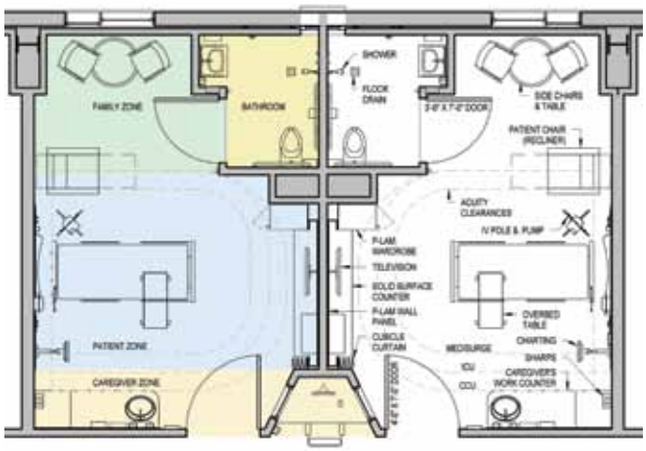
Other features of the new patient rooms include a large window for daylight to foster healing, a recliner for visitors who wish to stay, a table and chairs for dining, a flat-panel TV, free internet access, extra space for flowers and get-well gifts, in-room controls for individual lighting and heat/cooling, and an ADA-compliant bathroom designed to reduce the risk of falling.

Patients will also notice an in-room clinical computer – Clinical Virtual Desktop (CVD) – so that their nurses and doctors can update their vital signs, order tests, and administer medications right at their bedside for enhanced accuracy and safety. (All current hospital rooms are equipped with CVDs, too.)

Outside each room will also be another permanent workstation for electronic medical record charting. Each floor will be served by two nursing stations to ensure optimal oversight and clinical care management, which supports the Hospital's current 1:4 nurse-patient ratio.

The building's exterior will be fashioned to complement the Hospital's unique Italian architecture, incorporating plaster walls, arched openings and hipped red clay tiles into the new roof's site line. The area that will connect the Tower with the exist-

FLOOR PLAN



NURSING STATION

WAITING ROOM

ing building will become the home to roomy family waiting areas on each floor with floor-to-ceiling windows. Outside this space, a "living roof" will be planted with trees and other hearty plants to provide a pleasant view for visitors.

Duncan concludes, "In time, when all three floors are operational and the existing semi-private rooms are converted to private rooms, the Hospital's bed complement will increase to 244 beds." This addition will address the community's current need – more private rooms – and will provide the Hospital with the space and flexibility to grow again as the community's health requires it in the future.

The residents of Chester County are not only the beneficiaries of the Tower Project but they are also the benefactors. Neighbors, friends and employees of the Hospital generously donated more than $25 million for the $45.2 million expansion project. It is only with their support that this next era of growth is possible.

Story by Colleen Leonard Leyden and Lisa M. Huffman
Renderings by Ballinger
** Sources: U.S. Census Bureau and Pennsylvania Department of Health*

Linear Accelerator

The Tower Project includes the addition of a new vault at ground level to house Radiation Oncology's state-of-the-art Varian linear accelerator, a machine that uses electricity to form a stream of fast-moving subatomic particles creating high-energy radiation to treat cancer. Because the existing vault is located adjacent to the loading dock and is due for an upgrade, vault construction and associated costs for the new linear accelerator have been included in the Tower Project's work list. Construction will not interrupt patient treatment. Once completed, the old linear accelerator will be decommissioned, removed and recycled.

▶▶ More at **www.chestercountyhospital.org/synapse.**

sustainable design

The Tower Project is developed with sustainable design principles and "green" technology based on the environmentally friendly recommendations of Leadership in Energy and Environmental Design (LEED), an internationally recognized green building certification system.**

Over the past decade, the Hospital has been working toward reducing its overall carbon footprint. It has implemented sustainable options for energy, recycling and waste reduction.

In the existing building, the Plant Operations team has installed water-efficient plumbing, energy-efficient high-tech HVAC systems, and compact fluorescent lighting. It has also added new boiler controls for better air quality and variable speed drives on mechanical equipment to lessen electrical use. The Hospital has converted from No. 6 Oil to clean Natural Gas as its primary fuel source.

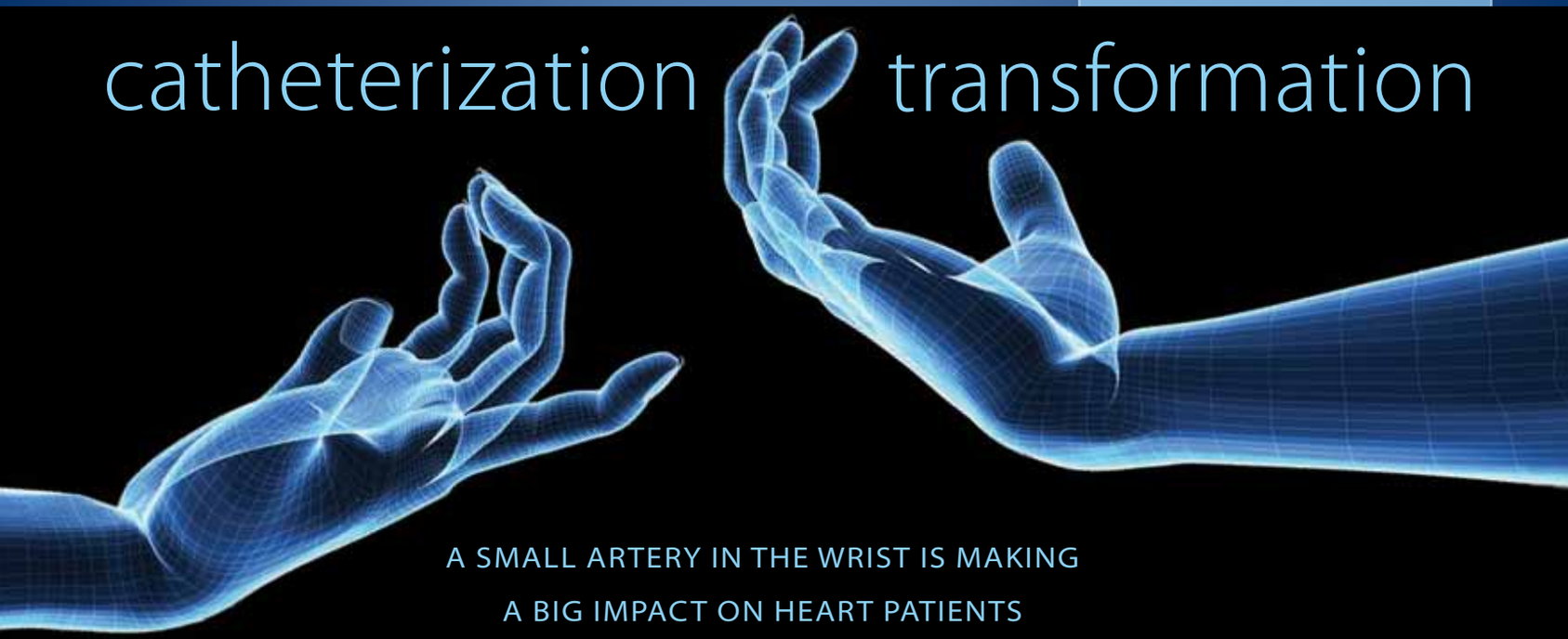
"We don't want our patients to notice that there is a change. It should feel seamless to them," says Lou Guardiani, Vice President of Support Services. "It's all about doing the right thing in the long run for the environment." Fortunately, as the green movement presses forward, manufacturers are naturally incorporating sustainable best practices into their products, making it more natural to make earth-friendly choices.

** *Because it is cost prohibitive to apply, the Hospital will not seek LEED Certification but rather will direct those financial resources toward healthcare services.*

SUSTAINABLE FEATURES OF THE NEW TOWER PROJECT

- MORE THAN 75% OF THE CONSTRUCTION WILL BE BUILT ON EXISTING PAVED SURFACE, WHICH IS LESS THAN ONE ACRE, THUS MINIMIZING THE AMOUNT OF DISRUPTION TO THE SURROUNDING LAND.
- NO NEW PARKING LOTS ARE NEEDED AND THE IMPACT ON LOCAL TRAFFIC WILL BE MINIMAL.
- A "WHITE ROOF" WILL BE INSTALLED TO LESSEN THE DEMAND ON AIR CONDITIONING AND ITS ASSOCIATED COSTS.
- A VEGETATED ROOF WILL PROVIDE MORE "GREEN" VIEWS AND REDUCE HEAT BUILD-UP.
- NEW TREES WILL BE PLANTED ON CAMPUS TO REPLACE ANY TREES THAT WERE REMOVED
- INTERIOR AND EXTERIOR LIGHTING WILL NOT CREATE GLARES INTO NEIGHBORING PROPERTIES.
- WATER-EFFICIENT PLUMBING WILL REDUCE WATER USE BY 20%.
- ENERGY-EFFICIENT HVAC SYSTEMS WILL USE MINIMAL OR NO OZONE-DEPLETING REFRIGERANT CHEMICALS.
- CONSTRUCTION WASTE WILL BE RESORTED, RECYCLED AND REUSED WHEN POSSIBLE.
- WHEN POSSIBLE, CONSTRUCTION MATERIALS WILL BE PURCHASED FROM MANUFACTURERS WITHIN A 500-MILE RADIUS, THUS REDUCING THE AMOUNT OF POLLUTION DURING TRANSPORT. THIS ALSO SUPPORTS RELATIVELY LOCAL UNITED STATES BUSINESSES.
- MATERIALS WITH RECYCLED CONTENT WILL BE USED WHEN POSSIBLE.
- CONSTRUCTION FUMES, DUST AND OTHER POLLUTANTS WILL BE MINIMIZED.
- PAINTS, CARPETS AND GLUES WILL BE LOW-VOC (VOLATILE ORGANIC COMPOUND).
- MONITORING EQUIPMENT WILL BE INSTALLED TO INSURE FRESH AIR AND HEALTHY BREATHING CONDITIONS.

catheterization transformation



A SMALL ARTERY IN THE WRIST IS MAKING A BIG IMPACT ON HEART PATIENTS

The human heart is a mighty wonder. Weighing under a pound, it pumps away, moving 2,000 gallons of blood each day and delivering life-sustaining oxygen to every inch of the body, including its own muscle.

Like all organs, the heart needs blood to stay on the job. But, heart vessels may be narrowed by plaque buildup, and if a plaque suddenly ruptures and a clot forms (as occurs in a heart attack), a vessel may be blocked. In these situations, chest symptoms and findings on heart tests often lead cardiologists to perform heart catheterization.

During the procedure, a thin tube is inserted into an artery in the groin or arm, and a catheter is threaded up the artery to the heart. Dye is injected so blood flow through the heart can be seen on an X-ray (angiography). If one or more coronary arteries is badly blocked and unreachable, the cardiologist may proceed directly to an intervention to restore blood flow, the most common being balloon angioplasty and stent placement. Restoring blood flow can relieve chest pain and other symptoms of coronary artery disease and, most importantly, can save a life or substantial heart muscle during a heart attack.

TAKING A SHORTER ROUTE TO THE HEART

Since late 2010, the interventional cardiologists at The Chester County Hospital have been taking a shorter path to the heart during catheter-based procedures. Rather than the standard route through a large artery in the groin, they are using a small artery in the wrist as the entry point whenever possible—a technique called "radial artery access" or Transradial Access.

Although in existence for 20 years, the wrist technique was not embraced in the United States until recently. That trend is changing as research increasingly shows that the wrist approach is associated with fewer complications and a better patient experience.

Achieving better outcomes and higher patient satisfaction with cardiac catheterization procedures were major goals driving the Hospital's commitment to offer radial artery access.

"Safety was the overriding issue—we saw that it was definitely safer to take the radial approach," says Interventional Cardiologist Joseph Lewis, MD, who is Medical Director for the Hospital's Interventional Peripheral Vascular Laboratory and a partner at Chester County Cardiology Associates. "But, it also is more comfortable and convenient for the patient," he adds.

continued >

Radial Artery Access

ADVANTAGES

- Lower risk of bleeding at the access site
- Less bruising and discomfort
- Faster recovery; patients can sit up immediately after the procedure and move around quicker
- No need to stop anticoagulant therapy (blood thinners), which may contribute to a lower risk of serious complications such as stroke

LIMITATIONS

- Not everyone is a candidate; a person without good blood flow through the other major artery to the hand or who has had bypass surgery involving the radial artery would not be a candidate
- Requires specialized training and experience on the part of the interventional cardiologist
- Venue challenges; the radial artery is prone to quirky anatomy and can be difficult to navigate, and its smaller size may not allow use of tools needed for some procedures

POTENTIAL BENEFITS THE WRIST APPROACH

Serious heart complications are uncommon with cardiac catheterization, but major bleeding at the site where a catheter is inserted is an important preventable problem. Studies link major bleeding with higher rates of death, heart attack and stroke in the 30 days after a cardiac intervention. The risk of bleeding is higher when the femoral artery in the groin is used and when more medicines are prescribed to prevent clotting. Elderly patients, particularly women with a small frame or low body weight, also have a higher risk of bleeding.

INTERVENTIONAL CARDIOLOGIST JOSEPH LEWIS, MD, DEMONSTRATES HOW EASY IT IS TO SEE AND COMPRESS THE RADIAL ARTERY. COMPARED TO THE FEMORAL ACCESS SITE, THE WRIST APPROACH GREATLY REDUCES THE RISK OF BLEEDING.

TESTIMONIAL

Retired Chester County D.A. Joe Carroll visited his doctor to check on the chest pain he'd been having while jogging. It's a good thing he did ... a radial access heart catheterization revealed two seriously blocked vessels. Within 24 hours his heart problem was fixed, he was home with just a band-aid on his wrist and he felt 10 years younger. Today, he's running again without pain, and has enough energy to defer his retirement and return to practicing law. To read Joe's story and see his video testimonial, go to www.chestercountyhospital.org/synapse.

"Bleeding is a dangerous complication we need to avoid if at all possible," says Interventional Cardiologist Mian Jan, MD, Chairman of the Hospital's Department of Medicine, President of West Chester Cardiology and President of the Chester County Medical Society. He notes that a key benefit of the radial approach is a low potential for bleeding.

This was clearly shown in a recent international study in more than 7,000 patients undergoing cardiac interventions to restore blood flow to badly clogged heart vessels. The study, called RIVAL, compared the outcomes of taking a wrist versus groin approach and found that the wrist approach reduced the risk of major vascular access complications by 63%.

Why is bleeding risk lower? For one, says Dr. Jan, the radial artery—which is the artery pressed when taking a pulse—is easy to see and to compress because it sits on top of a bone. Therefore, bleeding from the radial artery is easier to control than bleeding from the femoral artery, which lies deeper in the body and is more difficult to compress. Furthermore, adds Dr. Jan, with the femoral artery, bleeding can occur deep inside the abdomen. "This is the most dangerous of all bleeding," he says.

Dr. Lewis agrees. "With the wrist, there is nowhere for blood to hide," he says. "If you are not getting adequate compression, you are going to know it immediately, not after a patient has lost a lot of blood."

After cardiac catheterization using the wrist approach, the sheath is removed and an inflatable band, similar to a bracelet, is placed over the puncture site to close it. With the groin approach, manual compression over the puncture site is necessary. In addition, patients need to lie in bed for at least two hours and often longer until the puncture site is closed, whereas they can sit up immediately after a radial procedure.

Dr. Lewis notes that RIVAL and other large studies suggest that the greatest benefits of a radial approach may be seen in people treated for an acute heart attack.

when to be concerned...

If you have new or worsening symptoms that raise concern about the risk of a heart attack, or if a test such as a stress test suggests increased risk, here are questions to ask:

Is cardiac catheterization the best next step in evaluating my risk for a heart attack? What are the potential benefits and risks of the procedure?

Am I a candidate for a radial approach to catheterization? If not, why?

Is the doctor who will be performing the catheterization equally experienced and comfortable with a radial approach as he or she is with a femoral approach?

If the test shows I have blocked arteries, what is the next step?

If there is more than one option for treatment, what factors determine which option is best for me?

IMMEDIATELY AFTER THE PROCEDURE, THE PATIENT WEARS AN INFLATABLE RADIAL ARTERY COMPRESSION DEVICE FOR A SHORT WHILE, BUT THEY WILL LEAVE THE HOSPITAL WITH JUST A SMALL ADHESIVE BANDAGE COVERING THE PUNCTURE SITE.

These studies show that when a cardiologist is experienced and comfortable treating an acute heart attack using the radial approach, not only is bleeding risk lower but there are fewer strokes, heart attacks and deaths in the 30 days following the procedure.

A STRONG ENDORSEMENT FROM PATIENTS

Patient feedback on radial artery access cardiac catheterization has been overwhelmingly favorable. "Patients come in asking specifically for the wrist approach," says Dr. Lewis. "They may have heard about it from a friend or neighbor or had a previous procedure from the groin."

Kim White, Assistant Director of Invasive Cardiology at The Chester County Hospital, agrees that people who have experienced a femoral procedure previously have the most positive things to say about radial access. "They are the ones we hear from the most," she says. "They know that a femoral procedure can be more uncomfortable, particularly

continued >

the need to lay flat for hours." She notes that people with back pain or other problems that make lying for a prolonged period difficult are much happier to have a radial procedure.

THE WRIST APPROACH— NO TURNING BACK NOW

The number of radial procedures performed at The Chester County Hospital has increased steadily over the 15 months it has been used. In November 2010, 22% of the catheter-based procedures performed were done radially. In January 2012, 67% of the procedures performed used a radial approach.

"This ship has sailed," says Dr Jan. "We are 'married' to the radial artery now." He believes that as new catheters and smaller sheaths are developed for thinner arteries, the percentage of procedures done radially will increase even further.

Dr. Lewis is equally confident that the number and complexity of radial procedures that take place at The Chester County Hospital will continue to grow. "The Hospital is being very proactive. Our percentages are ever increasing, and our results have been excellent." During the 15 months we have performed radial procedures, there have been no reportable complications. Only two femoral site complications were reported in 2010.

Dr. Lewis says they are now treating patients in the throes of acute heart attacks radially and are comfortable with the procedure. "We have performed a few," he says, "and they went beautifully."

By Debra Dreger
Photos by Rick Davis

▶▶ **More at** www.chestercountyhospital.org/synapse. **To contact a physician about this type of procedure,** call 610.738.2300.

THE CATH LAB TEAM (FROM LEFT): JILL HARGADON, PHIL GILMORE, LYNN WALLACE, DONNA TAYLOR, SARAH HUNSBERGER, DELL VANNICOLO, VIVIAN NGUYEN, VALERIE DZIADOS, JENNIFER MCCULLOUGH, DR. MIAN JAN, DR. TIMOTHY BOYEK, AND DR JOSEPH LEWIS.

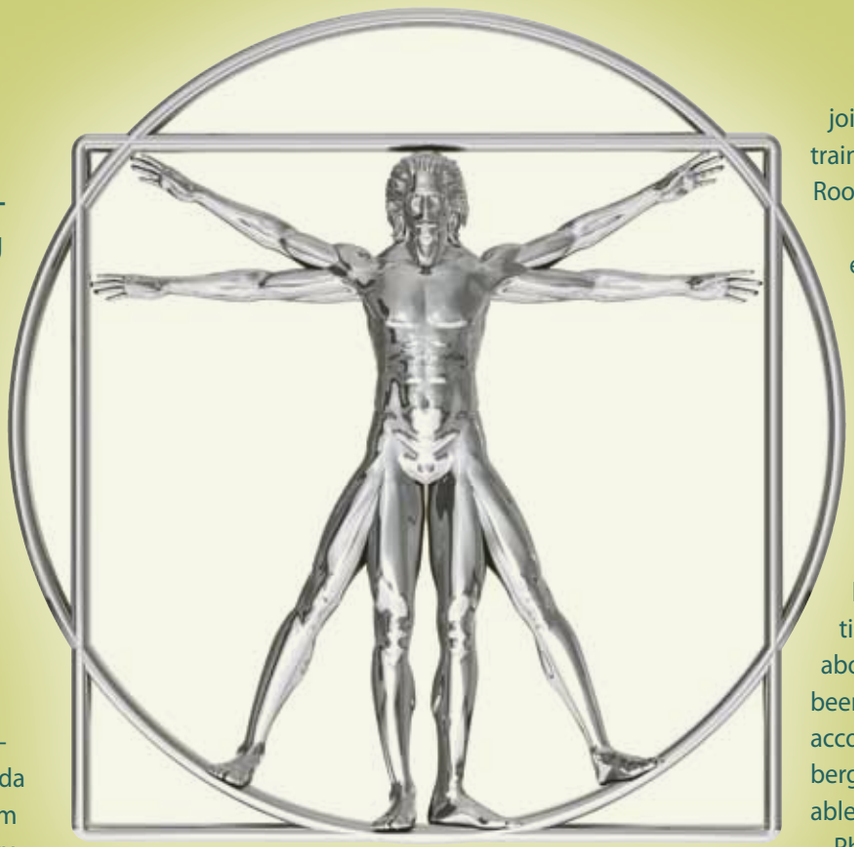
One of the Nation's Top Cardiovascular Hospitals

The Chester County Hospital and Health System has been named one of the nation's 50 Top Cardiovascular Hospitals by Thomson Reuters. The study examined the performance of more than 1,000 hospitals by analyzing outcomes for patients with heart failure and heart attacks and for those who received coronary bypass surgery and percutaneous coronary interventions such as angioplasties.

This is the first time The Chester County Hospital has been recognized with this honor. This year's winners were announced in Modern Healthcare magazine.

"As the Hospital's guiding vision is 'to be the leading provider of care in the region and a national model for quality, service excellence, and fiscal stewardship,' this recent accolade is quite fitting," states President and CEO Michael Duncan. "We have long regarded our cardiovascular program as not only one of high quality, but one of the most comprehensive and innovative in the area. These services are made possible through our multidisciplined team of cardiovascular surgeons, nurses, physician assistants, anesthesiologists and cardiologists."

where science + art meet



Transforming Surgery with Revolutionary da Vinci Technology

Legendary artist Leonardo da Vinci is revered for transforming the art of painting with his mastery of the human body and the use of three-dimensional detail to bring his works to life. His study of human anatomy led to the design for what is considered the first robot in recorded history.

Inspired by da Vinci's unprecedented understanding of human anatomy, the da Vinci® robotic surgical system is a revolutionary technology that is changing the way surgery is performed in the operating room. The computer-enhanced system combines high definition 3D imaging, remote control technology and robotics to give surgeons unparalleled precision, dexterity and control. The technology enables surgeons to perform delicate procedures that are more exacting than conventional laparoscopy and less invasive than traditional open surgery.

A PROGRAM BUILT ON NEW TECHNOLOGY AND EXISTING EXPERTISE

The latest and most sophisticated da Vinci Si™ Surgical System is now available through the Robotics Surgical Program at The Chester County Hospital. The program was officially launched in September 2011, but the Hospital's commitment to establishing the program began long before – with a dedication to detail and quality that would make the great master Leonardo himself proud. As a result, the program opened with a skill level rivaling similar programs that have been around a lot longer.

"Surgical robotics is the next generation in minimally invasive surgery," says Mary Kehner, Surgical Services Director at The Chester County Hospital. "From the very beginning, our vision was to build a robotics program that would provide the most advanced technology and surgical proficiency; but, most importantly, a program that would ensure the best possible outcomes for our patients."

A high level of expertise in robotic surgery already existed at the Hospital prior to the formation and official launch of the program. Surgeons on staff at the Hospital had been performing robotic surgery for years. George Trajtenberg, MD, Medical Director of Surgical Services, says, "Their knowledge and experience helped to create the foundation on which the Hospital began building its program. These hands-on experts were involved in all the planning and orchestration of the program, and they joined forces to select and train the rest of the Operating Room staff."

Utilizing the knowledge and experience already in place, the program quickly gelled. The Hospital's Robotics Surgical Program was able to meet the high standards and stringent parameters set up by the Hospital far ahead of initial expectations. By the program's launch, the team was functioning at a level equivalent or above other programs that had been around far longer – which, according to Kehner and Trajtenberg, made for a pretty remarkable start to the program.

Physician Assistant Jim Kozub, a robotic surgery coordinator with 30 years experience in the surgical field, was brought on board early in the process to help build the Hospital's robotics program. Kozub had been instrumental in building successful programs at other hospitals. He was immediately impressed with the dedication and commitment to the program shown by the surgeons, administrators and staff at The Chester County Hospital. "It has been exciting to be part of all this, because the Hospital is so firmly committed to the program. We have had the Hospital's full support from the start," Kozub says. "Absolutely everything you could ask for in a robotics program is here. Our patients can be sure of what they are getting. Really, really great care."

According to Kozub, the numbers speak for themselves. "Just look at what we have accomplished for our patients already. In our first five months, we performed more than 100 surgeries, which was the volume expected for our first year. And the number keeps growing," he adds. "We are achieving a volume that allows the program to

continued >

continue to build and maintain a high level of expertise that is very unique for a community-based hospital. And our patients are seeing excellent outcomes."

REAPING BENEFITS IN A NEW ERA IN SURGERY

Robotic surgery is not the answer for every patient requiring surgery. But, for those who qualify for it, robotic surgery may offer significant benefits over other types of surgery. In many cases, there is less pain and discomfort associated with robotic surgery, as well as a faster recovery, a lower chance for complications, reduced risk for infection, less blood loss, shorter hospital stays, and diminished scarring.

"With all its benefits, however, robotic surgery is only as good as the human hands controlling the system itself," says Christina Ellis, MD, a robotics-credentialed Ob/Gyn. Although the technology is called "robotic," it takes a skilled surgeon with knowledge and experience to maneuver the technology. "It is always the surgeon, not a robot, performing every aspect of surgery. In fact, the system does not make any surgical maneuvers without my direct control, whether it is to delicately grasp a miniscule blood vessel or to use tiny scissors to dissect around sensitive structures. The degree of precisions is unparalleled."

When performing robotic surgery, the surgeon does not operate by hand at the patient's side, as is the case with traditional laparoscopic and open surgeries. Instead, the surgeon performs robotic surgery by remote control from a console.

The surgeon uses the console's master controls to maneuver four robotic arms attached to surgical instruments that actually perform the surgery through tiny incisions in the patient's body. The system translates the surgeon's hand, wrist and finger movements to direct the robotic arms and instruments with mirrored precision and a range of motion exceeding that of the human hand. As the surgeon works, a high definition monitor provides magnified, three dimensional images in real time from inside the patient via a mini camera inserted within a small incision.

Although the surgeon remains at the console a few feet away, the patient is never alone. A full surgical team is at the patient's side as the surgeon controls the robotic arms and maneuvers the instruments inside the patient. Team members are responsible for tasks that require close proximity to the patient, such as exchanging instruments as needed during the procedure.

"There's a nurse anesthetist. A physician assistant. An operating room nurse. And everyone is busy doing what they would normally do during any other type of surgical procedure. They are making sure the patient is well taken care of at all times," explains Kozub. "And there are speakers built into the robot so the surgeon and team can speak directly with one another. They are in constant communication at all times."

EXTENDING THE SURGEON'S REACH AND CONTROL

Melissa Delaney, DO, an accomplished Ob/Gyn surgeon in the robotics program at The Chester County Hospital, is a strong advocate of robotic surgery and sings the praises of the da Vinci system. "As a surgeon, I love this technology. It's like I am able to shrink myself down to a miniature me and really get in there so I can see everything in magnified detail and manipulate tissue in ways that are far beyond my actual human capabilities," says Dr. Delaney. "Just by maneuvering my fingers at the console, I can rotate my instruments to a degree that is impossible for my own wrist. I can get into spots that would be virtually impossible otherwise. I know I am a better surgeon with the robot, hands down."

Dr. Delaney is also enthusiastic about the recovery process her patients experience following robotic surgery. "I am always impressed with how well my patients are healing. Often, the biggest challenge I face is trying to convince my patients that they have to stay still following surgery.

They are in little pain," she insists. "The fatigue of the healing process is the only thing that reminds many of my patients that they have just been through surgery."

Another gifted surgeon playing a significant role in the Hospital's robotics program, Urologist Donald Andersen, MD, is equally as enthused by the surgical capabilities possible with robotics. Dr. Andersen has performed numerous robot-assisted surgeries and sees increased safety as an important plus when it comes to the benefits of the new technology. The da Vinci system uses motion scaling and tremor reduction to minimize the chance of any unintended movements on the part of the surgeon as he or she operates. The system also performs millions of safety self-checks during each surgery.

"As a surgeon, I appreciate that the robot enhances my ability to perform surgery safely and efficiently. And I especially like that the system is always checking itself, constantly monitoring its functions and parts," explains Dr. Andersen. "But as sophisticated as the robot is, it is still a tool, and I am always in total control of what is going on at every step during surgery. I believe it is the blending of the technology with the skills of an experienced surgeon that makes this work so well."

MEETING THE SURGICAL NEEDS OF THE COMMUNITY

Through its Robotics Surgical Program, The Chester County Hospital offers patients access to one of the most technologically advanced and least invasive surgical tools in use today. Robotic surgery is available to patients with varying medical issues, including a wide range of gynecological and urological conditions.

As the Hospital's robotics program continues to grow, more and more types of surgeries will be made available in the future. For patients who are not candidates for robotic surgery, the Hospital's multidisciplinary team of surgeons provides the latest in state-of-the-art minimally invasive laparoscopic surgical options and traditional open surgical procedures.

If you or a loved one has been diagnosed with a condition that may require surgery, the experts at The Chester County Hospital will help you explore all your medical options, including, least invasive and most revolutionary surgical care available.

By Beth L. Eburn
Photos by Rick Davis & John Welsh

TESTIMONIAL

At age 47, Sandi Chadwick thought pelvic pain was just something she was going to have to accept... until she met with her gynecologist and learned that Robotic Surgery could provide her an alternative for a pain-free life. To read Sandi's story and see her video testimonial, go to www.chestercountyhospital.org/synapse.

▶▶ **More at www.chestercountyhospital.org/synapse. To contact a physician about this type of procedure, call 610.738.2300.**

Neighborhood Health 2011 HomeCare Elite

Neighborhood Health has been named to the 2011 HomeCare Elite™, a compilation of the top-performing home health agencies in the United States. Now in its sixth year, the HomeCare Elite identifies the top 25 percent of agencies and further highlights the top 100 and top 500 agencies overall. Winners are ranked by an analysis of performance measures in quality outcomes, process of care measures, and financial performance.

"It is increasingly challenging to manage the cost/quality equation. The 2011 HomeCare Elite winners demonstrate a commitment to providing patients with the best possible care while managing their business efficiently and effectively," said Amanda Twiss, CEO of OCS and My InnerView. "This year, we updated our methodology to reflect industry focus and, based on this rigorous analysis, we congratulate Neighborhood Health on being one of the top home care agencies in the country." ***Pictured with a prospective patient is Debbie Travers, RN, COS-C, Neighborhood Health Homecare Nurse (left)***

newsmakers

Fore Health Invitational

PGA Professional Sean O'Hair thinks the true champ in this photo is little Bryce who was born at just 2 lbs. After months in the NICU, eye surgery and heart surgery, Bryce is happy and healthy. The Willistown Auxiliary teamed up with the Benton and Mears Families and the O'Hairs to produce the 2011 FORE Health Invitational – a great day of golf that raised $65,000 in support of Women's and Children's Health Services. ***Pictured with Sean O'Hair are Bryce and his parents, Jennifer and Brian Kash.***

Chester County Day

Guests of the nation's oldest house tour enjoyed a sculpture garden and so much more on the 71st annual Chester County Day. The event raised $112,000 for life-saving monitoring equipment for the Emergency Department. On the 2011 tour, guests experienced Chester County's finest examples of original, reclaimed, restored, new and historically significant homes.

Shine Gala

The 2011 Shining Star, Gretchen Bowker, celebrates with oncologist David Grossman, MD, at the SHINE Gala. Gretchen was honored for her and her committee's fundraising efforts on behalf of patient care through the Gordon "Gordy" Bowker Memorial Golf Tournament. The SHINE Gala raised $100,000 to provide services for patients living with cancer.

Dilworthtown Inn Wine Festival

Heart & Sole 5K for Cancer Chairwoman Megan Gatto (center) celebrates after a successful event at the 2011 Dilworthtown Inn Wine Festival with her sister, Elizabeth Fremont, and her friend Patrice Stilley. The Wine Festival, organized by the Greystone and Brandywine Auxiliaries, celebrated its 20th Anniversary with a record donation of $62,000.

Healing through Art

Strolling on a warm beach at sunrise. Nestling in a cozy spot with a favorite book. Listening to the rhythmic sound of a babbling brook. It can be relatively easy to let your mind escape from reality to any one of these familiar relaxing moments. Reflecting on those instances when you had time to just breathe and simply enjoy the here and now can give you enough energy to handle anything that life throws at you.

For a patient in the hospital whose level of worry, stress or fatigue may be higher than normal, being able to relax by shifting their focus toward something more calming can be beneficial in their recovery. In a hospital, artwork can foster mental escapism to promote healing.

The Chester County Hospital and Health System and Healing Art Works are collaborating to introduce original artwork into patient care spaces at the Hospital.

With a motto of **"Healing through art – one room at a time,"** Healing Art Works is an Exton-based non-profit committed to supporting emotional and physical healing through fine art by placing donated original artwork in patient rooms at medical centers and outpatient facilities.

Healing Art Works believes the value of original works of art in patient care spaces will complement The Chester County Hospital's drive to "Make Lives Better Every Day" by enhancing patient, family and staff experiences.

PICTURED, FROM LEFT: MIKE DUNCAN, PRESIDENT AND CEO OF THE CHESTER COUNTY HOSPITAL AND HEALTH SYSTEM; ARTIST LIN WEBBER, AND HEALING ART WORKS BOARD MEMBERS PATTY CUNNINGHAM AND LISA PRINZO

Based on guidance from the Hospital, Healing Art Works will begin a nationwide solicitation of artists to submit potential art for juried selection. The featured artist for The Chester County Hospital's project is Lin Webber, a local artist who is known for her bucolic Chester County landscapes.

Driven by a commitment to patient-centered care, the Hospital is embarking on a 93,000-square-foot campus expansion to better serve the needs of the community it serves. Healing Art Works will be working with the Hospital to collect artwork for the new state-of-the-art patient rooms, which will also have large windows for daylight.

Since its founding in 2005, Healing Art Works has collected approximately 250 pieces of original art from artists nationwide. The partnership with The Chester County Hospital represents the group's fifth project. Healing Art Works has also provided fine art for the Penn State Milton S. Hershey Medical Center, The Children's Hospital of Philadelphia, the American Cancer Society Hope Lodge and Cooper University Hospital.

▸▸ More at www.chestercountyhospital.org/synapse. To learn how you can support the Hospital, call 610.431.5108.

One of the most common and dangerous cardiovascular diseases is hiding among us.

More than 8 million Americans have Peripheral Vascular Disease.

peace of mind ~~priceless~~ $79

- Peripheral Vascular Disease (PVD) is a serious disease that affects millions of Americans over age 50.
- People with PVD have a two to six times greater chance of death from a heart attack or a stroke.
- Every 45 seconds someone in the United States has a stroke.
- PVD increases your chances of blood clots, heart attack, stroke, and even death.

Peripheral Vascular Screening

Early signs of cardiovascular disease can be caught and potentially treated before problems occur. A Peripheral Vascular Screening can help to determine your risk for Coronary Heart Disease by assessing your risk for peripheral vascular disease. The screening is painless and non-invasive and takes about 30-minutes. Testing includes an abdominal aortic aneurysm screening, an ultrasound review of carotid arteries, and an ankle brachial index, all of which are completed at The Chester County Hospital and reviewed by a board-certified vascular surgeon or cardiologist.

AAA Medicare Benefit

You may be eligible for a free Abdominal Aortic Aneurysm Screening when you become a Medicare participant. As a participant, you are eligible for a one-time "Welcome to Medicare" physical exam within the first 12 months of your Medicare Part B effective date. During your exam, ask for a referral for an AAA screening and the cost for it will be covered.

The fee for this screening is $79.*

Hours: Weekdays 8 – 11:30am

****Flexible spending funds can be used.***

Screening Includes

ABDOMINAL AORTIC ANEURYSM SCAN
An ultrasound scan of the aorta, the body's main artery. The scan can detect the presence of an aneurysm.

CAROTID SCAN
This scan consists of a quick ultrasound of the carotid arteries in the neck and a blood pressure check for hypertension. This exam can detect one of the most frequent causes of stroke – significant internal carotid artery stenosis.

ANKLE BRACHIAL INDEX
This is a comparison of the blood pressure readings from the arms and legs. This exam can quickly determine if there is impairment in the circulation to the limbs due to peripheral vascular disease.

▸▸ To learn more about Peripheral Vascular Screenings or to schedule one, call 610.738.2771.

THE CHESTER COUNTY HOSPITAL *and Health System*

701 East Marshall Street
West Chester, PA 19380

www.chestercountyhospital.org/synapse

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