

Tiny technology, big impact on heart health · Spotlight on Wound Care · Chester County Day celebrates its 75th

synapse

THE CHESTER COUNTY HOSPITAL MAGAZINE | 2015 : VOL 2

Highest caliber of care
NESTLED IN OUR COMMUNITY



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Now open... PENN MEDICINE
SOUTHERN CHESTER COUNTY



Penn Medicine

CALENDAR

▼ ONGOING

Hands-Only CPR Training



Most Americans feel helpless during a cardiac emergency. Would you, a family member or co-worker know what to do if you saw someone suddenly collapse? Increase your confidence and reduce your fears and hesitation during an emergency by being trained in Hands-Only CPR.

The Hands-Only program is CPR (cardiopulmonary resuscitation) without mouth-to-mouth breathing. It is an easy and effective technique to use when an adult suddenly collapses and allows all bystanders – trained or untrained – to do something.

Join Chester County Hospital, local fire companies and CPR Instructors and be trained in Hands-Only CPR. Recurring 45-minute interactive sessions will be held throughout this program's timeframe.

Call 610.738.2300 for a schedule of upcoming Hands-Only CPR training dates or to discuss a group training session for your team, your club or your office.

LOCATIONS/DATES

Chester County Hospital

Sept 17, Oct 15, Oct 29, Nov 19, Dec 17

Longwood Fire Company

Oct 19

Penn Medicine

Southern Chester County

Oct 22

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

A Matter of Balance: Fall Prevention Series – Sept 29 - Nov 17

Diabetes Basics (4-week series) – Start dates: Oct 2, 27, 31, Nov 20, Dec 2

Chester County Day: 75th Anniversary House Tour* – Oct 3

Weight Matters (8-week series) – Oct 5

Bones and Joints Talk and Tour – Oct 8

Dilworthtown Inn Wine Festival* – Oct 11

It's a Weigh of Life (classes) –
Start dates: Oct 12, Nov 9, Dec 14

Breastfeeding: Pumping and Returning to Work – Oct 19

Your Stress/Your Diet: Ending the Cycle of Stress Eating – Oct 20



Reversing Pre-Diabetes – Nov 5

SHINE Gala* – Nov 14

Diabetes Night: Spice it up – Nov 19

Living with Type 2 Diabetes – Dec 2

Stroke Screening – Dec 2

See Page 4 for Events in Southern Chester County

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

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.*

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Living with Type 2 Diabetes – Oct 21, Dec 2

Help Your Heart Through Lifestyle – Oct 28



Contents

▼ DEAR NEIGHBORS



Just two years into our relationship with the University of Pennsylvania Health System, we've had our best year in recent history. Inpatient admissions, surgical cases and outpatient appointments have all increased significantly. We continue to enhance our medical services with extremely talented clinicians and advanced technology. Our various teams also continuously scrutinize our processes and procedures to make sure that our patient care demonstrates proven best practices at all times.

We were thrilled to learn that *U.S. News and World Report* ranked us #8 in the Philly-metro area on its "Best Hospitals" list, elevating us from the #16 position last year. The magazine placed Penn Medicine, as a full health system, #1 in Pennsylvania and in the top 10 nationwide.

The purpose of our integration with Penn Medicine has always been to bring world-class services to the residents of the Chester County community – such as opening a new outpatient facility in southern Chester County. And, we will continue to find new ways to build upon and strengthen that connection, without losing the unique qualities that our community has come to expect.

Warm regards,

Michael J. Duncan
President and CEO

cover story

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From Philadelphia to West Chester and now into the western suburbs, access to the highest level of integrated care, such as family medicine, lab and radiology, is more convenient than ever before.

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When mysteries of the heart perplex patients and their cardiologists, physicians at Chester County Hospital have turned to tiny technology to help get big answers.

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Providing specialized care to patients with chronic wounds that cannot heal otherwise, the Wound Care Center achieved 98% patient satisfaction and has maintained a 99% healing rate in less than 28 days, on average.

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Supporting Aidan's Heart Foundation by bringing life-saving Hands-Only CPR direct to school-age students

Cover photo: Keystone Aerial Video



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.

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Email synapse@uphs.upenn.edu to let us know what you think, to make suggestions about future topics or to change your mailing information.

points of pride

Emergency Department Renovation >>>

This past April, construction began in the Emergency Department (ED) to expand the Rapid Treatment Area (RTA) and replace the main ED nursing station. The door for walk-in patients has been relocated next to East Marshall Street's ambulance entrance, plus there is a new driveway configuration, a new arrival desk and nursing station, new triage and treatment rooms, and a provider work center. By the end of 2015, the main ED nursing station will be redesigned to support enhanced computer technology for electronic medical record documentation and test ordering.



Achieving VHA's Platinum APEX Award

VHA Mid-Atlantic recognized Chester County Hospital for achieving excellence in clinically recognized performance measures. The 2014 Achieving Patient Care Excellence (APEX) award recognized extraordinary achievement of clinical quality and patient safety among health care organizations in New York, New Jersey and Pennsylvania. This year, 90 acute-care hospitals were eligible to participate in the award program. Only 13 hospitals were recognized. Chester County Hospital was one of three hospitals recognized for the highest level, Platinum Award, for the following:

- VENTILATOR ASSOCIATED PNEUMONIA (VAP) PREVENTION
- VENOUS THROMBOEMBOLISM (VTE) PREVENTION
- SURGICAL SITE INFECTION PREVENTION
- PRESSURE ULCER PREVENTION
- PATIENT FALLS PREVENTION



Reducing Readmissions using a Re-Engineered Discharge Toolkit

Chester County Hospital was one of 10 hospitals involved in the Agency for Healthcare Research and Quality's (AHRQ) 2011 rollout of the Re-Engineered Discharge (RED) toolkit. Initially implemented in one unit, the program is now used hospital-wide with a notable positive impact on the patient experience. Developed by AHRQ-funded patient safety researchers in Boston, RED provides evidence-based tools to help hospitals re-engineer their patient discharge processes. This program enables patients to manage their conditions at home, possibly avoiding a readmission to the hospital for the same condition. "We initially implemented RED for congestive heart failure patients on our Telemetry Unit," said Carli Meister, MScA, RN, Director of Customer Relations and Risk. "We found RED to be extraordinarily successful. Without adding more nursing resources, we achieved a 50 percent reduction in the readmission of these patients discharged to home." RED's After Hospital Care Plan is a user-friendly guide that covers patients' hospital discharges through the first visit with their primary care physician. These simple steps at discharge are making a positive impact on patients.



A new day, A new way

Penn Medicine Southern Chester County specialists are now serving the community

With the new Penn Medicine Southern Chester County medical destination open for business, local residents not only have more primary care and a full range of outpatient services closer to home, but now also have ready access to the top specialists of one of the nation's premier health systems.

"The intent is to have a set of services that make it possible for you to receive care from Penn Medicine but have it very close to you," Ralph W. Muller, chief executive officer of the University of Pennsylvania Health System, said at the June 2 ribbon-cutting.

Immediately available at the new facility, anchored by Chester County Hospital, are physician-based services in primary care

Grand Opening
 Oct 17 • 10am–2pm
 BUILDING TOURS; FUN WALK;
 CULINARY CONTEST; KIDS
 ACTIVITIES; HEALTH FAIR; TOUCH
 A TRUCK; FARMERS MARKET



and ophthalmology, as well as an array of medical services, including radiology (MRI, CT, 3D Mammography, X-ray, Ultrasound, and Bone Density), laboratory, physical therapy, obstetrics and gynecology. Other specialties expected to be in place this fall include orthopedics, cardiology, otolaryngology (*head and neck*), gastroenterology, and pediatrics courtesy of the Children's Hospital of Philadelphia (CHOP). In the near future, a full-service outpatient surgical center is expected to open on the second floor. The 72,000-square-foot center, easily accessible at the intersection of Routes 1 and 796 in Penn Township, is the culmination of a five-year process initiated by Chester County Hospital. A market-research survey of this fast-growing region showed an increasing need for more doctors — at least two dozen — and medical facilities.

continued >

A new day... *continued*

That demand, and changes in the way Chester County Hospital was delivering services, laid the groundwork for Penn Medicine Southern Chester County.

“Medicine is moving to more outpatient, more community-based service,” explained Michael J. Duncan, president and chief executive officer of Chester County Hospital. “Go back ten years and more than eighty percent of our service was in-patient. Now it’s fifty-fifty, or in some areas of the county, even more out-patient. We believed that the better we can organize that care, including major subspecialties, and primary care, and testing, in a way that puts them in the major communities in our region, the better we can serve our communities.”

The southern part of the county was a natural location for such an endeavor.

“You look at the historical patterns of patient change, and the highest percentage of growth was coming from southern Chester County,” Duncan said. “It’s a growing community, and more and more people were trekking up to the hospital. So it made sense to establish a multi-specialty group in Jenersville.”



New

ON-SITE CLASSES

**Breast Tomosynthesis:
The Latest in
Mammography** – Oct 26

Reversing Pre-Diabetes
start dates – Oct 28, Dec 3

**Bones and Joints
Talk and Tour** – Nov 4

Diabetes Basics (4-week series) –
start date – Nov 9



To turn the idea into a reality, Chester County Hospital partnered with Anchor Health Properties of Wilmington, DE, a full-service development company founded in 1985 that specializes in medical facilities, with projects from Maine to Florida and as far west as Indiana. Both developer and hospital were immediately on board with the vision: *a spacious, people-friendly facility that would put patients at ease, as well as reflect its surroundings, looking like it belonged in the rolling hills of southern Chester County’s horse country.* Anchor Health was more than up for the challenge.

“We pride ourselves on not creating a medical office box,” said Katie Jacoby, the senior vice president at Anchor Health who worked closely with Chester County Hospital administrators on everything from securing the property to design, construction, leasing, down to the artwork and furnishings.

Jacoby said Anchor Health spent time talking to people at the hospital and in the community, getting a feel for the culture to help determine the building materials to use, the services to be provided, and the design that would be most beneficial to patients and consumers.





“We wanted to make people coming to visit their doctor as comfortable as possible,” Jacoby said. “They’re not lost in a maze of hallways. Most services are right off the public corridor and they can usually see right back out to their car in the parking lot.”

The feedback has already been overwhelmingly positive.

“People are surprised by how beautiful it is,” Duncan agreed. “It’s very inviting and comforting. The architecture is particularly well done.”

Penn Medicine Southern Chester County is set amid 45 acres of lush meadows and landscaping, with stonework and other materials that complement the surrounding countryside, thanks, in part, to the efforts of Array Architects and The Norwood Company, the construction manager. There’s even a three-quarter-mile open walking trail for both patients and the community to enjoy.



“I’m really pleased with the site that we were able to secure for this project,” Jacoby said. “There’s great visibility, easy access off Route 1, and ample free parking.”

In early June, as community members gathered with local officials and representatives from Chester County Hospital and Penn Medicine, it was clear that the initial mission had been accomplished.

“The vision that was crafted in the board room of Chester County Hospital five years ago was to create a comfortable health-care destination of innovative and integrated services in a high-quality, efficient, patient-centered environment,” Paula Crowley, chief executive officer and a founder of Anchor Health, said to the hundreds of people who gathered to celebrate the new facility. “I think you’d have to agree with me that we achieved this vision. It wasn’t an accident. These kinds of projects don’t just happen. They are really the result of a lot of creative, thoughtful people working col-



laboratively to make a project like this come about. And that means that you have to have really good partners, which we did on this project.”

The collaboration among partners continued even after Chester County Hospital was acquired by Penn Medicine in 2013. Penn was very much in sync with the vision for the project.

“We already had a great relationship with Chester County Hospital,” Jacoby said, “and when the merger occurred with

continued >



A new day... *continued*

Penn it was an easy, smooth transition. You could feel the energy and excitement from everyone involved, from the users of the space to the senior management. Everyone was really engaged and wanted to do what was best for the project and the community.”

Duncan said Chester County Hospital couldn't have found a better partner than Penn: “It was our plan for Southern Chester County, but it is also completely consistent with the strategy for expanding care at Penn, which has similar sites in Valley Forge and Radnor. It's the same basic model, with all the services on site.”

And Penn isn't alone in adapting to changing models of health-care economics, Duncan said. “All the time I spent in

big urban hospitals, the old strategy was to link with suburban hospitals and have them send as many patients as possible into the mother ship downtown,” said Duncan, who previously worked at medical centers in New York City and Philadelphia. “But the general trend today is to move care into communities. Patients have expectations of getting care close to home instead of driving to the city. And we can deliver care at a lower cost here in Chester County than can be delivered in town.”

The benefits of the partnership reach far beyond the two hospitals.

“I had hoped that when we became part of Penn Medicine, their capabilities, resources and support would make ours greater in the community,” Duncan said. “And they have delivered in every way.”

All those resources and support add up to more opportunities to better serve patients, as communities in the southern part of the county are now learning with the new facility.

“Our real mission is to reduce the burden of disease from the community,” Duncan said. “Not just through the diagnosis and the right treatment, but also the impact that disease has on patients and the families that support them. So, if we can add greater amounts of that care right in the community, it's going to be easier for patients to recover, and for their families to help them, too.”

“I'm excited that we can take that level of care to the good people of Chester County.”

By Francis T. Strong

Photos by Pam Hesler (events) and Jeffrey Totaro (architecture)



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

the game changer

Tiny Technology Reveals Big Answers for Patients with Unexplained Heart Arrhythmias



A patient has multiple episodes of fainting and ends up in the hospital 15 times, but all tests come back normal.

Another comes into the Emergency Department with a stroke and is treated, but doctors cannot identify why the blood supply to the brain was interrupted: there is no evidence of a blood clot, artery blockage, or vessel disease.

Doctors might suspect a heart rhythm problem such as atrial fibrillation, or A-fib, a quivering or irregular heartbeat (arrhythmia) that can lead to blood clots, stroke, heart failure, and other heart-related complications. The fainting also could be happening because the heart is beating too slowly or too quickly. Abnormal heart rhythms tend to come and go, though, and they are not always picked up while a patient is on a heart monitor in a hospital room or doctor's office.

These two patients were real cases at Chester County Hospital treated by Hope Helfeld, DO, a cardiologist who specializes in heart rhythm disorders. She was able to help them thanks to a new device known as the Reveal LINQ, an insertable cardiac loop recorder. The monitor is about the size of a flattened pen cap—an inch long and a quarter-inch wide—and can be inserted under the skin of the chest using a small injecting device, where it continuously

tracks a patient's heart rate and rhythms.

"What's great is that it takes less than five minutes to implant and you don't need general anesthesia, just a local numbing solution, and you can do it in the holding area of the cath lab. You put steri-strips on and the person goes

home—that's it," says Dr. Helfeld. "They take with them a bedside monitoring device that sends the 24/7 information from the LINQ monitor wirelessly to their doctor. I can even

get an alert or text message if there is a heart rhythm event; I don't have to be in the office."

Patients can also wirelessly notify their cardiologist if they feel like they are having symptoms that should be noted right away. Another benefit is the monitor's battery life: it lasts for three years, which is helpful for picking up heart rhythm abnormalities that occur only on occasion. In the case of Dr. Helfeld's patient with fainting episodes, the monitor diagnosed episodes of bradycardia, an abnormally slow heartbeat that was corrected by implanting a pacemaker. The patient with unexplained stroke was found to have paroxysmal

atrial fibrillation, which simply means that the A-fib occurs spontaneously and then resolves over and over again. A-fib



"What's great is that it takes less than five minutes to implant and you don't need general anesthesia..."

HOPE HELFELD, DO
WEST CHESTER CARDIOLOGY

continued >

game changer... *continued*



increases the risk of a blood clot forming in the heart and traveling into the brain, where it can cause a stroke. That patient is now taking a blood thinner to reduce this risk.

“What’s great is that it takes less than five minutes to implant and you don’t need anesthesia, just a local numbing solution, and you can do it in the holding area of the cath lab. You put steri-strips on and the person goes home—that’s it,” says Dr. Helfeld. “The patient will take home with them a bedside monitoring device that sends the 24/7 information from the LINQ monitor wirelessly to their doctor. I can even get an alert or text message if there is a heart rhythm event; I don’t have to be in the office.” says Dr. Helfeld.

Although continuous heart monitoring was possible in the past, the equipment was less than ideal. Patients could wear some type of external monitor, but the devices were cumbersome, with multiple wires and adhesive patches, and only lasted for two to four weeks. If an arrhythmia did not occur during that time, it would remain undetected. For longer-term monitoring, patients could have minor surgery to get a cardiac monitor implanted in the chest, but physicians had to weigh the risks of surgery against the possibility of benefit. Cardiologist Raghuram G. Mallya, MD, says it was difficult to recommend surgery without being able to guarantee that the monitor would pick up an abnormality.

With the new insertable Reveal LINQ monitor, that dilemma has disappeared.

“The fact that it can stay in for long periods of time is really the helpful piece,” says Dr. Mallya. “If a patient is having episodes of arrhythmia daily, the condition is easy to diagnose and treat. But if someone is having episodes every six months or so, the advantage now is that we can figure it out.”

Dr. Mallya notes that evidence from research studies is supporting the use of continuous loop monitors over external monitors, especially when it comes to picking up atrial fibrillation as a cause of unexplained stroke (the medical term is “cryptogenic stroke”). According to the American Heart Association, about 20 to 30 percent of strokes are cryptogenic, and not knowing the underlying cause hampers physicians’ ability to prevent a future stroke. Being able to detect



“If someone is having episodes every six months or so, the advantage now is that we can figure it out.”

DR. RAGHURAM MALLYA, MD
CHESTER COUNTY
CARDIOLOGY ASSOCIATES

A-fib by inserting a small monitor under the skin rather than surgically implanting it is a great advantage, Dr. Mallya says. Patients can take blood-thinning medication to prevent the A-fib-related blood clots that can lead to stroke. They also can take other medications to normalize heart rhythms. If nothing abnormal turns up over time, physicians can rule out a rhythm problem and look for other causes.

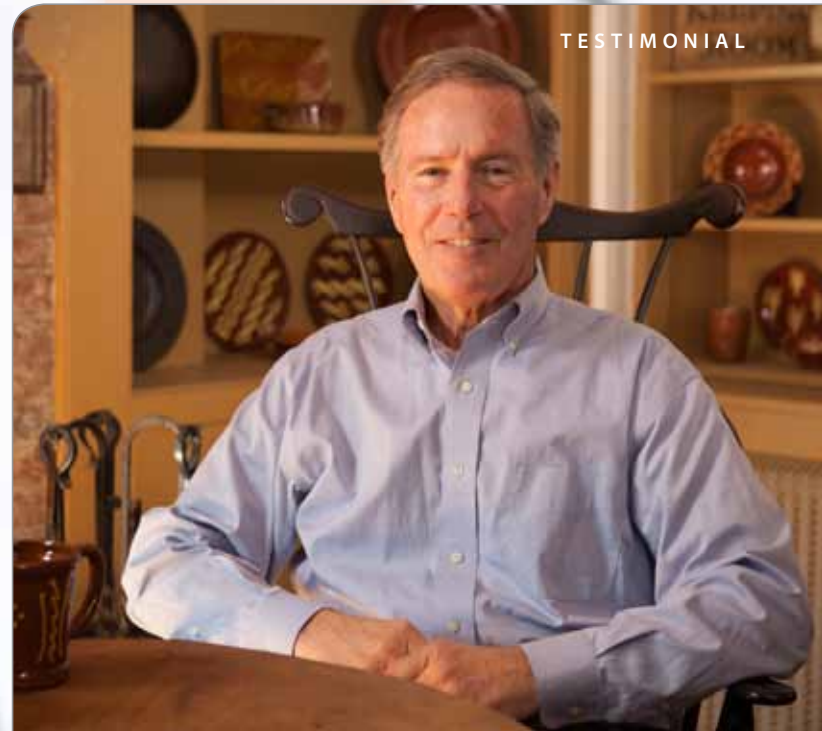
A patient of Dr. Mallya, Daniel Merritt, was the first person to have the Reveal LINQ monitor inserted at Chester County Hospital just over a year ago. For several years, Merritt had experienced unexplained episodes of chest pain, shoulder pain, nausea, and eye floaters, but medical tests came back normal. In 2013, when he slurred his words and had trouble speaking, MRI images revealed that he had suffered two strokes, but the cause of his problems remained a mystery. After more inconclusive tests, Dr. Mallya ultimately recommended the LINQ monitor, which was inserted in July 2014 and within a few months revealed that Merritt was indeed having episodes of atrial fibrillation. He is now taking medications for the condition.

Janice Baker, MSN, RN, CEPS, FHRS, cardiovascular clinical nurse manager and educator at Chester County Hospital, has worked with many patients who have had the Reveal LINQ monitor since then. In about 60 to 80 percent of cases where patients have unexplained symptoms—ranging from heart palpitations, shortness of breath, chest pain, or passing out to symptoms of a possible stroke—she says that the monitor can pick up a heart rhythm problem that has not appeared on an in-office electrocardiogram (EKG). This empowers the care team to be proactive for patients and treat their troublesome and even life-threatening symptoms.

“If you can find and treat an arrhythmia, you can really have an impact on a patient’s quality of life,” Baker says. “What makes this monitor such a game changer is that research supports the conclusion that uncaptured arrhythmias are creating problems for patients—problems as serious as stroke. Recently there has been significant change in how we look at patients who had a stroke or a transient ischemic attack [TIA or a temporary loss of blood supply to the brain that causes stroke-like symptoms but no permanent damage]. The focus is on figuring out what caused it so you can prevent another one from happening. This technology allows us to track down and identify the problem for patients before they have a devastating outcome.”

By Kristine M. Conner

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



Small Device Unravels a Health Mystery Years in the Making

After experiencing chest pains and three strokes without explanation, Daniel Merritt’s cardiologist Dr. Raghuram Mallya recommended he have a loop recorder device inserted into his chest for a few months to gain a better understanding of what might be causing his health problems. Interventional Cardiologist Dr. Richard Hui implanted the small-sized technology, and several incidences of Atrial Fibrillation were recorded. With new insight about Daniel’s heart, the course of his treatment changed and he has been able to enjoy his retirement once again.

Read Daniel’s story at:
www.chestercountyhospital.org/synapse

IT IS NATURAL TO ASSUME EVERY WOUND WILL EVENTUALLY HEAL. After all, most typical scrapes, cuts, and abrasions mend fairly quickly with some antiseptic ointment, a BAND-AID®, a visit to the doctor, maybe a few stitches, and a good dose of TLC. While it is true the majority of wounds do respond to traditional remedies, some do not. There are wounds that actually resist healing.

As astonishing as it may sound, wounds can linger for weeks, months, or even years without improvement. Over time, a non-healing wound may continue to grow larger, become more severe, and eventually lead to serious complications, including infection, amputation, or perhaps even death.

The good news is that even the most chronic non-healing wounds often do heal with specialized medical attention, advanced treatments, and the expertise of a skilled wound care team. The experienced medical professionals at Chester County Hospital's Wound Care and Hyperbaric Medicine Center include a cross section of experts in the field who utilize a comprehensive, multidisciplinary approach to healing wounds.

"We are able to heal wounds that have resisted healing despite months or years of conventional treatment. We have succeeded in healing wounds that others might consider hopeless. In fact, our healing rates



*Lingering
wounds
often need
specialized care*



are some of the best in the country," said Chad J. Friedman, DPM, a member of the Wound Care Center's medical team and Chief of Podiatry at Chester County Hospital.

"We treat everything from trauma wounds to burns to pressure ulcers to wounds caused or exacerbated by cancer treatment. Every wound is different and our approach to healing is unique for each specific type of wound we treat."

According to Salimi A. Wirjosemito, MD, Medical Director of the Wound Care Center, a wound might resist healing for a variety of reasons. Certain chronic conditions – including some with nothing to do with the wound itself – can complicate the healing process. Before healing can take place, it is essential to identify any underlying cause that might be preventing a wound from healing.

"Healing is a very complex process. We do not focus simply on healing the wound. We look for the reasons why the patient has the wound in the first place, why the wound isn't healing, and what might be impeding the healing process. A wound that may seem insignificant at first can become a complex wound due to a health condition that may have gone undiagnosed," said Dr. Wirjosemito, who has dedicated his career to advancing the field of wound care.

"We run diagnostic testing and seek out the expertise of other medical specialists at the hospital to help us heal wounds and

People will go a surprisingly long time with a wound that shows no sign of improvement

minimize other health risks for our patients. For example, both diabetes and vascular disease have a detrimental effect on blood circulation and wounds will not heal without sufficient blood flow. Treating these other conditions helps us heal the wound, reduce the risk of future wounds, and improve the overall health of the patient.”

People with diabetes are especially likely to have wounds that may resist healing. Diabetics are prone to developing a condition called neuropathy, which can cause the loss of feeling in the extremities. The disease also can cause poor circulation and compromise the immune system. These issues can impact the healing process.

“Imagine stepping on a sharp object and not even realizing you cut your foot. If you continue to walk on the foot without treating the wound, the outcome can be devastating. That’s why so many... too many... diabetic wounds lead to amputation,” explained Catherine Norris, RN, Clinical Lead Nurse at the Wound Care Center. “With the right treatment, however, a chronic diabetic wound often can heal and amputation can be avoided. We provide that level of care and we also educate our patients about how to protect themselves in the future.”

Members of the Wound Care Center team work together to design a personalized, results-oriented treatment plan for each patient based on the specific type of wound being treated as well as other factors like the individual’s health status, age, and lifestyle. Treatment may include a combination of the latest therapeutic treatments and advanced technologies available, such as specialty dressings, compression wraps, debridement, vacuum-assisted closure, and skin grafts. Every patient is closely followed and evaluated throughout the course of treatment until complete wound healing has been achieved.

Some patients with especially difficult to heal wounds may receive hyperbaric therapy (HBOT), a non-invasive procedure that involves breathing pure oxygen while lying down in a transparent, pressurized chamber. HBOT can be very effective in the treatment of diabetic extremity wounds, radiation tissue damage, crush injuries, and skin grafts.

“Many people have heard of a hyperbaric chamber for decompression illness in scuba divers, but they may have no idea how a hyperbaric chamber is used to heal wounds. Hyperbaric therapy helps stimulate new tissue growth and boosts the body’s own natural wound-healing capabilities by increasing the concentration of oxygen in the blood stream, explained Benjamin Wolf, Program Director at the Wound Care Center.

continued >



KEEP CALM... *continued*



Our compassion and commitment to our patients comes from the heart



“Hyperbaric therapy is not appropriate for every type of wound and it can take many sessions to achieve proper healing, but the outcomes we see with hyperbaric therapy can be pretty miraculous.”

Chronic non-healing wounds are much more common than most people realize. Very often, individuals who are living with a wound that has not healed do not comprehend the dangers they face by not seeking out the specialized care available at the Wound Care Center.

“People will go a surprisingly long time with a wound that shows no sign of improvement. We know there are people in our community right now, today, with wounds that are not healing. Unfortunately, some may have given up hope for a chance of recovery. We want them to know we are here. We want them to know that not only will we provide them with the best and latest care, but we will be supportive in many other ways as well,” said Catherine.

“Our compassion and commitment to our patients comes from the heart... and our patients know and appreciate that. It is impossible to put into words how rewarding it is when we see someone who was very close to losing a limb able to walk out our door on both legs with a great big smile. It’s why we do what we do.”

The Wound Care Center treats wounds that have not received prior medical treatment as well as those that have been treated without success. If you have a non-healing wound, do not hesitate to ask your primary care physician for a referral to the Wound Care Center or to call the Center directly at 610.738.2590. 📞



Salimi Wirjosemito, MD



Chad Friedman, DPM

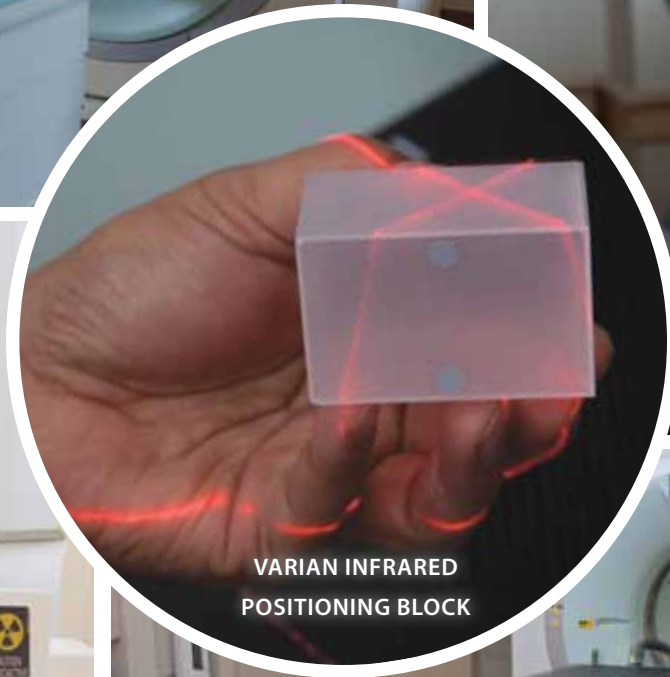
By Beth Eburn

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CT SIMULATION ROOM
WITH LAP LASER



VARIAN RPM
INFRARED CAMERA



VARIAN INFRARED
POSITIONING BLOCK



HDR BRACHYTHERAPY UNIT



ZEPHYR PATIENT MOVER

Radiation Oncology Technology

ADVANCED EQUIPMENT CREATES AN ENHANCED EXPERIENCE

As part of Penn Medicine, our patients have access to the most advanced treatment options and radiotherapy technologies. Within the past year, Chester County Hospital added a new CT Simulator that generates a computerized tomography (CT) scan to precisely design a treatment plan for a patient's cancer, sparing the surrounding healthy tissues. The CT Simulator features a movable LAP (Laser Applications) system for exact tumor marking. This is required for consistency throughout the entire course of the treatment plan.


During a radiation session, the Varian RPM (Real Time Position Management) system's infrared camera and positioning block provides for the detailed imaging and treatment of cancers in the upper

abdominal sites, including lung and liver. This infrared technology allows the Radiation Oncology team to visualize the tumor's movement throughout the patient's natural breathing rhythm.

One such therapy is High-Dose Rate (HDR) Brachytherapy, where a miniscule radioactive source is positioned in the body in close proximity to the cancer site for a brief period of time to deliver high doses of radiation.

Because Radiation Oncology is a science of exactness, today's technology accommodates for natural patient movements – breathing, sneezing, yawning – and the radiation beam is only engaged when the targets are all aligned precisely. To keep patient movement to a minimum

during transition from the stretcher to the table, the therapist carefully uses the Zephyr Patient Positioning and Transfer System, which is like a hovercraft that uses air to easily lift the table and patient at the same time.

The Radiation Oncology technologies are complemented by a suite of therapies, such as Stereotactic Body Radiation Therapy (SBRT) and Intensity Modulated Radiation Therapy (IMRT), for example, as well as the expertise of our interdisciplinary team of compassionate nurses, therapists, physicists, dosimetrists, social workers and board-certified doctors. 

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

new physicians

Michelle R. Beam, DO

Section of Anesthesiology. Dr. Beam earned her medical degree from Philadelphia College of Osteopathic Medicine. She completed her internship at Delaware County Memorial Hospital. Board certified in the field of Anesthesiology, she practices at West Chester Anesthesia Associates.



Jatin B. Kyada, MD

Section of Internal Medicine - Hospitalist. Dr. Kyada earned his medical degree from M.P. Shah Medical College. He completed his internship at Irwin Hospital - MP Shah Medical College and then finished his residency at Frankford Hospital and Lankenau Hospital. Board certified in the field of Internal Medicine, Dr. Kyada has joined the Internal Medicine Hospitalist team at Chester County Hospital.



Section of Podiatry

Dana H. Waters, DPM

Dr. Waters earned her medical degree from Temple University School of Podiatric Medicine. She finished her residency at University of Pittsburgh Medical Center, South Side. Board certified in the field of Foot Surgery, she practices at Accurate Foot and Diabetic Care in West Chester.



Bhawna Jha, MD

Section of Pain Management. Dr. Jha earned her medical degree from Pt. Jawahar Lal Nehru Medical College in India. She

completed her internship, residency and fellowship at Penn State Milton S. Hershey Medical Center. Board certified in the field of Neurology, she practices at ARK Spine Care and Pain Management in Kennett Square.

Semuteh D. Rogers, MD

Department of Obstetrics/Gynecology.

Dr. Rogers earned her medical degree from Howard University College of Medicine in Washington, DC. She finished her residency at Christiana Care Health System in Delaware. She practices at The Women's Center OB/GYN in West Grove and Coatesville.



Department of Radiation Oncology

Samuel D. Swisher-McClure, MD

Dr. Swisher-McClure earned his medical degree from West Virginia University School of Medicine. He finished his residency and his fellowship at the Hospital of the University of Pennsylvania. Board certified in the field of Radiation Oncology, he is part of the University of Pennsylvania Radiation Oncology team at Chester County Hospital.



Donald M. O'Rourke, MD

Section of Neurosurgery. Dr. O'Rourke earned his medical degree from the University of Pennsylvania School of Medicine. He completed his internship at the Hospital of the University of Pennsylvania and then finished his residency at the Hospital of the University of Pennsylvania. After which, he completed his fellowship at the Hospital of the University of Pennsylvania. Board certified in the field of Neurological Surgery, he practices at Penn Neurosurgery in West Chester and Philadelphia.



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

Pamela B. Russell, MD

Section of Neonatology.

Dr. Russell earned her medical degree from the University of Pennsylvania School of Medicine. She completed her internship, residency and fellowship at Children's Hospital of Philadelphia and then finished her residency at Children's Hospital of Philadelphia. Board certified in the fields of General Pediatrics and Neonatal-Perinatal Medicine, Dr. Russell is part of the CHOP Care Network for Newborn and Pediatric Care team at Chester County Hospital.

Patrick M. Tripp, MD

Dr. Tripp earned his medical degree from University of Texas in Austin. He finished his residency at Loyola University Medical Center, Roswell Park Cancer Institute. Board certified in the field of Radiation Oncology, he is part of the University of Pennsylvania Radiation Oncology team at Chester County Hospital.

Neha Vapiwala, MD

Dr. Vapiwala earned her medical degree from the University of Pennsylvania School of Medicine. She completed her internship at Albert Einstein Medical Center in Philadelphia and then finished her residency at the Hospital of the University of Pennsylvania. Board certified in the field of Radiation Oncology, she is part of the University of Pennsylvania Radiation Oncology team at Chester County Hospital.



Ravi Dilip Patel, MD

Section of Ophthalmology. Dr. Patel earned his medical degree from George Washington University School of Medicine in Washington, DC. He finished his residencies at St. Vincent Catholic Medical Center in New York

City and The University of Chicago. After which, he completed his fellowship at The University of Chicago. Board certified in the field of Ophthalmology, he practices at Moore Eye Institute in Exton.



New Cardiovascular Leadership Joins Hospital Team

CHESTER COUNTY HOSPITAL PATIENTS BENEFIT FROM PENN MEDICINE'S CARDIOVASCULAR SURGERY TEAM'S LEADERSHIP IN THE FIELD OF SOPHISTICATED SURGICAL TECHNIQUES AND ADVANCED CARE.



The hospital's newly named Chief of Cardiac Surgery, **Steven J. Weiss, MD**, has extensive experience in high-risk, off-pump and all-arterial conduit coronary bypass surgery. He has a special interest in valve repair and minimally invasive cardiac surgery. He is attentive to patient safety science and improving the detection and delivery of care to cardiac valve disease patients.

With more than 25 years of clinical cardiac surgery experience, Dr. Weiss received his medical degree from the Medical College of Pennsylvania and his MBA from the Wharton School of the University of Pennsylvania. Dr. Weiss completed a general surgery residency at Presbyterian Medical Center, cardiothoracic surgery residency at SUNY Downstate Medical Center, and chief residency at the University of Maryland Health System. He went on to complete a fellowship at Cleveland Clinic. Dr. Weiss is board certified in thoracic and cardiac surgery and is a fellow of the American College of Surgeons, American College of Cardiology and American College of Chest Physicians. He is a Clinical Assistant Professor of Surgery at the Perelman School of Medicine.



Joining Dr. Weiss is cardiovascular surgeon **Robert K. Wenger, MD**, whose clinical experience includes coronary artery bypass surgery with total arterial revascularization, off-pump bypass surgery, minimally invasive surgery, valve replacement and repair and blood conservation techniques. He also has extensive surgical experience treating octogenarians and other high-risk populations.

Prior to coming to Chester County Hospital, Dr. Wenger was instrumental in the launch of a valve clinic and bloodless medicine program. Before that, Dr. Wenger was in private practice in Florida and served as director of the Center for Bloodless Medicine and Surgery at JFK Medical Center.

Dr. Wenger received his medical degree from the Medical College of Pennsylvania and completed his research fellowship in cardiothoracic surgery at the Hospital of the University of Pennsylvania. He completed his residency in surgery at the Medical College of Pennsylvania and his

residency in cardiothoracic surgery at Emory University. He is board certified in thoracic surgery and is a fellow of the American College of Chest Physicians, the American College of Surgeons, and is a member of the Society of Thoracic Surgeons. He is a Clinical Assistant Professor of Surgery at the Perelman School of Medicine.



Cardiologist **Kurt J. Schillinger, MD**, has been named Chief of the Atrial Fibrillation Ablation Program, a new role at Chester County Hospital. He attended medical school at Baylor College where he also received a PhD in Molecular and Cellular Biology. His

post-graduate training included an internship in Medicine, Residency in Medicine and a fellowship in Cardiovascular Disease at the Hospital of the University of Pennsylvania. He completed a Post-Doctoral fellowship, studying determinants of the genomic adult cardiac conduction system. He then completed a Cardiac Electrophysiology fellowship at the Hospital of the University of Pennsylvania. Dr. Schillinger is board certified by the American Board of Internal Medicine and Cardiovascular Disease.

Advanced Orthopaedics becomes Penn Orthopaedics

Christopher J. Lyons, MD, (left) and **John P. Manta, MD**, (right) joined the Penn Medicine Department of Orthopaedic Surgery this past April.

Already members of Chester County Hospital's Medical Staff, Drs. Lyons and Manta have changed their practice name to Penn Orthopaedics and continue to see patients in their current locations in



Exton and West Grove. The doctors and their patients now benefit from the advanced clinical and patient data solutions and the resources of Penn Medicine. This includes the utilization of Penn's electronic medical record, which improves the coordination of care and patient convenience across the continuum.

charitable giving

IT IS HARD TO BELIEVE THE ORGANIZERS OF THE FIRST CHESTER COUNTY DAY IN 1936 — A TOUR OF ARCHITECTURALLY OR HISTORICALLY SIGNIFICANT LOCAL HOMES — SUSPENDED THE TOUR THE FOLLOWING YEAR BECAUSE THEY WERE UNSURE THEY COULD COME UP WITH DIFFERENT HOUSES.

Luckily, these astute ladies from the Chester County Hospital Women's Auxiliary realized the plethora of notable architecture in the region and reconvened in 1938. Today, the event, which is the longest running house tour in the country, celebrates 75 years with more than 1,500 homeowners having opened their doors over the years to benefit Chester County Hospital.

Chester County

Day has come a long way in 75 years (*with a few years missed during World War II*). The one-day event, always held the first Saturday in October (10 am to 5 pm on October 3), attracts about 2,500 tour goers, more than 500 volunteers and has raised almost \$600,000 for the hospital since 2010 alone.

The first Day tour in 1936 was organized by Berenice Ball and Gladys Jackson Limberger and 22 homes in West Chester Borough were open.

Tickets were \$1 per person. The first tour was small enough — several hundred people — that Mrs. Limberger hosted an afternoon tea for participants at her home. Today, tea for all the guests may not be feasible, but there are many options to enjoy the tour from VIP tickets at \$100 per person (including the use of a BMW for the day while supplies last and a catered luncheon) to regular tour tickets at \$40.

For a list of all venues where to purchase tickets, visit www.chestercountyday.com.

The 2015 Day focuses on the Borough of West Chester, and to commemorate the 75th anniversary, also features 22 homes, including Berenice Ball's house. Guests will enjoy buildings in all styles from Colonial to Greek revival to Victorian. Open the night before the tour is the Chester County Courthouse designed by Thomas U. Walter, architect of the iconic dome of the U.S. Capitol in Washington, DC. There are lovely homes constructed with locally quarried serpentine stone, and twin homes in Craftsman and Victorian style in brick. Visit a home once owned by the uncle of John Foster Dulles and Allen Dulles, and the oldest inhabited structure in the Borough, built in 1712 and renovated in the 1920s by noted regional architect



happy 75th anniversary chester county day

R. Brognard Okie for author Joseph Hergesheimer.

When we enjoy another beautiful autumn Chester County Day this year, we are celebrating more than just 75 years of Chester County culture. We are celebrating the generous spirit of a community that donates time, talent and treasure to care for our sick and provide for the health of future generations. When it all began, Mrs.

Ball and Mrs. Limberger could not have imagined that their humble fundraising efforts would have grown into a grand tradition and that their hospital on the hill that they loved so much would become a regional leader in health care.

Happy Anniversary Chester County Day! And congratulations and thank you to the Women's Auxiliary members for their perseverance and creative ideas that helped the Days to flourish over its 75 years.

Story by Gail O. Guterl

Photos by Matt Freeman and Jeff Dippel

▶▶ TO LEARN HOW YOU CAN SUPPORT THE FOUNDATION CALL 610.431.5108 OR VISIT www.chestercountyhospital.org/synapse

Lending a Hand To Teach Hands-Only CPR



AIDAN'S HEART FOUNDATION NEEDED VOLUNTEERS TO HELP TEACH HOW TO SAVE A LIFE, AND CHESTER COUNTY HOSPITAL NURSES AND EDUCATORS RAISED THEIR HANDS.

More than 1,000 5th and 6th graders in the Downingtown Area School District were trained how to enact the cardiac chain of survival and use hands-only CPR and AED therapy to save a victim from Sudden Cardiac Arrest (SCA). SCA strikes one young person every three days in the United States and is the leading cause of death on school property.

Aidan's Heart Foundation, which was founded by Christy and Steve Silva after losing their young son to SCA, is eager to prepare youth and communities for rapid and proper response to cardiac emergencies to ensure survival.

The trainings took place during Physical Education (PE) classes and were facilitated by certified CPR/AED instructors, PE educators, and 20-year-old Blair Allen, a local SCA survivor. Approximately 1,000 students listened to a presentation, received hands-on instruction and practiced skills during each class period. 🗣️

*Photos courtesy of
Aidan's Heart Foundation*


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For years, cancer patients and their families have trusted Chester County Hospital for care. Now, as part of Penn Medicine's Abramson Cancer Center, a world leader in cancer treatment and research, we can offer even more advanced therapies and expertise, right here at home. Together we're bringing the cure within reach.

ChesterCountyHospital.org/abramsoncancercenter

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