

5 THINGS YOU NEED TO KNOW ABOUT SHOULDERS, HIPS, KNEES AND ORTHOPAEDIC SURGERY

synapse

THE CHESTER COUNTY HOSPITAL MAGAZINE | 2015 : VOL 1

Achieving Nursing Excellence

HOSPITAL EARNS
MAGNET® RECOGNITION



CALENDAR

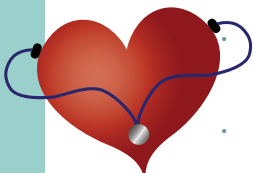
▼ ONGOING



Screenings

Early detection can save lives. Learning your risk factors for such chronic health conditions as cancer, heart disease or stroke can help prevent future illness and disability. Our screenings all utilize guidelines from national health organizations to categorize risk and recommend appropriate lifestyle changes and/or medical follow up. Skilled health professionals and, where appropriate, board-certified physicians conduct all screenings. You will receive a copy of your screening results and receive educational material aimed at keeping you well.

- BLOOD PRESSURE
- BREAST CANCER
- CANCER RISK EVALUATION PROGRAM
- CARDIAC CALCIUM SCORE SCREENING
- CARDIOVASCULAR HEALTH
- FALL RISK ASSESSMENT
- HYDRATION SCREENINGS
- LUNG CANCER SCREENING PROGRAM
- STROKE
- URGENT MAMMOGRAMS
- VASCULAR SCREENING



HOSPITAL PROGRAMS & SUPPORT: Chester County Hospital 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

Parkway Dash 4 Diabetes* – April 4

Living with Type 2 Diabetes – April 9

Chester County Hospital Gala at Longwood Gardens* – April 18

Kick off your Weight Loss (Weight Matters Introductory Class) – April 20

Reversing Pre-Diabetes – April 21

Intensive Insulin Management (4-week series) – Start dates: April 23, May 21

Diabetes Basics (4-week series) – Start dates: April 25, 29, May 5, 29, June 2



Side Bar & Restaurant's Shave & SHINE* – April 25

Weight Matters (8-week series) – April 27

Turn your Health Around – May 9

Calm, Confident Birth: Comfort Techniques for the Birth You Desire – May 16

Reversing Pre-Diabetes – May 19, June 10

Polo Cup* – June 14

Living with Type 2 Diabetes – June 25

Chester County Challenge of Cancer Bike Tour* – June 28



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

* For fundraiser info, call 610.431.5328. Fundraisers organized by The Chester County Hospital Foundation solely benefit Chester County Hospital.

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▼ DEAR NEIGHBORS



It is with tremendous pride I share with you that Chester County Hospital has achieved Magnet® recognition by the American

Nurses Credentialing Center (ANCC). This recognition is the culmination of a comprehensive evaluation process with the ANCC as part of its Magnet Recognition Program®. It has been both rigorous and thorough for all involved - from the bedside nurse clinicians to the department heads, executive team, and the Board of Trustees.

Magnet recognition is an impressive and important distinction for our hospital, staff and the communities we serve because it identifies us as a health care organization that demonstrates excellence in nursing services. It is the highest national credential for nursing excellence, serving as the gold standard for nursing practice. With this achievement, Chester County Hospital joins the Magnet community - a select group of about 400 health care organizations out of nearly 6,000 health care organizations nationwide and one of just 23 hospitals in Pennsylvania so recognized.

We have always believed that we employ the highest quality and most professional nurses. Being recognized by the ANCC reinforces that confidence.

Warm regards,

Michael J. Duncan
President and CEO

cover story

3.... WE ARE MAGNET!

Last November, Chester County Hospital learned that it achieved Magnet® recognition as a reflection of its nursing professionalism, teamwork, and superiority in patient care. The recognition is the culmination of a journey our nurses have worked toward for the past several years.

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synapse

SYNAPSE MAGAZINE SINCE 1981

Synapse is an award-winning publication produced by 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.** Chair, Board of Directors
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- Colleen Leonard Leyden** Editor-in-Chief
- Lisa M. Huffman** Managing Editor
- Howl Creative** Designer
- Great Atlantic Graphics** Printer
- Rick Davis Photographic** Primary Photographer

►► 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.

points of pride

Reducing Patient Falls and Re-engineering the Emergency Department Results in Two HAP Awards >

The Hospital & Healthsystem Association of Pennsylvania (HAP) recognizes hospitals and health systems that enhance and refine health care quality, delivery and cost effectiveness. Chester County Hospital received two of the 15 HAP Achievement Awards out of a total of 100 other entrants in five categories. It earned awards in the categories for Patient Safety for implementing a plan to reduce patient falls, and Operational Excellence for addressing overcrowding and eliminating long wait times in the Emergency Department.

At a recent meeting of the hospital's senior leadership, Mike Suchanick, HAP's Chief Operating Officer, presented the awards, saying, "HAP appreciates all the hard work and research that was dedicated to these winning programs, as your innovation affects your community's health and helps drive Pennsylvania's health care delivery system forward."



▲ Pictured: Tina Maher, BSN, RN, NE-BC, Director of Telemetry, PINU, CCS, Mike Suchanick, HAP COO, and Rick Terkowski, MSN, RN, CEN, Safety and Quality Analyst.



◀ Pictured: Betty Brennan, EdD, MSN, CEN, CNML, Director of Emergency Services, with Mr. Suchanick.



▲ Pictured, from left: From UPHS, Rhonda Zaleski, Director of Talent Acquisition and Workforce Planning; Pat Wren, VP Human Resources; Margaret Alford, Director of HRIS and Employee Records; From Chester County Hospital, Patti Burt, Employment Manager; Nadine Atkinson, HRIS Analyst; Jackie Felicetti, HROD Director; Taylor Lopolito, Employment Coordinator; Susan Petley, HROD Operations Manager; and Mike Battista, Benefits Manager.

< Commitment to Social Responsibility Acknowledged

As a community-focused hospital, Chester County Hospital believes that its social responsibility goes beyond its campus. "We are as committed to high quality compassionate care for our patients as we are to our community," says Jackie Felicetti, Director of Human Resources and Organizational Development (HROD). "As servant leaders, our team seeks to enrich the lives of others by serving people in need." The hospital's HROD Department received an Award of Excellence for Social Responsibility at the 2014 Delaware Valley HR Department of the Year Awards banquet.



Penn Medicine
Chester County Hospital

We are Magnet®

Only seven percent of U.S. hospitals have it. Fewer than 25 hospitals in the state of Pennsylvania have it.

"It" is Magnet® recognition from the American Nurses Credentialing Center (ANCC), widely regarded as the highest mark of excellence a hospital can receive for nursing quality. Some even refer to it as the "Nobel Prize of nursing." The term Magnet was coined 20 years ago to recognize hospitals for specific strengths that attract and retain the best nurses. Since then, numerous studies have shown that Magnet hospitals have better patient outcomes, higher quality, and greater satisfaction among patients and nurses alike.

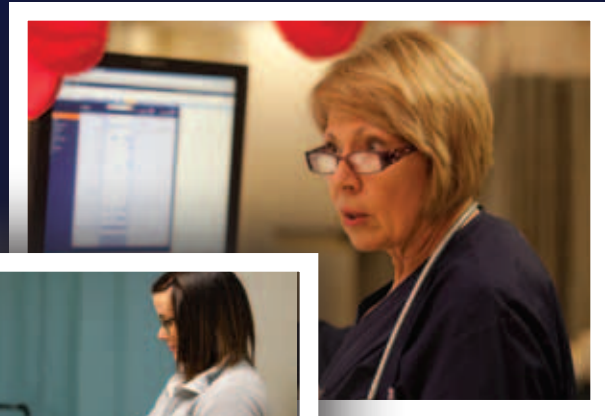
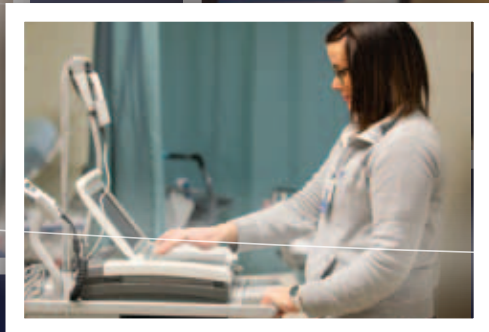
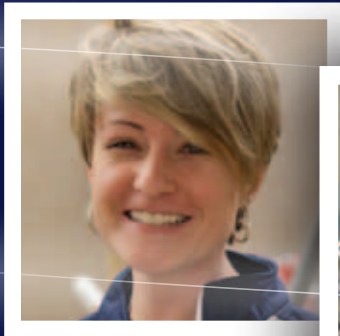
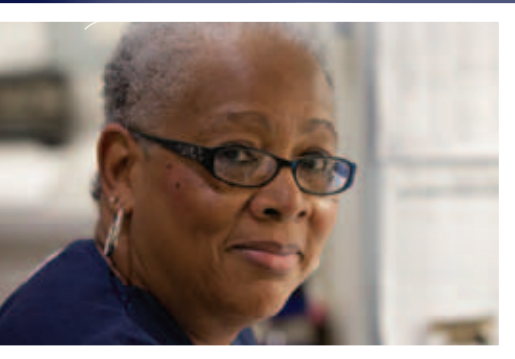
On November 20, 2014, Chester County Hospital officially joined this select group of Magnet hospitals, which already includes two of its Penn Medicine partners: the Hospital of the University of Pennsylvania and Penn Presbyterian Medical Center. Pennsylvania Hospital is currently on its Journey to Magnet Excellence®.

Chester County Hospital's Chief Nursing Officer Angela Coladonato, MSN, RN, NEA-BC, received the momentous news during a conference call with Deborah Zimmermann, DNP, RN, NEA-BCFAAN, chairperson of the

ACHIEVING THE NURSING PROFESSION'S HIGHEST HONOR

ANCC's Commission on Magnet. Coladonato, CEO Michael J. Duncan, COO Michael Barber, and Magnet Project Director Patty Paulley BSN, RN, CEN, plus nearly 150 hospital leaders,

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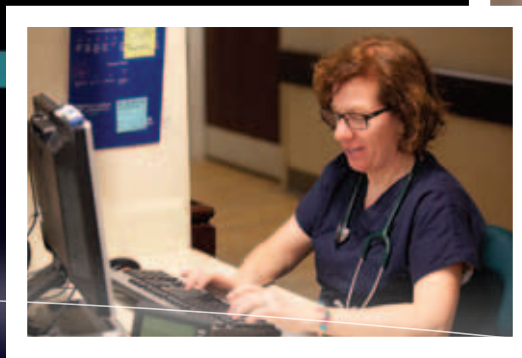


physicians, staff members, and most importantly nurses, listened to the call and cheered with excitement when they heard the announcement.

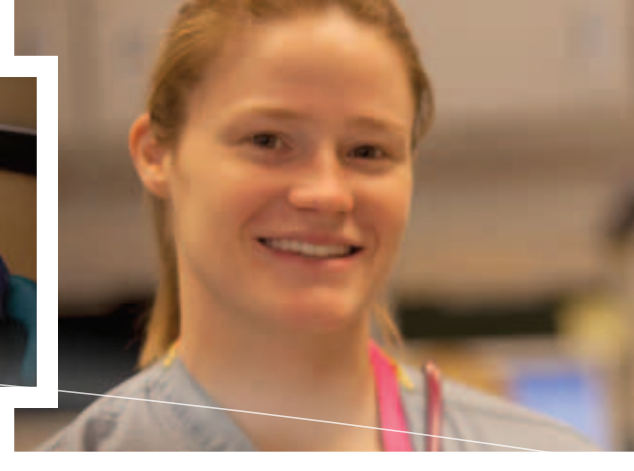
“The Magnet appraisers and the Commission are just as thrilled as you are about this news,” Dr. Zimmermann said. **“Your appraisers said that you have a culture that should be bottled and sold to others! You are truly extraordinary.”** The ANCC Magnet appraisers reviewed the hospital’s 3,000-page application—*yes, 3,000 pages*—and spent three days here in September touring the units, speaking with nurses and other staff, and interviewing patients and community members.

“Working in a Magnet hospital means I am surrounded by successful nurses who own their work and its outcomes, have opportunities for professional advancement, and make a difference in the practice of nursing.”

*Rebecca Mountain, MSN, RN, CEN, CPEN
Emergency Department*



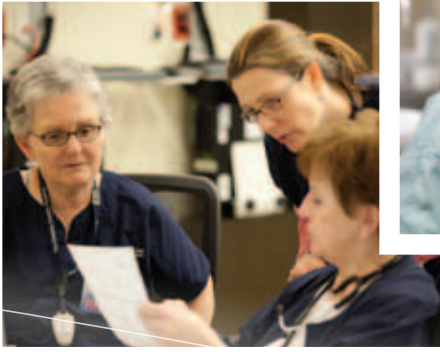
Zimmermann pointed to a number of strengths that made Chester County Hospital nurses stand out, ranging from their innovative teamwork to prevent falls and shorten Emergency Department wait times, to community events such as the “Man Down flash mob” in West Chester to simulate a CPR emergency, to the constant visibility and accessibility of CNO Angela Coladonato. The day represented the culmination of a journey that Coladonato initiated when she became chief nursing officer in 2006.



“One of my goals when I first started here eight years ago was for our nurses and the hospital to achieve Magnet recognition,” Coladonato said. “We took the time to put the building blocks in place to get to this point, and now we can say we have demonstrated superior excellence in nursing. When you are a patient in a Magnet hospital, you’re in a place with a proven commitment to improving quality, safety, and patient satisfaction, and never accepting the status quo.”

“Showing” and not just telling was the central challenge of the Magnet process. Pursuing the recognition was voluntary, but the hospital had to give the ANCC reams of hard evidence that the nurses are indeed exceptional. The hospital had to show consistent above-benchmark performance in the National Database of Nursing Quality Indicators (NDNQI), which includes nurse-sensitive indicators such as pressure ulcers, falls, and hospital-acquired infections. The writers had to supply nearly 120 detailed stories, all backed





up by what the ANCC calls “sources of evidence”—meeting minutes, posters, photographs, videos, outcomes data, news stories, hospital newsletters and publications, you name it—to demonstrate nurses’ excellence. Areas of focus included leadership and professionalism; empowerment to provide the best nursing care in any situation; commitment to education and new knowledge; and the ability to improve care for better patient outcomes, were all critiqued.

It was a tall order, and one daunting enough to dissuade many hospitals from pursuing Magnet recognition.

Patty Paulley, BSN, RN, CEN, Director, Nursing Quality/Professional Practice/Magnet Project, who led the

process for Chester County Hospital, credited its success to a rather unusual decision to have most of the writing and assembling of evidence completed by 12 front-line staff nurses, instead of nursing administrators or executives.

“If this document was going to be about how great our staff nurses are, we felt that they should be the ones preparing it,” she said. “We wanted to tell their story, and not a story from

the management level. Starting in May of 2013, we gathered in a computer room to write once a week for eight hours. This was a major commitment by the hospital, since the nurses were off the floor during that time, but I feel the leadership here truly believed we were worthy of Magnet and just had to demonstrate it to the public and to our Magnet appraisers.”

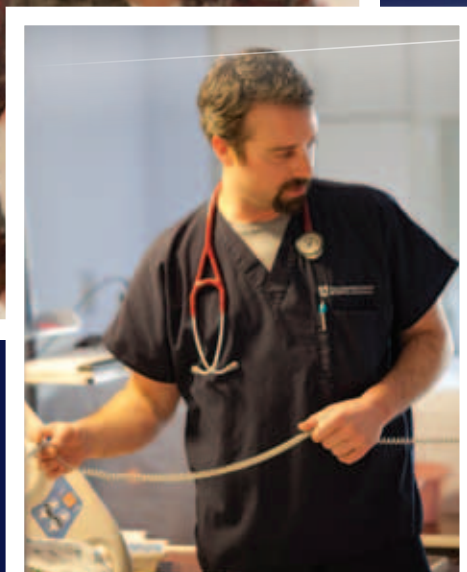
For nearly a year, the writers came

“The confidence I gained while writing the Magnet document led me to write an abstract for the Preventive Cardiovascular Nurses Association that I later presented at the national conference—and then I started graduate school.”

*Donna M. Taylor, BSN, RN, CCRN
Cardiovascular Nurse Navigator*

together to bounce ideas off one another, find the best stories to tell from across all nursing units, and track down the evidence to support each story—which often involved going beyond nursing to consult other departments. It was rough going at first, with some of the initial drafts getting thrown out for lack of compelling evidence. But eventually the nurses settled into a groove, and put all their effort into showcasing the best examples and perfecting their respective sections

continued >



of the document.

They also found no shortage of great stories to tell. For instance, nurses in the Cardiac Catheterization Lab had created an educational video to help patients prepare for catheterization and peripheral angiography procedures. Surgical Care Unit nurses designed and sewed “pretty pockets” for mastectomy patients to secure cumbersome surgical drains inside their garments, without the need for taping. Another nurse introduced the use of a new type of port protector that significantly reduced the rate of

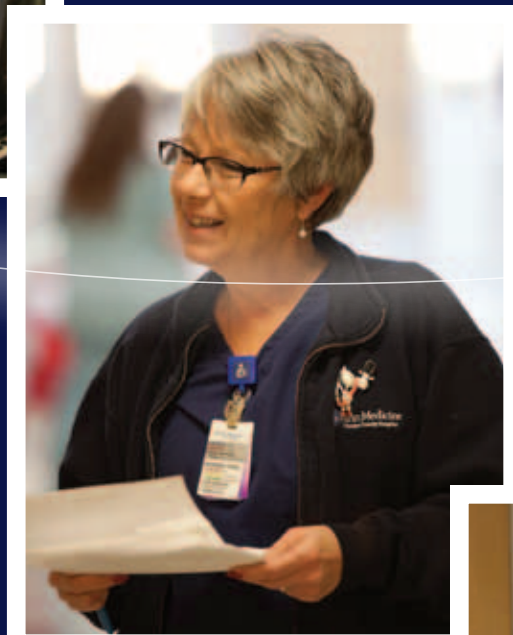
about their accomplishments and think, ‘Well, it’s all in a day’s work,’” said Paulley. “Through this process of Magnet recognition, they have realized that they do much more than just care for patients. They advocate for patients, consistently work for their best interests, and get them involved in their own care. Nursing is on the front lines 24/7 and plays a huge role in the hospital experience, and I believe

that is what we were able to highlight in our document.”

Melissa Cargan-Bodnar, BSN, RN, CMSRN, charge nurse for the surgical unit on Lasko Tower 3, is a 20-year veteran of Chester County Hospital who participated in almost every aspect of the Magnet process—attending the first meetings, serving on nursing councils, and eventually becoming a “Magnet Ambassador” to rally

“I actively sought a position in this hospital after witnessing firsthand the incredible culture of caring when my late father-in-law was a patient here. Now, as a Magnet Ambassador and writer, I have forged wonderful working relationships across the continuum of care, from direct care nurses to managers and directors.”

*Kimberly Dougherty Derr, RN
Post Anesthesia Care Unit (PACU)*



central-line infections at the hospital. Another nurse volunteered her time to give free flu shots to mushroom farm workers in Southern Chester County. These are just several out of hundreds of stories, some running as long as 20 or 30 pages, that made it into the Magnet document, but they demonstrate what ANCC was looking for: proof that Chester County Hospital’s nurses consistently go above and beyond expectations.

“Nurses here tend to be humble

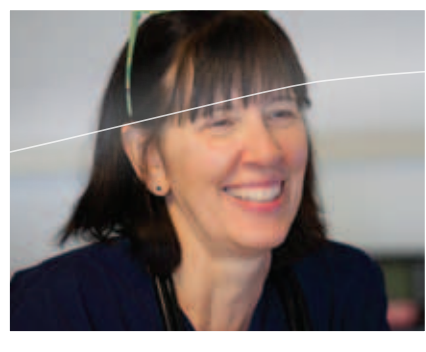
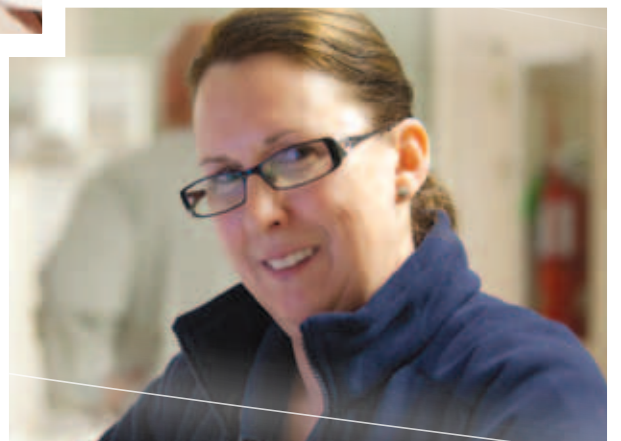
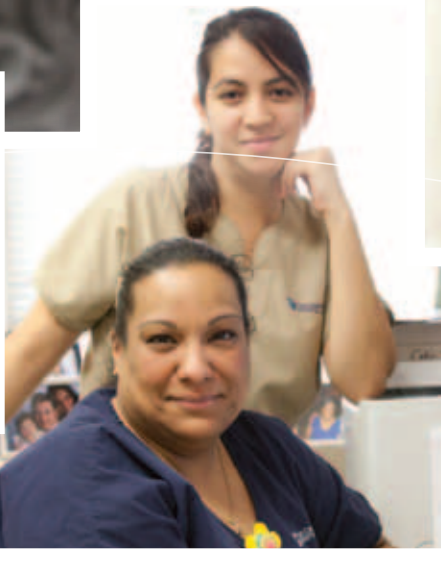
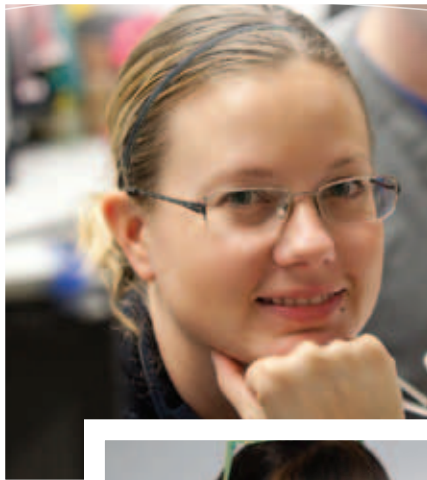
her fellow nurses around the cause. Cargan-Bodnar served on the writing team and escorted the Magnet appraisers during their September visit. Despite the hard work involved, she said that she gained more than she gave—even when she found herself getting up at 4 a.m. to assemble yet



another Magnet story.

“Being part of this has been one of the highlights of my career,” Cargan-Bodnar said. “I grew closer to my nursing colleagues. I gained a better sense for all of the great things that go on at the hospital as I got outside of my own unit and worked with other departments.”

“I also believe that this process—and our success—have transformed the entire Department of Nursing,” she added. “Angela [Coladonato] started us on this journey and made us feel like we could do anything. Every time she



“Working at a Magnet-designated hospital is great because I am supported, encouraged, guided, motivated, and inspired. It means the nursing staff is highly trained and provides excellent care. I am now pursuing my Master of Nursing degree as a result of taking part in this process.”

Lindsay A. Pritchett, BSN, RN, CMSRN
West Wing One Charge Nurse

talked about Magnet and nursing quality, she drew us in and made us want to do more. We really learned to take ownership of the nursing profession. I am back in school now for my Master’s in Nursing, and many of my colleagues are pursuing additional education or certifications in their specialty.” In doing so, they are following the example set by Coladonato, who is pursuing her Doctor of Nursing Practice at Thomas Jefferson University.

And that’s another thing about Magnet recognition: Once you have it, continued >

you must keep showing your commitment to continuous improvement in nursing—more education, more certifications, better patient outcomes, demonstrated leadership in the hospital and the profession, more participation in research on best nursing practices. In two years, the hospital will send a progress update to ANCC and then pursue Magnet re-designation in four years, as is required for all Magnet organizations. That’s the beauty—and the challenge—of Magnet, said Coladonato, and also why she views it not just as a nursing recognition, but as a hospital recognition.

“When your numbers are good and things are going well, it’s easy to get complacent, but Magnet pushes you to show that you’re always working to become even better,” she said. “Even though it’s talked about as the highest

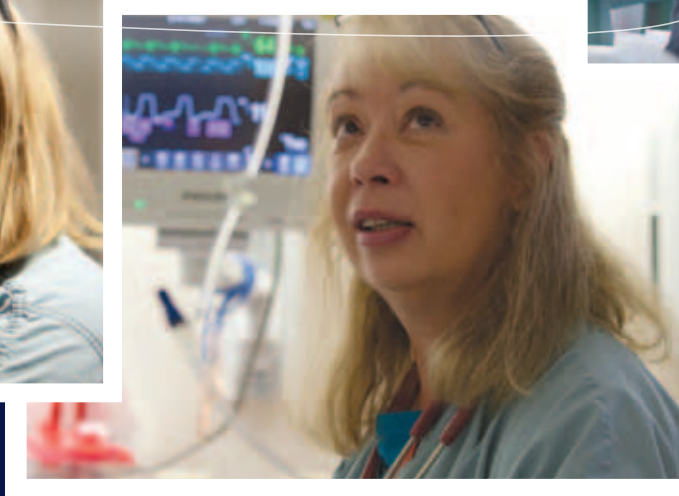
“At its core, Magnet is about empowering nurses, and Chester County Hospital’s nursing leadership placed the application in the hands of its nurses. This pushed us beyond our comfort zones, but our commitment to Chester County’s mission inspired our group to learn new skills, develop our own resources and work as a team.”

*Margaret E. Kramaric, BSN, RN, CCRN, CSC
Staff Nurse, ICU*

award you can get in nursing, it truly is a hospital achievement. If you have the entire hospital behind the nursing team, you can get it done. It is really about the whole team.”

So as Chester County Hospital takes time to celebrate this Magnet milestone, we know that the journey will continue.

By Kristine M. Conner



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Group pictured on page 3:

MAGNET WRITERS and LEADERSHIP (pictured from left): Kim Derr, RN; Nikki DiFabrizio, BSN, RN, PCCN; Heather Donohue, BSN, RN, CNOR; Lindsay Pritchett, BSN, RN, CMSRN; Marianne Casale, MSN, RN, CHPN, CS, AOCN; Angela Coladonato, MSN, RN, NEA-BC; Margaret Kramaric, BSN, RN, CCRN, CSC; Patty Poulley, BSN, RN, CEN; Rebecca Mountain, MSN, RN, CEN, CPEN; Melissa Cargan-Bodnar, BSN, RN, CMSRN; and Donna Taylor, BSN, RN, CCRN. [Not pictured: Tonya Beattie, BSN, RN, CCRN; Claire Fisk, BSN, RN, CCE; and Jaime O'Donnell, MSN, RN, CCRN.]

▶▶ LEARN MORE AT
www.chestercountyhospital.org/synapse

We've heard it time and time again: As we age, our risk for certain health conditions increases — cancer, heart disease, stroke, diabetes, among many others. So does our risk for osteoarthritis, sometimes referred to as “wear and tear” arthritis. It's a fairly common form of joint disease in which the cartilage — the rubbery connective tissue between two bones — breaks down, roughens, and ultimately wears out. Early symptoms such as stiffness or pain are typically mild, but over time the loss of cushioning and rubbing of bone-on-bone can cause significant pain. Any joint can be affected, but larger joints such as the hip, knee, and shoulder often cause the most noticeable symptoms.

Aging isn't the only risk factor for osteoarthritis. Long-term high-impact exercise can wear down cartilage and increase risk, which may explain why more active adults in their late 40s, 50s, and 60s are being diagnosed today. Obesity is a risk factor, as are genetics: If family members were affected, our own joints are more prone to the condition.

Most people with osteoarthritis-related joint pain first consult their primary care physician. Initially, common-sense measures such as over-the-counter pain relievers, medicated rubs, heating or cooling pads, and changes in exercise routines are often enough to manage the pain. If these stop working, though, it's in your best interest to consult an orthopaedic surgeon.

Chester County Hospital orthopaedic surgeons Christopher Lyons, MD, Adrienne Towsen, MD, and Chet Simmons, Jr., MD, offer their best advice for people who suspect they could have osteoarthritis-related joint pain. Here are their “top 5 things to know.”

1 Pain that persists despite common-sense measures requires specialty care.

“It's possible to have an abrupt onset of pain due to osteoarthritis, but it's usually a gradual progression: ‘I can't walk as much as I did, stairs are harder, I can't reach as high,’” says Dr. Adrienne Towsen, who specializes in knees and shoulders. “Night pain with sleep disturbance is common. When routine daily activities are interrupted or altered, it's a good time for an orthopaedic consultation.”

A set of X-rays is often the first step, as the images can immediately show the loss of cartilage between bones. Other imaging tests, such as MRI, are some-

5 things you'll want to know about the treatment of age-related joint pain

times needed. Just as essential are a complete physical exam, an assessment of the painful joint and treatments to date, and a complete medical history.

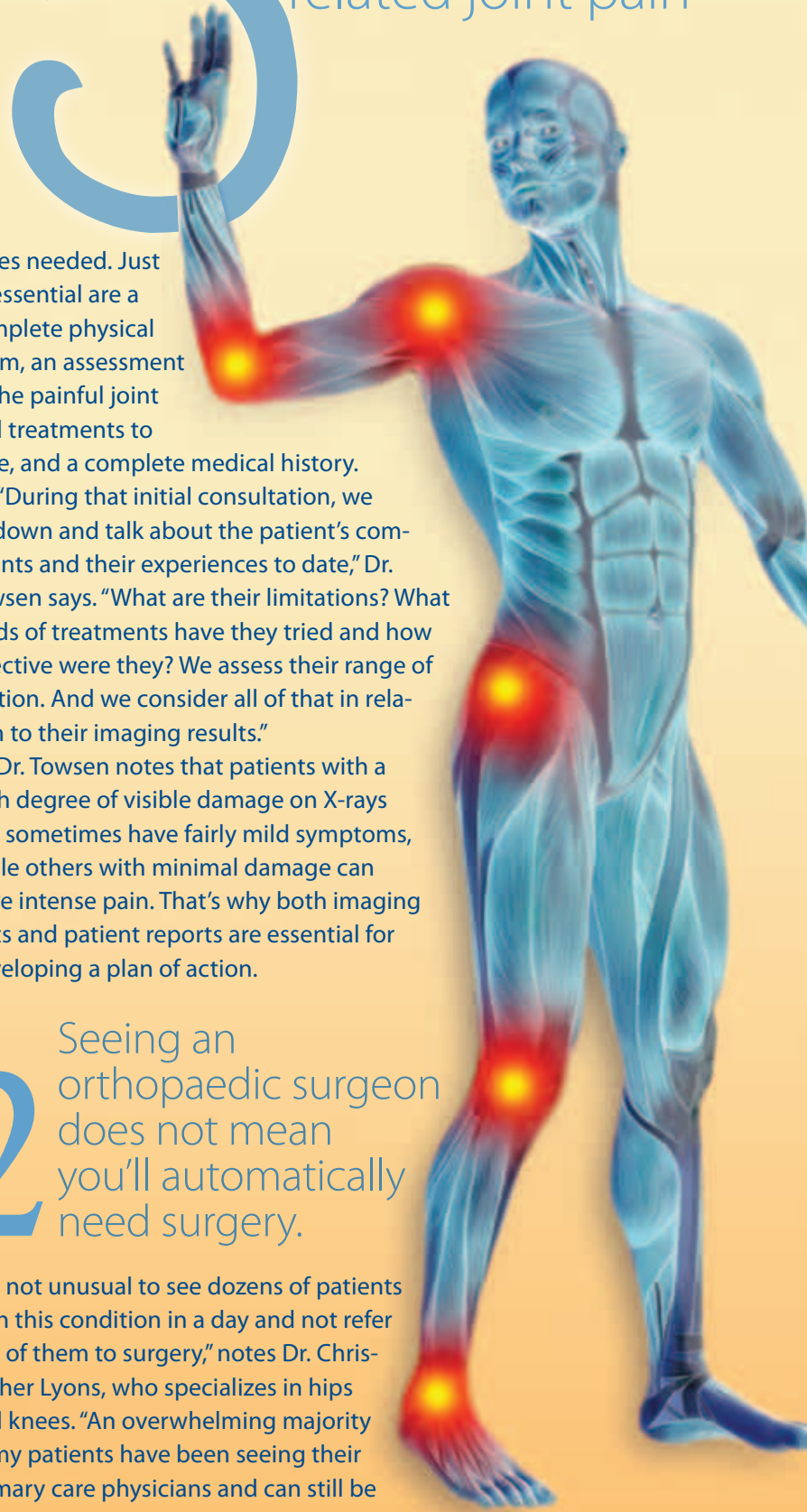
“During that initial consultation, we sit down and talk about the patient's complaints and their experiences to date,” Dr. Towsen says. “What are their limitations? What kinds of treatments have they tried and how effective were they? We assess their range of motion. And we consider all of that in relation to their imaging results.”

Dr. Towsen notes that patients with a high degree of visible damage on X-rays can sometimes have fairly mild symptoms, while others with minimal damage can have intense pain. That's why both imaging tests and patient reports are essential for developing a plan of action.

2 Seeing an orthopaedic surgeon does not mean you'll automatically need surgery.

“It's not unusual to see dozens of patients with this condition in a day and not refer any of them to surgery,” notes Dr. Christopher Lyons, who specializes in hips and knees. “An overwhelming majority of my patients have been seeing their primary care physicians and can still be

continued >



5 things *continued...*

managed for a significant period of time — or even permanently — with conservative measures.”

Dr. Chet Simmons, who also specializes in hips and knees, agrees, “Once in a while you might see a patient who has been stoic about his or her pain, and the joint damage is so advanced that joint replacement surgery is their best option. Usually we can come up with a plan that buys someone months or even years before surgical joint replacement would even be considered. When patients delay seeking help from an orthopaedic surgeon, they sometimes miss out on management strategies that could have delayed surgery.”



< **Chet Simmons, MD,**
Premier Orthopaedics
and Sports Medicine
Associates, Chester County
Orthopaedics Division

In addition to oral anti-inflammatory medications, a management plan may include some or all of the following:

- **Corticosteroid injections in the affected joint**
- **Viscosupplementation for the knee, which injects a gel-like substance into the joint**
- **Counseling about exercise or changes in workout routines — swapping running for swimming, for example, or squats and jumps for lower-impact cardio**
- **Working with a physical therapist to keep the joint moving without pain**

Over time, the orthopaedic surgeon gets to know you, your joint issue, your life situation, and what can be used to minimize the pain and keep you as active as possible. Not using the joint can make stiffness worse and further reduce range of motion.

3 The decision to proceed to joint replacement surgery happens over time and is driven by the patient.

Joint replacement surgery becomes an option only when you and your doctor have exhausted all other strategies and your normal lifestyle has been affected. This varies widely from person to person. For people who love sports and exercise or those who have physically demanding jobs or responsibilities — such as caring for children, spouse or parent — their decision to have surgery may come sooner. For those with lower levels of activity, the decision often comes when pain makes walking, sleeping, or even a trip to the grocery store next to impossible. The goal of joint replacement surgery is to replace the rough, damaged bone ends with smooth materials that recreate the pain-free function of a healthy joint.

Christopher J. Lyons, MD, >
Penn Orthopaedics*

**Dr. Lyons and his surgical partner John P. Manta, MD, will join Penn Orthopaedics in April.*



The Whole Truth about Hip Surgery

John Slauch, Chief of the Oxford Borough Police, is a no-nonsense, straight shooter and cannot let any joint pain disrupt his ability to do his job. When hip pain made it hurt to drive short distances and when he couldn't bear the extra weight of his holster, the Lancaster County resident scheduled his surgery with Dr. Christopher Lyons, who had previously fixed his shoulder and has since upgraded his knee too.

Read Chief Slauch's story at www.chestercountyhospital.org/synapse

"Patients will tell me when it is their time to proceed to surgery," Dr. Simmons observes. "The most common reasons are unbearable pain and intolerable impact on their lifestyle."

Dr. Lyons agrees. "Many do eventually come in for an appointment and say, 'It is time.' Life circumstances enter into it as well: Maybe they are finally cutting back on work or their home responsibilities have eased. They feel like they finally have time to take care of themselves. Patient management is really about the patient's expectations."

4 If you have joint replacement surgery, you'll benefit from decades of advancement in techniques, materials, and rehabilitation practices.

Every patient's situation (and physical anatomy) is different, but in many cases surgeons are able to make smaller incisions and spare more muscle and tissue than they could in the past. They also have a wider array of approaches to choose from, along with more durable materials.



< **Adrienne J. Towsen, MD,**
Premier Orthopaedics
and Sports Medicine
Associates, Chester County
Orthopaedics Division

"The field is improving technically all of the time, and what we offer now combines the most minimally invasive techniques, whenever possible, with the strongest materials available," says Dr. Towsen. "It's reasonable to expect a joint implant to last 20 years or more, which is different from what we had available just a decade or so ago."

All three surgeons point to the fact that rehabilitation approaches have also improved, contributing to faster recovery times. The process typically starts with "pre-hab" physical therapy sessions before surgery to strengthen the joint and range of motion. In the hospital, physical therapists get patients moving the same day or at least the day after — a practice that has been helped by new pain management protocols, notes Dr. Simmons. Post-surgery narcotic medications have been replaced by a combination of pre- and post-operative anti-inflammatory and non-narcotic pain relievers, which helps avoid the nausea and drowsiness associated with narcotics.

"As a result, patients can start rehab sooner and get back on their feet more quickly," Dr. Simmons says.



TESTIMONIAL

Head and Shoulders Above the Rest

Gerry Ruffenach of West Chester gets emotional when he thinks about how painful it was to hold his granddaughter and play baseball with his son. He didn't want to miss out on being active anymore. Despite having previous joint surgeries at a high-volume institute, he chose to have his shoulder replaced by Dr. Adrienne Towsen because he wanted to be treated like a person, not a number.

Read Gerry's story at www.chestercountyhospital.org/synapse

5 Chester County Hospital, with the full support of Penn Medicine, offers an outstanding experience for joint replacement patients.

Orthopedic surgery patients are now cared for in a new unit on the third floor of the Lasko Tower.* The unit has "state-of-the-art everything" to care for joint replacement patients, says Dr. Towsen, including an inpatient physical therapy center on the same floor.

continued >

* Featured in Synapse 2013 Vol 2

5 things *continued...*

But the attention to the patient's needs begins long before the day of surgery. All Chester County Hospital orthopaedic surgeons educate joint replacement surgery candidates about the procedure over multiple visits, using models and printed materials and recommending online resources. Patients are encouraged to take Chester County Hospital's class on joint replacement surgery and establish a relationship with a physical therapist.

All of the physicians appreciate the experience of the hospital's orthopaedic care team, from the operating room (OR) to post-operative care.

"I have been operating here for almost nine years, and I can say that everyone a patient meets — from the person who welcomes them the day of surgery, to the nurses on the floor, to the physical therapist — is very seasoned," Dr. Towsen says. "That fact, now combined with the new unit, really does make for a great experience."

"I try to help my patients understand that this surgery and recovery are a team effort: Yes, they have to be comfortable with me, but they'll also be spending time with other members of the team," says Dr. Lyons. "Chester County Hospital has teams in the OR who are experienced in orthopaedic procedures. The nurses on the unit know how to take care of patients after surgery, and they recognize what's normal and what's not and they can make the right adjustments."

He adds, "The key to good outcomes for these surgeries is good and competent people, and that's exactly what Chester County Hospital offers."

By Kristine M. Conner

▶▶ LEARN MORE AT
www.chestercountyhospital.org/synapse



In 2014, Chester County Hospital had zero incidences of infection among its total hip and knee replacement surgery patients. The Pennsylvania Department of Health's latest data showed an average infection rate across the state of 0.76 infections per 100 procedures performed and 0.57 for knees. National data from the Centers for Disease Control and Prevention shows a 0.64 rate for hips and 0.54 for knees, per 100 procedures performed. The hospital's infection rate is significantly lower than outcomes reported by the State of Pennsylvania or the CDC. *(PA's and CDC's most recent comparative rates were published in May 2014 and reflect data from 2011.)*



Walking Hip-to-Hip with Penn Medicine

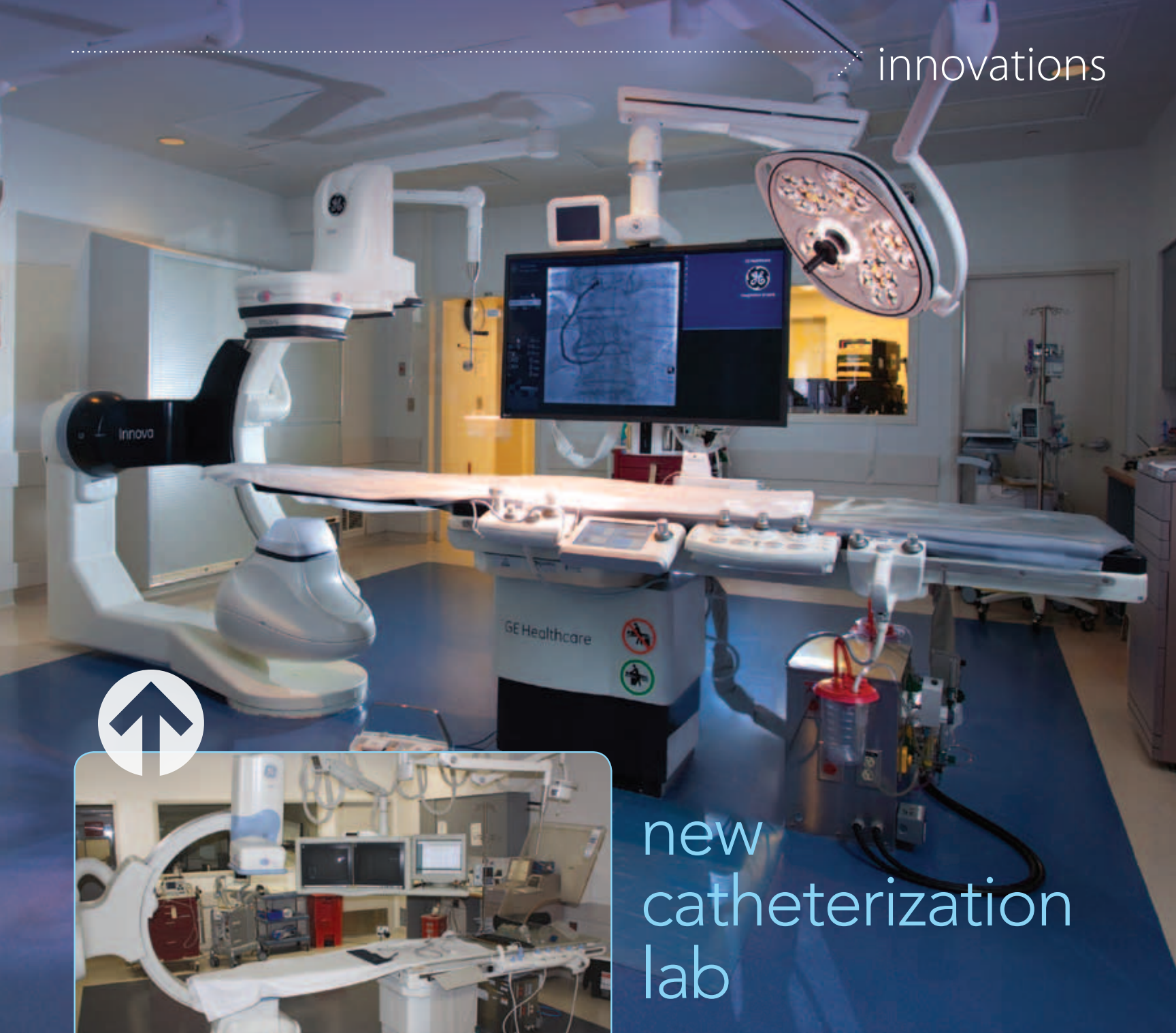
L. Scott Levin, MD, FACS, chair of Penn Medicine's Department of Orthopaedic Surgery, and his colleagues have worked to develop well-coordinated musculoskeletal services in the new Penn Musculoskeletal Center. This thoughtful realignment will help shape the approach to orthopaedic services at Chester County Hospital.

"Penn Medicine patients with a bone or joint disorder see the right provider at the right time with the right set of medical evaluations to optimize care and improve efficiency," says Dr. Levin. "We are focused on quality, patient safety, improving outcomes and customizing programs, such as pain management, for our patients."

He adds, "We have a great opportunity to create a similar approach at Chester County Hospital. Really, it is an achievement for us to partner with

them, given their great leadership, the new orthopaedics floor in the Lasko Tower, and plans for additional upgrades. We can lend our expertise to Chester County in areas that a traditional orthopaedics program does not always provide. And if a patient needs a highly specialized service that is only available downtown, we can get them in immediately on the same day."

This spring, two orthopaedic surgeons on the Medical Staff at Chester County Hospital – Dr. Christopher Lyons and Dr. John Manta – will join the Penn Orthopaedics team. This integration creates a direct connection between the services they offer in Chester County and an expanded set of resources available at the Penn Musculoskeletal Center in Philadelphia.



new catheterization lab

Chester County Hospital is upgrading its cath labs, equipping them with state-of-the art technology

When patients experience heart problems, often they will be taken to a cardiac catheterization (cath) lab. This specialized laboratory allows for closer evaluation and treatment of the heart through a catheter or thin flexible tube. The catheter is inserted into a main blood vessel in the groin or arm and threaded into the heart. Through the catheter, a physician injects a special type of dye that will enable the physician to see blockages in the heart by way of

X-ray images. With this view of the heart, physicians can conduct tests, take samples, measurements, administer treatments, and perhaps even decide if heart surgery is necessary. Sometimes a stent or small wire cage is threaded into the artery and opened with a small balloon to unblock the artery and hold it open to restore blood flow to or from areas of the heart.

Chester County Hospital recently renovated one cath lab and is in the process of

upgrading a second, enhancing them with advanced X-ray equipment for superb clarity of the heart while exposing the patient to minimal radiation. An enhanced digital viewing system allows the clinical team to view multiple images of the heart from a number of sources all in one place. And, the clean uncluttered design of the room allows for flexibility to perform multiple types of electrophysiology and cardiovascular procedures.

ACTIVE STAFF



Section of Cardiology
Thomas M. Klein, MD

Dr. Klein earned his medical degree from The State University of New York's Stony Brook University School of Medicine. He completed his Internship/Residency at Mount Sinai Hospital in New York City and then finished his Fellowship at University of Maryland Medical Center. He is board certified in the field of Internal Medicine. Dr. Klein practices at Cardiology Consultants of Philadelphia in East Norriton.



Section of Critical Care Medicine
Jacob T. Gutsche, MD

Dr. Gutsche earned his medical degree from University of Miami. He completed Internship at Lankenau Hospital. He then finished his Residency and his Fellowship at the Hospital of the University of Pennsylvania. He is board certified in the field of Critical Care Medicine. Dr. Gutsche has a private practice in Philadelphia.

William J. Vernick, MD

Dr. Vernick earned his medical degree from Thomas Jefferson University. He completed his Residency and Fellowship at the Hospital of the University of Pennsylvania. He is board certified in the field of Anesthesiology. Dr. Vernick has a private practice in Philadelphia.

Department of Emergency Medicine

Rosamund S. Lehmann, MD

Dr. Lehmann earned her medical degree from University of Rochester School of Medicine and Dentistry. She completed her Residency at Christiana Care Health System in Delaware. Dr. Lehmann is part of Emergency Care Specialists at Chester County Hospital.

Section of Neurology
Fred M. Weinblatt, MD



Dr. Weinblatt earned his medical degree from Johns Hopkins University School of Medicine in Baltimore. He completed his Residency at University of Colorado Medical Center and then continued to finish his Fellowship at The University of Pennsylvania Medical Center. He is board certified in the field of Neurology.

Section of Gynecologic Oncology

Stephanie Jean, MD

Dr. Jean earned her medical degree from The State University of New York's Stony Brook University School of Medicine. She completed her Residency and Fellowship at the Hospital of the University of Pennsylvania. Dr. Jean is part of Penn Medicine Gynecologic Oncology in West Chester.

Section of Internal Medicine

Samantha R. Shah, MD

Dr. Shah earned her medical degree from University of Michigan. She completed her Internship/Residency at Johns Hopkins Bayview Medical Center in Baltimore. She is board certified in the field of Internal Medicine. Dr. Shah is part of Penn Internal Medicine East Marshall Street in West Chester.



Section of Podiatry
Sharon J. Anghel, DPM

Dr. Anghel earned her medical degree from Temple University School of Podiatric Medicine. She completed her Residency at Crozer-Chester Medical Center. Dr. Anghel practices at Foot & Ankle Associates, LLP in Kennett Square.

Geoffrey S. Schilling, DPM

Dr. Schilling earned his medical degree from Temple University School of Podiatric Medicine. He completed his Residency at Crozer-Chester Medical Center. Dr. Schilling practices at Foot & Ankle Associates, LLP in Kennett Square.



Section of Internal Medicine - Hospitalist
Michelle M. Eisenhower, MD

Dr. Eisenhower earned her medical degree from Jefferson Medical College. She completed her Internship/Residency at Thomas Jefferson University. She is board certified in the field of Family Medicine. Dr. Eisenhower has joined the Internal Medicine Hospitalist team at Chester County Hospital.

Maryam Khorrami, MD

Dr. Khorrami earned her medical degree from Iran University of Medical Science. She completed her Residency at Atlanta Medical Center. She is board certified in the field of Internal Medicine. Dr. Khorrami has joined the Internal Medicine Hospitalist team at Chester County Hospital.

Marcie H. Solondz, MD

Dr. Solondz earned her medical degree from University of Medicine and Dentistry of New Jersey. She completed her Residency at Temple University Hospital. Dr. Solondz has joined the Internal Medicine Hospitalist team at Chester County Hospital.



Mariam Kabir, MD

Dr. Kabir earned her medical degree from Albert Einstein College of Medicine in Bronx, NY. She completed her Internship/Residency at Thomas Jefferson University Hospital. Dr. Kabir has joined the Internal Medicine Hospitalist team at Chester County Hospital.

Department of Obstetrics & Gynecology

Manuel J. Ferreira, MD

Dr. Ferreira earned his medical degree from Temple University School of Medicine. He completed his Residency at Pennsylvania Hospital. Dr. Ferreira has joined Chester County OB/GYN.



Section of Orthopedics
Harvey E. Smith, MD

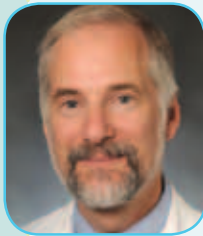
Dr. Smith earned his medical degree from Pennsylvania State University College of Medicine. He completed his Residency and Fellowship at Thomas Jefferson University Hospital. He is board certified in the field of Orthopedic Surgery. Dr. Smith practices at Penn Musculoskeletal Center in Philadelphia.



These physicians hold Medical Staff privileges at Chester County Hospital but they are not necessarily employees of the hospital or Penn Medicine.

Department of Radiation Oncology
Suneel N. Nagda, MD

Dr. Nagda earned his medical degree from University of Maryland School of Medicine. He completed his Residency Program at Loyola University Medical Center in Illinois. He is board certified in the field of Radiation Oncology. Dr. Nagda is part of University of Pennsylvania Radiation Oncology at Chester County Hospital.



James D. Kolker, MD

Dr. Kolker earned his medical degree from Thomas Jefferson University. He completed his Residency Program at University of Chicago Medical Center. He is board certified in the field of Radiation Oncology. Dr. Kolker is part of University of Pennsylvania Radiation Oncology at Chester County Hospital.

Edgar Ben-Josef, MD

Dr. Ben-Josef earned his medical degree from Hebrew-Hadassah University in Jerusalem. He completed his Residency at Harper Hospital in Detroit. He is board certified in the field of Radiation Oncology. Dr. Ben-Josef is part of University of Pennsylvania Radiation Oncology at Chester County Hospital.



Joshua A. Jones, MD

Dr. Jones earned his medical degree from New York University School of Medicine. He completed his Residency at the Hospital of the University of Pennsylvania and then continued to finish his Fellowship at Massachusetts General Hospital. Dr. Jones

is part of University of Pennsylvania Radiation Oncology at Chester County Hospital.

Department of Radiology
Thomas R. Slattery, MD

Dr. Slattery earned his medical degree from Temple University School of Medicine. He completed his Internship at Naval Medical Center in San Diego and finalized his Residency at Pennsylvania Hospital. He then continued to finish his Fellowship at the Hospital of the University of Pennsylvania. He is board certified in the field of Diagnostic Radiology. Dr. Slattery practices at Community Radiology Associates of the University of Pennsylvania in West Chester.

Affiliates of Section of Ophthalmology

Gregory W. Oldham, MD

Dr. Oldham earned his medical degree from Jefferson Medical College at Thomas Jefferson University. He completed his Internship at Albert Einstein Medical Center and then continued to finish his Residency at Sinai Hospital of Baltimore. Dr. Oldham is part of Chester County Eye Care Associates in West Chester.

▶▶ TO FIND A DOCTOR, CALL
800.789.PENN, OR SEARCH ONLINE AT
www.chestercountyhospital.org/synapse

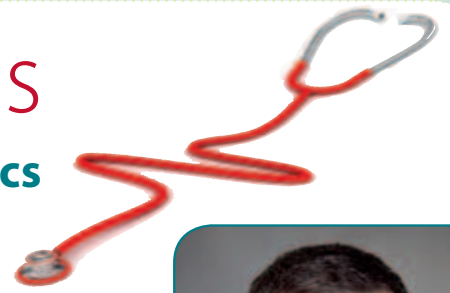
Affiliates of Department
of Family Medicine

Inez Stoltzfus, MD

Dr. Stoltzfus earned her medical degree from Drexel University of Medicine. She completed her Residency at In His Image Family Medicine. She is board certified in the field of Family Medicine.

vital signs

Clinical Informatics Certification



Pathologist **Mehmet I. Goral, MD**, has been certified in Clinical Informatics by the American Board of Pathology. He is one of a just 49 Pathologists so certified in the United States, which has about 18,000 pathologists total. Having a Pathologist with such extensive skills in informatics is truly a benefit to Chester County, particularly in terms of being an expert in the processing of clinical data for a specialty that unravels the causes and effects of diseases and the science behind it.



Mehmet I. Goral, MD

New Historical Society Fellowship

Chester County Historical Society's Board of Trustees honored **Dr. Mian A. Jan** last fall for his many years of dedication to the community. During the evening Senator Andy Dinniman announced that the Historical Society will start a new Fellowship program named in honor of Dr. Jan. He is a well-known interventional cardiologist, President of West Chester Cardiology, and Chairman of the hospital's Department of Medicine.



Mian Jan, MD

AFFILIATES OF SECTION OF GENERAL SURGERY

Matthew W. Lawrence, DO

Dr. Lawrence earned his medical degree from Philadelphia College of Osteopathic Medicine (PCOM). He continued on to complete his Internship at PCOM and then finished his Fellowship at Rush University Medical College in Chicago. He is board certified in the field of Vascular and General Surgery. Dr. Lawrence practices at Mid Atlantic Surgical Practice in Wilmington, DE.

James J. Tayoun, DO

Dr. Tayoun earned his medical degree from Philadelphia College of Osteopathic Medicine. He completed his Fellowship Program at Deborah Heart & Lung Center. He is board certified in the field of Vascular and General Surgery. Dr. Tayoun practices at Mid Atlantic Surgical Practice in Wilmington, DE.

Andrew H. DeMichele, MD

Dr. DeMichele earned his medical degree from Hahnemann School of Medicine, after which he stayed to complete his Internship and Residency. He is board certified in the field of General Surgery. Dr. DeMichele practices at Mid Atlantic Surgical Practice in Wilmington, DE.

making a lasting impact



Dilworthtown Inn Wine Festival



Women's Auxiliary Donation



Polo Cup



Fore Health Golf Invitational

THE WOMEN'S AUXILIARY SETS THE COURSE AND WELCOMES OTHERS TO LEAVE THEIR LEGACY TOO

The Women's Auxiliary to The Chester County Hospital presents the hospital's Foundation with a donation check annually. In 2014, the Auxiliary contributed \$689,623, and they hope to exceed that amount in 2015. Through 10 branches of the Auxiliary, 400 women volunteer 12,500 hours to manage 26 fundraising events. The Auxiliary's support is remarkable, and it touches all areas of the hospital. Recently, the Auxiliary helped purchase Tomosynthesis (3D mammography) equipment, contributed to the furnishings for the new Mother and Baby Pavilion, and assisted with the funding of the Emergency Department redesign. On an ongoing basis, the women also support nursing education, the prenatal clinic, women and children's health, the Cancer Program, and Neighborhood Health's hospice services. As incredible as the size and scope of the Auxiliary's support is, it's even more amazing that all these great accomplishments start with just \$15.

Each year, every volunteer pays \$15 to be a member of the Auxiliary. More than just a membership fee, it's a symbol of the member's commitment to care for the health of our friends and neighbors. It's the beginning of the Auxiliary's

philanthropic efforts for the year, and for the rest of our community, it's a wonderful example of being dedicated to an important cause.

We often say that we are a fortunate hospital because the community we support is so extraordinary. These 400 Auxiliaries support the hospital with 100% participation, giving their time, talent and treasure. If each person whose life has benefitted from the care received at Chester County Hospital found a way to contribute, imagine what we could accomplish together!

The Women's Auxiliary invites you to follow the example of its members. We invite everyone to help us build access to the highest quality health care in our community as a volunteer, as a donor, and as a critical member of the hospital family. If you have not supported the hospital in the past, \$15 is a great place to start.

*By Louise Milewski, President
The Women's Auxiliary to The Chester County Hospital*

▶▶ TO MAKE A GIFT, please
visit ChesterCountyHospital.org/Foundation
OR CALL DINA LEAMAN AT 610.431.5266.

in the community

Walking the Walk *in the name of heart health*

This past November, Penn Medicine participated as a signature sponsor of the Philadelphia Heart Walk. More than 1,459 employees, patients, family and friends of Penn Medicine, including many from Chester County Hospital, took part in the Heart Walk and raised funds to support the American Heart Association and its groundbreaking research to develop new therapies and better treatment options for cardiovascular disease and stroke. Through fundraising efforts such as golf outings, t-shirt sales and soliciting generous donations from family friends and local business entities, Penn exceeded its 2014 goal of \$160,000 by raising \$165,375. Restaurateur Dave Magrogan, president of the Doc Magrogan Group, joined with Penn Medicine to support the American Heart Association by offering a donation of 10% of the total food bill for each person who presented a Heart Walk coupon or Penn Medicine employee identification badge at either Doc Magrogan's Oyster House or the Harvest Seasonal Grill and Wine Bar. A portion of the overall sale of heart healthy menu options at these restaurants was also donated. This partnership raised an impressive \$2,000 to support heart health research and awareness education.



From left: Andrew Gordon, Senior Marketing Director, Penn Medicine Heart & Vascular; Dave Magrogan, CEO, Dave Magrogan Group; Cara Feldman, Business Development Director, Philadelphia Heart Walk; Shawn Hoch, MS, Chester County Hospital Heart Walk Captain and Clinical Manager Cardiopulmonary Rehab/Non Invasive CV Testing.





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