

THE CHESTER COUNTY HOSPITAL MAGAZINE I 2018: VOL 2

RAISINGTHEBAR

Our Largest Expansion Project to Date



CHESTER COUNTY HOSPITAL WELLNESS CALENDAR

PROGRAMS TO KEEP YOU WELL!

WELLNESS PROGRAMS

If you are looking to make healthier lifestyle choices, you will benefit from these educational programs offered by Chester County Hospital's Community Health and Wellness Services Department.

WEIGHT MANAGEMENT

We can provide the guidance you need to create realistic strategies for successful weight management and support you on your journey to a healthier lifestyle and weight loss.

- Weight Matters— Realistic strategies for those struggling with unwanted weight.
- **Struggles and Solutions** Monthly support for a healthier lifestyle and weight loss.
- Nutrition Counseling (610.738.2835)— Individualized guidance for healthy choices.

SMOKING CESSATION

For many, the first step to better health is quitting smoking. We know it is not easy. Our programs have a proven track record of helping people become ex-smokers.

- Stop Smoking Now! Program— Identify your triggers and develop a plan to quit.
- Smoking Cessation Support Group—Help for those who quit or those who are still trying.

DIABETES EDUCATION

Diabetes is an underlying condition that can complicate your health. The hospital offers programs to help you better understand diabetes and manage your daily health.

- Reversing Pre-Diabetes— Reduce your risk of getting type 2 diabetes with healthier choices.
- **National Diabetes Prevention Program** (610.738.2835) - Help for people with prediabetes or at high risk for developing diabetes.
- **Diabetes Self-Management Program** (610.738.2835) - Classes and counseling for those with type 1, type 2 or gestational diabetes.
- Diabetes Support Group (610.738.2835)— Monthly support for individuals and families.

CHILDBIRTH EDUCATION

Whether you are a first-timer or an experienced parent, we offer carefully crafted and comprehensive programs to support you during pregnancy, labor, postpartum and parenthood.

- **Prepared Childbirth** Be ready for birth in a four-week series or a one-day class.
- Maternity Unit Tour—Visit labor and delivery, nursery, maternity, and NICU.
- Calm, Confident Birth— Address beliefs, fears and concerns about birth and parenting.
- **Sibling Class** Help the future big brothers and sisters (ages 3-7) prepare for a sibling.
- **Newborn Care** Understand how to take care of your baby before they come home.
- **Prenatal Breastfeeding**—Learn to breastfeed and where to find support.
- Pumping and Returning to Work-Continue breastfeeding after maternity leave ends.
- Childbirth Refresher— For parents who just need a reminder about giving birth.

HEALTHY BODIES

We offer high quality health education programs to address specific chronic health conditions. Special presentations, physician lectures, classes, screenings and support groups are available.



Heart Health— Offerings include cardiovascular health risk assessments, blood pressure screenings, Hands-Only CPR training and cardiac support meetings.

Cancer Support – The Abramson Cancer Center has local support groups and programs focused on the emotional effects of cancer.



Bones and Joints-Programs include pre-surgery education, unit tour and tailored physical therapy.

KEYNOTE SPEAKER REQUESTS

We have dynamic speakers who can address health care topics for your organization. Get started by calling 610.738.2542 to speak to a community health educator. Topics include:

• Heart Health (Risk Assessment, A-Fib, Strokes and Heart Attacks, Know Your Numbers)



- Bone Health (Osteoporosis, Arthritis, Joint Replacement)
- **Cancer Prevention (Screening** Recommendations, Prevention and Early Detection)
- Women's Health (Breast Health, Women and Heart Disease, Menopause, Pelvic Health)
- **Senior Health** (A Variety of Topics Available)
- **Screening Recommendations and Disease Prevention**



- **Nutrition** (Healthy Eating, Diet and Weight Loss, Super Foods)
- **Diabetes** (Prevention, Treatment, Diet and Lifestyle)

Program descriptions, schedules, fees, locations and registration information can be found at ChesterCountyHospital.org/wellness **or by calling 610.738.2300** (unless another phone number is noted).

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▼ DEAR NEIGHBORS



What a difference a year makes. Just over one year ago Chester County Hospital literally closed its front door to embark on the largest

construction expansion in its history. I'm excited to announce that on June 5, 2018, the hospital held its "Topping-Out" ceremony where we laid the last beam in place. Our strategic mission has always been to make Chester County Hospital a destination for world class health care for the residents of Chester County. There is still much work to be done - but we are well on our way and closer than ever to finishing this project. We have also undergone some amazing changes this year that will benefit our community and our patients. We recently finished expanding the Abramson Cancer Center. The new space allows our patients to receive world-renown cancer care close to home in a nurturing and comfortable environment. We've added specialized procedures for those patients who have a need for spinal surgery - now these surgeries can be done with minimally invasive techniques that allow for a shorter recovery period. The Heart and Vascular team implemented a new program to help patients with heart failure remain at home rather than being admitted to the hospital, and our employees have organized impressive outreach initiatives to benefit our community. In the midst of all of this we have maintained the highest standards of care and were recently recognized by The Leapfrog Group, a nationally accredited organization on our quality and safety measures and we are ranked nationally a top 100 hospital in the country by IBM Watson Health.

We hope you enjoy this issue of Synapse.

Warm regards,

Michael J. Duncan
President and CEO

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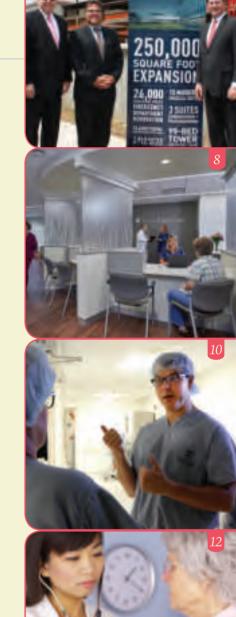
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synapse

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.

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▶ ▶ Feedback Welcome

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 T



What's in a Quality Rating?

There's no shortage of health care reviewers available online, formal or otherwise. Perhaps the most revered of them all is Hospital Compare, which rates more than 3,466 Medicare-certified hospitals nationwide on a five-star scale.

A mere 6.15 percent of those hospitals currently hold a five-star rating, the highest possible score, and Chester County Hospital is among them. In fact, the hospital's part of an even more elite group, having held the designation for two years running.

Hospital Compare was created by the Centers for Medicare & Medicaid Services (CMS) in collaboration with organizations representing consumers, hospitals, doctors,

3,466
HOSPITALS RATED

6.15%
HOLD A FIVE STAR RATING

DERIVED FROM
OUALITY MEASURES

employers, accrediting organizations, and other federal agencies.

Its ratings are derived from up to 57 quality measures that encompass clinical data, such as the rate of complications for hipand knee-replacement patients and the rate of unplanned readmission for stroke victims; efficiency snapshots, like the average time patients spent in the emergency department before they were admitted to the hospital and the percentage of patients who left the emergency department before being seen; and patient-survey results.

It's an exhaustive analysis, which is why other esteemed watchdog organizations cherry"It's a public acknowledgement of the quality of care that we're providing."

-Mary Lou Lafreniere

pick from the data, including Watson Health (formerly Truven Health Analytics) and Healthgrades, both of which include Chester County Hospital in their current rankings of the top 100 U.S. hospitals. Both lists are based on five-year performance ratings using CMS data.

The defining quality, in other words, is not simply superior care but the ability to sustain it.

For Chester County Hospital, the recognition is a validation, as well as a standard to which it continues to strive.

"It's a public acknowledgement of the quality of care that we're providing," says Mary Lou Lafreniere, director of Quality Management for Chester County Hospital. "It's about so much more than the clinical data. It reflects the patient-centered culture of our unique organization, and our diligence in using real-time quality data to improve on each aspect of care."

► ► TO VIEW HOSPITAL COMPARE,
VISIT medicare.gov/hospitalcare

Chester County Hospital Implements the Infant Safety Bundle

How do you maximize safety for infants? That was the question facing the Mother Baby Unit at Chester County Hospital after a briefing on the rising number of infant falls across Pennsylvania and the United States.

Their answer was to implement the Infant Safety Bundle, a multidisciplinary program that united new moms, family members, and care providers in protecting babies.

Falls are the leading cause of Emergency Room visits in young children. Infants 12 months or younger have the highest risk of falling or being dropped. The Patient Safety Authority reports that the most common cause of an infant fall was a family member dropping a newborn after falling asleep (55.1 percent). More than nine percent of the

falls caused serious harm, according to the Authority.

The Infant Safety Bundle raises awareness of those risks in three ways:

First is a one-page safety agreement between new parents and the hospital. It outlines the institution's infant security procedures – for example, bracelet identification numbers that match infants with moms and reminding parents to

ensure that any staff handling their newborn is wearing an official employee badge. It also details parental responsibilities, including: never let the baby out of your sight, don't let the baby sleep in bed with you, and if feeling tired, transfer the baby to the crib – or ask a staff member to do this for you.

Second, the cribs in patient rooms now come with brightly colored tags, with lettering in English and Spanish, on the ABCs of infant safety: "I sleep ALONE on my BACK in my CRIB." The tags are attached to the crib at eye level for a mom to see while she is in bed.

The third piece is a four-minute video (also bilingual) that outlines risk factors such as caregiver sleep deprivation and the side effects of maternal medication, and encourages safety measures like placing the infant in the crib immediately after feeding. It demonstrates how babies should be moved from room to room via cribs – never carried by staff or family members. It emphasizes safe breastfeeding positions for the child, and what to do in the event of a fall.

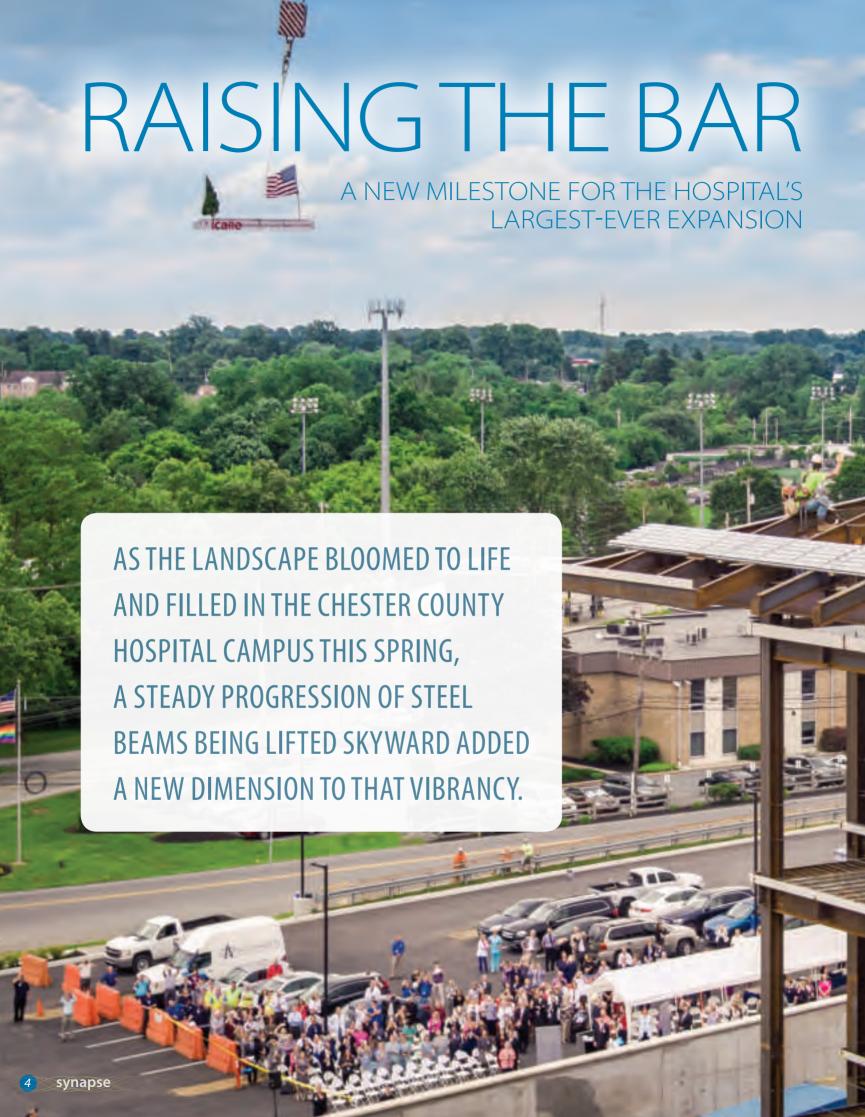
Chester County Hospital's Bundle is just one way that Penn Medicine is ensuring infant safety. In May 2017,

Pennsylvania Hospital and the Hospital of the University of Pennsylvania (HUP) received a three-year, \$1.35 million grant from the state Department of Health to design a program for promoting and evaluating safe sleep practices for newborns. The program – the Philadelphia Safe Sleep Awareness for Every Well Newborn (SAFE) – will be rolled out to hospitals, ambulatory care settings,

communities and homes. That effort follows on the work of nurses in the Intensive Care Nursery at HUP who, in 2015, developed safe-sleep practices adapted from the American Academy of Pediatrics.

Chester County Hospital's bundle was awarded an I Am Patient Safety Award from the Pennsylvania Patient Safety Authority in 2018 for its use of Authority resources. The bundle is one of 10 overall winners and was chosen from over 200 state-wide applicants.





The expansion follows a trend of growth within the health system. In May 2017, Penn Medicine broke ground on the Pavilion, the largest capital building project in Penn's history and Philadelphia's most ambitious healthcare building. For Chester County, the last beam on its expansion was placed in early June.

In honor of the occasion, the hospital hosted the Expansion Project Steel Topping-Out Ceremony on June 5. A topping-out ceremony is traditionally staged when the steel beam for the highest point of the construction is raised. The hospital's ceremony featured speeches from Michael Duncan, hospital President and CEO, Ken Innella Senior Vice President

of LF Driscoll and William W. Wylie, Chairman of the Board of Directors, and cupcakes were served to the hospital staff and those who attended the ceremony.

The topping-out comes about one year into the largest expansion in the hospital's history. In all, 15 modern operating rooms are being constructed, as well as 13 Emergency Department rooms, three state-of-the-art labs for catheterization and other procedures, new areas for noninvasive cardiology and preadmission testing, 99 inpatient rooms, and a new main entrance.

In building construction, a topping out ceremony, one of the industry's oldest customs - is celebrated when the last beam is



LEED CERTIFICATION SILVER DESIGNATION

The LEED (Leadership in Energy and Environmental Design) rating system is the internationally accepted benchmark for the design, construction and operation of high performance green buildings.

Energy saving and environmental strategies in the design, construction, and operation include:



VEGETATED GREEN ROOF

45% of the project is vegetated including courtyards and an expansive green roof for quality views from patient rooms.



RECYCLED MATERIAL

Many products used contain recycled materials including:

- Concrete
- Steel
- Ceiling tiles
- Furniture



WATER

- Toilets and sinks save 30% on water usage from EPA baseline
- Extensive rainwater management including porous paving
- Erosion control to limit runoff
- No pipes contain heavy metals



NOISE

Envelope acoustics to limit street and helicopter noise and patient privacy for speech levels



LIGHTING

All lights are LED fixtures which enhance light levels in all spaces, save energy and last longer

placed at the top of a building. It usually includes the placing of an evergreen tree and a U.S. flag upon the structure. The pinnacle of the topping out ceremony takes place when the final piece of steel–painted and signed – is hoisted into place and secured by the ironworkers. "The evergreen is a tradition," said L.F. Driscoll Project Director Marie Barajas. "I've heard two views of the origins of the tree. One is that it is a Viking tradition, the other was that Native American Indians believed that no man made structure should be taller than a tree. The evergreen was put in place to appease the forest spirits." The beam was painted white and included the hospital's "ICARE" values: "Innovation, Collaboration, Accountability, Respect and Excellence," which were printed on the beam. The beam has been signed by hundreds of employees, and also includes the signatures of the tradesmen and hospital leadership.

The \$268-million project broke ground just a few years after the completion of Lasko Tower, a \$45-million addition that brought the hospital to 535,520 square feet and 249 inpatient beds.

The March snowstorms created temporary setbacks, says Michael Barber, Chester County Hospital's Chief Operating Officer, but the construction's back on course for its original projected completion, in early 2020.

Beyond the erection of the steel framing, "we've also begun installing the wall framing and the mechanical and electrical utilities on the ground floor, in the support area for the procedural platform," says Larry Bell, the hospital's Senior Project Manager for the expansion and renovation.

Before a shovelful of dirt was moved, months of diligence were already invested in this project to ensure the hospital could continue to function with minimal interruption in spite of the massive effort being carried out around it.

When the hospital closed its main entrance last May, it began relying on a shuttle to transport visitors from the new parking garage to the new front door to ensure the smooth transport of patients and visitors from each point.

Integral in that planning was the hospital's Patient and Family Advisory Council, which was established in 2016 and is made up of current and former patients, as well as some of their family members. The council meets monthly with representatives from the hospital's staff and administration to discuss opportunities to enrich the visitor experience.

Distinguishing this project beyond its unparalleled size and scope is its environmental sensitivity. It was designed and is being built with





LEED Silver certification as the goal. LEED, or Leadership in Energy and Environmental Design, is a globally recognized symbol of excellence in green building. LEED certification ensures electricity cost savings, lower carbon emissions and healthier environments.

LEED credits are awarded by third-party technical reviewers. Based on the number of credits achieved, a project earns one of four LEED rating levels: LEED Certified, Silver, Gold, or Platinum.

"In terms of the construction," Bell says, "we're employing some measures to maximize the use of a range of recycled material, from the steel to ceiling tiles to the furniture."

In accordance with the certification, a certain number of spaces in the new parking lot will be designated for carpoolers. And a large area of that lot will be pervious pavement, which will enable more rainwater to infiltrate the ground and, in turn, less to be shed by the campus. All of the lighting fixtures in the expansion and renovated Emergency Department will be LED and the plumbing fixtures, water-efficient.

The feature that likely will be most widely appreciated, though, is a large rooftop garden, the hospital's second. Lasko Tower also overlooks one. The new garden will be built in view of many of the new inpatient rooms. "So," Bell says, "we'll reduce rainwater run-off, and most importantly, provide nicer scenery for our patients."









ABRAMSON CANCER CENTER USHERS IN A NEW ERA IN CARE





The expansion has also allowed the cancer center to increase the number of clinical trials that it offers, and host specialty surgeons. "Having everyone in one place really facilitates a multidisciplinary approach to the care of our patients," says Maureen Hewitt, MD, assistant medical director of the Abramson Cancer Center at Chester County Hospital. "It improves communication among all of the different providers and allows for a much more seamless coordination of care."

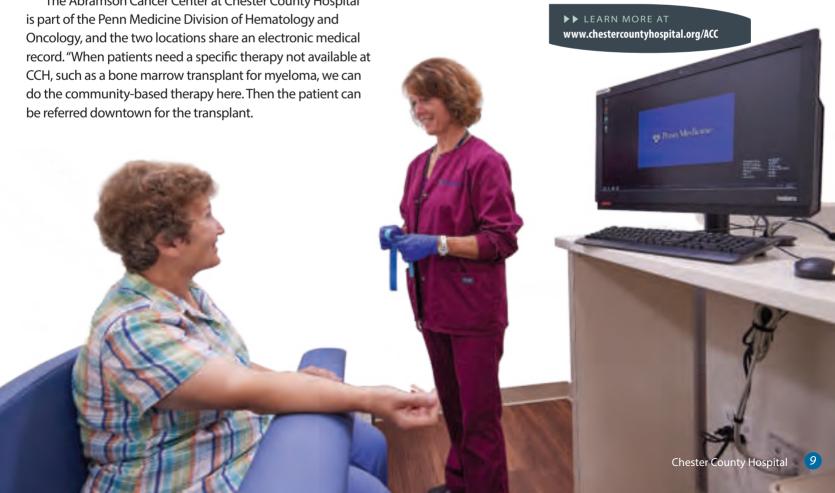
A new state-of-the-art conference room has also been added, which may seem insignificant by comparison, but it will serve two critical roles, as a public education forum and a communication hub for the physicians. Now physicians will be able to confer more freely with colleagues at the Abramson Cancer Center in the Philadelphia location of Penn Medicine and participate more actively in its tumor boards, according to Hewitt.

The Abramson Cancer Center at Chester County Hospital is part of the Penn Medicine Division of Hematology and Oncology, and the two locations share an electronic medical record. "When patients need a specific therapy not available at CCH, such as a bone marrow transplant for myeloma, we can do the community-based therapy here. Then the patient can be referred downtown for the transplant.

Once the transplant is complete patients can come back to us to continue their community-based therapy very easily. All the while, both the Philadelphia and CCH physician teams are able to see what each other is doing and coordinate care for the patient in real time."

Dr. Hewitt describes this moment as the "Golden Age" for cancer care. People are living markedly longer lives following their diagnoses, and their quality of life during treatment is much better, adds Luginbuhl.

"The way that we treat cancer now, using directed therapies and the most recent advances in immunotherapy, where we're essentially harnessing your immune system to combat the tumor, is providing us with a whole new way of delivering care," Hewitt says. "And Penn Medicine has really been at the forefront of these advances. Many times, we're the first group that's able to provide this innovative care, locally."



When Should Your Lower Back Pain Become a Concern?

Back surgery has been marred by an image crisis as a result of some recent high-profile cases. Golden State Warriors head coach Steve Kerr suffered from migraines and other complications following back surgery, that were so severe he was kept of the bench for much of last season's playoffs. And then, of course, there's Tiger Woods, whose incredible trajectory halted abruptly, in large part, because of four back surgeries over the course of three years.

"He had two lumbar discectomy surgeries and then an anterior lumbar interbody fusion surgery. There are a lot of people that can have one lumbar discectomy and go on to live fulfilling lives," says Michael R. Murray, MD, a Penn Medicine orthopaedic surgeon. "But, the outcome isn't only based on the spinal problem. It's also influenced by genetics and the patient's body type and ability to heal."

the underlying structural source of your pain, there's probably an inflamed muscle, which physical therapy would help to "calm down."

"The overwhelming majority of the time, these scenarios are treated non-operatively," Tantorski says. Even when surgery becomes the clear choice, "conservative management" of the pain is recommended first for a few weeks or even months.

By contrast, a back injury sustained in a more traumatic event, like a car accident or a fall from any significant height, necessitates immediate attention. The rare instances where back surgery becomes a more immediate consideration, Murray says, are prompted by serious nerve problems that cause functional neurologic symptoms, such as leg weakness and bladder and bowel incontinence. Then, your doctor would order advanced imaging, such as an MRI, before proceeding with treatment.



Michael R. Murray, MD (R), rounds on spine patient at Chester County Hospital

Lower back pain is the second most common reason Americans see their health care providers, behind only colds or the flu. Because low-back pain is so common, can be caused by a number of factors, and can involve a lengthy rehabilitation, the Orthopaedic Spine Program at Chester County Hospital practices conservatism with its treatment plans. Surgery, in fact, rarely enters the equation before a number of other options are explored.

"If there's a good explanation for the back pain—you overworked it or you lifted something too heavy—and there's no numbness or tingling, it's fair to give it a week or two of rest and to treat it with heating pads and ibuprofen," Murray says. "If it's not better by then, or you start experiencing numbness and tingling, see your doctor."

Expect your doctor to take a thorough history and conduct a physical exam. "I may get some X-rays as well to get a sense of the structural anatomy," says Mark E. Tantorski, DO, an orthopaedic surgeon at Chester County Hospital with Premier Orthopaedics and Sports Medicine Associates.

"For the short-term," he says, "I'd recommend activity modification." He'll also discuss anti-inflammatory medications, and he may refer you to a physical therapist. Aside from



Mark E. Tantorski, DO (R) during spine surgery at Chester County Hospital

"Minimally-invasive" is a phrase that's used today to describe a lot of invasive-sounding procedures involving the spine. So what exactly qualifies as such? "Any specialized technique that's been demonstrated to result in less blood loss, a shorter length of stay in the hospital, and a faster recovery than traditional surgery," Murray says.

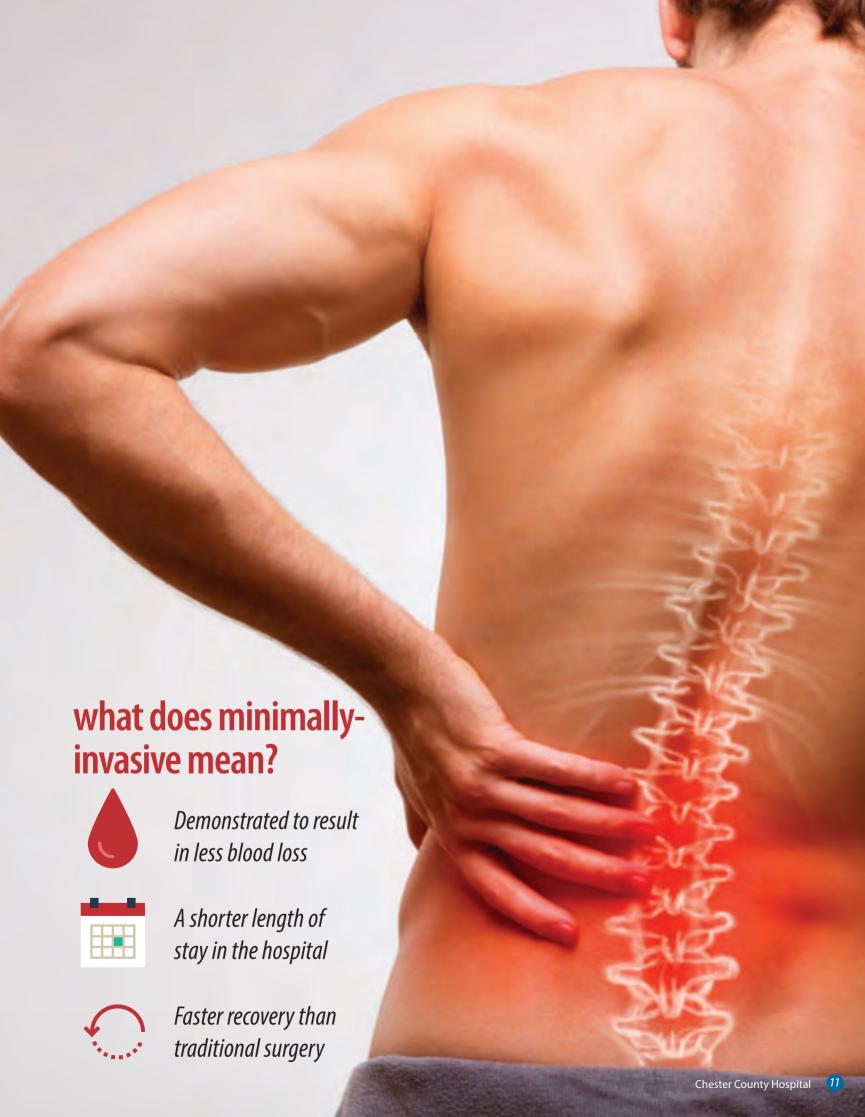
An integral tool in the hospital's ability to provide a number of minimally-invasive procedures is a sophisticated machine called the O-Arm™ Surgical Imaging System, which functions in two parts. An intraoperative CT scan produces detailed images of the spine and surrounding anatomy down to a millimeter of accuracy. And a computer navigation system enables spinal implants to be placed through smaller incisions many times on the patient's side with more precision and greater safety.

Dr. Murray uses the O-Arm for almost every spinal fusion surgery he performs.

That kind of commitment to treating the entire spectrum of spine disorders through the most efficient and effective means possible defines the Orthopaedic Spine

Program at Chester County Hospital.

►► FOR MORE INFORMATION,
VISIT ChesterCountyHospital.org/spine





Chester County Hospital Introduces Outpatient Treatment for Heart Failure

eart failure, a chronic, progressive condition that affects more than 6.7 million American adults, is a lot like not being able to keep up with your day-to-day tasks. A healthy heart pumps blood continuously through the circulatory system, delivering key nutrients and oxygen to the body. While the term heart failure makes it sound like the heart is no longer working, it actually means that the organ simply cannot keep up with its workload. As a result, the body may not get the oxygen it needs. This can lead to many symptoms, including fluid buildup and water retention.

Patients living with congestive heart failure have a higher rate of hospitalization and readmission to the hospital. "These patients are very sick and have other cardiovascular and pulmonary diseases that cause them to have a weakened immune system, so when they experience an illness - like the flu or a virus - their bodies don't have the

reserve to fight off the stressors and they are admitted to the hospital on a recurrent basis," explains W. Clay Warnick, MD, director of the Cardiovascular Program and director of Heart Failure at Chester County Hospital (CCH).

Reducing hospital readmission rates across all care areas, including heart failure, has become a national priority. As a result, the National Quality Forum has endorsed hospital risk-standardized readmission rates as performance measures and the Centers for Medicare and Medicaid Services publicly reports these statistics.

Knowing the fragility of the heart failure population, and the push to reduce readmissions, how does a health care facility continue to provide life-saving quality care to these vulnerable individuals?

In an effort to answer that question, CCH launched an Outpatient Diuretic Program. "This outpatient treatment solution was introduced to help prevent hospital readmis-

"It's a great example of how each of the institutions work in partnership..." —W. Clay Warnick, MD

sions and to also keep patients in their own environment while recovering," said Kristy Panichelli, MSN, CRNP, adding that this approach to heart failure care benefits the patient in more ways than one. "It is safer for these individuals if they are able to stay in their homes while recuperating because there are fewer risks for infections and falls."

The nursing and pharmacy driven program is for individuals who have a known history of congestive heart failure and are frequently admitted to the hospital. "We see these patients in the office and they're just not doing well," Warnick said. "They're not responding to their oral diuretic medication, have a buildup of fluid in the legs, abdomen, and lungs and are decompensating."

In the past, these patients would be admitted to the hospital and given a round of intravenous diuretic therapy. This treatment method uses a furosemide infusion, which is commonly employed to help remove the buildup of extra fluid that can accumulate when the heart is not working properly. With the ability to perform this treatment in an outpatient setting now in place, patients are able to receive this therapy the day after an office visit within a three-to four-hour time frame. Once a patient has lost the additional fluid weight that was accumulated and is able to walk more easily, the individual is released to go home. A follow-up visit with the cardiologist is scheduled within 24 hours to see if the treatment was effective. Additionally, each of the participants are set up with a visiting care nurse to continue monitoring his or her progress.

"The program is a win-win. Patients don't have to spend the night in the hospital and CCH is still able to administer high-quality care for these vulnerable individuals while reducing readmissions," Warnick said.

Spearheaded by Warnick, Panichelli, and Tina Maher, BSN, MA, RN, NE-BC, director of Telemetry Services, the program is a testament to the collaboration of a multidisciplinary group at CCH.

"The staff has really embraced this initiative," Maher said.
"There is a lot to accomplish in a short amount of time with

this population but the team recognized the benefits overall and every department has come together to make this a success."

Out of the nine patients who've gone



W. Clay Warnick, MD

through the program so far, none have been readmitted.

The program is a result of the health system's collegiality. Lancaster General Health's (LGH) Justin Roberts, DO, Heart Failure section chief, and Lisa Rathman, CRNP, Heart Failure program manager helped their CCH colleagues launch this initiative by sharing protocols already in place within LGH's own clinic, which has helped them achieve the nation's lowest 30-day readmission rate for heart failure.

LGH's one-day diuretic infusion treatment program began in 2016. By May of 2017, the hospital had seen such a high rate of success that they presented their findings to all University of Pennsylvania Health System entities. Warnick took that concept and began the groundwork to put CCH's program in place. Pennsylvania Hospital also plans to leverage the success and experience of LGH's and CCH's programs.

"It's a great example of how each of the institutions work in partnership and how we're all communicating together and learning as a system," Warnick said.

Sharon Rubin, MD, an associate professor of Clinical Medicine at Penn Medicine, echoed that sentiment.

"As a Health System, we're all tackling heart failure and readmission rates with similar patient populations. There's a commonality to the individual hospitals but each entity also has its own identity - having the ability to learn from each other, and then tailoring those lessons to meet the needs of the individual institutions, is valuable."

in the community

Baskets of Abundance

More than 150 underprivileged Chester County children woke up to Easter baskets this year thanks to the generosity of Chester County Hospital's Charge Nurse Committee. "It was truly eye-opening to see everyone's generosity. The enthusiasm, and eagerness to help was just as overwhelming," says Nichole Coleman, BSN, RN, PCCN, charge nurse for Lasko 4.

The baskets were donated to the Chester County Department of Children, Youth, and Families, which distributes them among the children under its care, who range in age from just a few months to 17. Filling and assembling the baskets has fast become a springtime tradition among the nursing staff at Chester County Hospital.

In the first year under her supervision, nurses from Coleman's unit, Lasko 4, and the ICU contributed the contents for the baskets—diapers and outfits for the babies and toddlers, toys for the kids, and gift cards for the teens, plus a little candy, of course—and assembled them. The following year, Coleman opened up the drive to the newly



formed charge nurse committee, which effectively invited every nursing unit in the hospital to participate.

That was two years ago, and each of the three drives since has been bigger than the last.

Getting all of those baskets out of the hospital was trickier than usual this year, with the ongoing construction. But Coleman quickly found some allies in Brenda Fairchild, who oversees the hospital's gift shop, and Kathy Stocker, who coordinates the hospital's volunteer services. Fairchild set up a staging area in an out-of-the-way spot. And Stocker enlisted a few volunteers to help with the loading. In the end, it was a smooth transition.

Once the baskets were on their way, Coleman emailed a personal thank-you to everyone who was involved. She's already considering how to grow the 2019 drive. In which case, come next April, Coleman may be looking at her largest collection of baskets yet.

Book Drive Puts Literacy on The Map to Help Chester County Children

A child's ability to read impacts their ability to succeed. Research has shown that reading to children at a young age helps them with language development and literacy

skills that benefit them once they start school. This past spring the "Finance Cares Committee" at Chester County Hospital partnered with The Arts Holding Hands and Hearts, Inc.
(AHHAH) to participate in the Pop Up Lending Library (PULL) campaign. The PULL campaign was implemented to get

children in the Coatesville area school district exposed to reading and books at a young age. AHHAH spearheaded a grass-roots effort and built 100 lending libraries across Coatesville and the surrounding municipalities in locations where children gather. Children are encouraged to "Take a Book, Read a Book, Leave a Book." The group encourages people to TAKE the books from the PULL stations to READ to children and then LEAVE books for others to read.

The initiative at Chester County Hospital, led by Linda Luoto and the Finance Cares Committee initiated a book donation campaign in support of this effort and thanks to the contributions of the hospital employees and the neighboring community was able to donate 1,000 books to the PULL libraries. Since the inception of the PULL movement over 10,000 books have been given to those in need.

▶▶ FOR MORE INFORMATION ABOUT THE PROGRAM VISIT: ArtsHoldingHandsandHearts.com

Chester County Hospital Clothing Closet Gets a Makeover

SHOES NEEDED!

Finding shoes for patients

is a big challenge and the

weather can play a crucial

role in the footwear needed.

It's practically impossible to predict an emergency. When patients arrive at an Emergency Department they are often clothed in nightwear, casual wear, or a combination of both. Upon discharge, this can be problematic. Many patients don't have appropriate clothing to leave. For this reason, the Department of Social Work at Chester County Hospital established a Clothing Closet stocked with various articles of clothing suited for those in need. But this winter, the inventory was ruined when a pipe broke and leaked where the items were stored. Faced with their own, unpredictable emergency, the Department initiated a clothing

drive this Spring to replenish the Closet's stock.

"Some of our patients are homeless or don't have family members in the area that

are able to bring them clothing to wear home. In many instances, their clothing is soiled when they arrive, or may need to be cut off during treatment. So we have been dependent on our Clothes Closet to help patients who are in this situation," states Molly Carlock MSW, LSW, one of the organizers of the initiative.

The Department asked for donations of new clothing in a variety of sizes. "You don't realize that you need to have a variety of sizes available for both men and women," states Anne Marie Shea, MSW, and social work team leader. "This drive was very helpful because it allowed the team to determine what type of clothing was needed and the sizes that were needed as well."
The team received over 179 articles of clothing in various sizes and gift cards which helped to replenish what was lost.

In addition, the hospital received a PennCares grant. These

grants were
established for
health system
employees to use
to help improve
the health and
well-being of
the communities
they serve. CCH
was awarded one to
provide clothing and

personal items to vulnerable populations in the greater Chester County area.

The team is taking inventory of the donations they received and will supplement any outstanding items with funds from the PennCares Grant.

►► FOR MORE INFORMATION
ABOUT THE INITIATIVE, CONTACT MOLLY
CARLOCK AT Molly.Carlock@uphs.upenn.edu



new physicians





L-R, Moira Hoch, Mindy Italiano; Suzanne Henrick; Linda Sullivan; Kristin Taylor; Patty Paulley; Dr. Angela Coladonato

H.L. Perry Pepper Award Presented to Kristin Taylor

Kristin Taylor, RN, PCCN

Kristin Taylor, RN, PCCN, Critical Care Support, received the 2018 H.L. Perry Pepper Award. The award honors former hospital President H.L. Perry Pepper and is given annually to a nursing leader who actively incorporates the values of innovation, collaboration, accountability, respect, and excellence in their daily practice.



Dr. Giuntoli Recognized

Robert L. Giuntoli, II, MD Associate Professor of Clinical Obstetrics and Gynecology

Dr. Giuntoli was elected to The Academy of Master Clinicians at Penn Medicine. This award recognizes those exceptional clinicians who consistently exemplify the highest standards of clinical care, humanism and professionalism. The Academy of Master Clinicians is the highest clinical honor for a Penn Medicine Physician.



Dr. Wirjosemito (center)

Dr. Wirjosemito Retires

Salimi Wirjosemito, MD

It is with mixed emotions we announce as of June 30, 2018, Salimi Wirjosemito, MD retired as medical director of Penn Wound Care and Hyperbaric Medicine. Dr. Wirjosemito served as the medical director of the wound care program since 2011 and has been a pinnacle of support for his patients and staff. We are grateful for the years of service he has given to our program. We wish him the very best on his retirement.

Penn Wound Care and Hyperbaric MedicineDavid D'Angelo, MD

Dr. D'Angelo received a medical degree from Philadelphia College of Osteopathic Medicine. He completed an internship and residency at Mercy Catholic Medical Center and completed a fellowship at the Hospital of the University of Pennsylvania. Dr. D'Angelo sees patients at The Wound Care and Hyperbaric Medicine Center.



Section of NephrologyDebbie Valsan, DO

Dr. Valsan received a medical degree from Lake Erie College of Osteopathic Medicine. She completed her internship and residency at Rowan University School of Medicine. In addition, she completed a fellowship at Lankenau Medical Center. Dr. Valsan sees patients at Medical Associates of Drexel Hill.

County Hospital

Tacheva, MD

Section of Podiatry

Mohammad A. Malik, DPM

Dr. Malik earned a medical degree from Temple University School of Podiatric Medicine. He completed a residency at Sisters of Charity Hospital. He sees patients at Accurate Foot and Diabetic Care in West Chester.

Spencer J. Monaco, DPM

Dr. Monaco received a medical degree from New York College of Podiatric Medicine. He completed a residency at the University of Pittsburgh Medical Center. In addition, he completed a fellowship program at Aria 3B Orthopaedic Institute at Jefferson Health. He sees patients at Premier Orthopaedics and Sports Medicine.

Department of Medicine Section of Physical Medicine Joyce Cheng, MD

Dr. Cheng received a medical degree from Drexel University School of Medicine. She completed an internship at St. Luke's Medical Center and a

residency at Temple University Hospital. She sees patients at Rehabilitation Associates of the Main Line, PC in Malvern.



at the Hospital of the University of Pennsylvania and Thomas Jefferson University. She is a laboratory and pathology physician within Chester County Hospital.

Department of Pathology and Laboratory Medicine at Chester

Dr. Draganova-Tacheva completed

Hospital and completed fellowships

a residency at Temple University

Rossitza Draganova-

Department of Medicine, Section of Dermatology Stacey Turner, MD

Dr. Turner received a medical degree from Washington University School of Medicine. She completed an internship at Yale University and a residency at Drexel University School of Medicine.



Section of Pediatrics Roy Wade, MD

Dr. Wade received a medical degree from **Dartmouth Medical** School and completed a residency at the University of Virginia Health System. He subsequently completed fellowships at Harvard Medical School and Robert Wood Johnson Medical Center. Dr. Wade is part of the CHOP Care Network at Chester County Hospital.

Section of NeurosurgeryMatthew Budway, MD

Matthew Budway, MD, earned an undergraduate degree in neurobiology from Brown University. He went on to obtain his medical degree from the University of California at San Francisco School of Medicine. After medical school, Dr. Budway completed a residency in neurosurgery at New York Presbyterian/ Weill Cornell Medical Center. It was there that he developed an early interest in spinal surgery while also doing clinical training at the Hospital for Special Surgery and Memorial Sloan Kettering.

Following his residency, Dr. Budway went on to complete a fellowship in spinal surgery at Harvard Medical School. Upon completion of his spine surgery fellowship, Dr. Budway was invited to join the neurosurgery faculty at Cornell Medical School where he developed his early spinal neurosurgery practice, taught residents and fellows and founded The Spine Center at New York Hospital.

Section of Internal Medicine- Hospitalist

Romeo A. Sporici

Dr. Sporici earned a medical degree from the Grigore T. Popa University of Medicine and Pharmacy in Romania. He then completed a residency and fellowship at the University of Kentucky Medical Center. Additionally, he

completed a fellowship program at the Hospital of the University of Pennsylvania. Dr. Sporici is a hospitalist that sees inpatients at Chester County Hospital.

Section of AnesthesiologyYousef Hamdeh, DO

Dr. Hamdeh received a medical degree from the University of Medicine and Dentistry of New Jersey. He completed a residency at Thomas Jefferson University Hospital and a fellowship at Cleveland Clinic Foundation. He is an anesthesiologist that treats patients at Chester County Hospital.



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www.ChesterCountyHospital.org













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