

# synapse

THE CHESTER COUNTY HOSPITAL MAGAZINE | 2020 : VOL 1



# HERE TO SERVE



Penn Medicine



# KEEPING YOU



Penn Medicine  
Chester County Hospital

## SAFE COVID-19 SAFETY MEASURES + PRECAUTIONS

### SPECIAL PATIENT PROTOCOL

- > Patients with appointments and surgeries will receive texts or calls designed to screen patients for COVID-19 symptoms 24-hrs prior.
- > COVID-19 testing will be conducted on patients prior to surgery and procedures.
- > Your procedure will proceed as planned if your COVID-19 test is negative. If you test positive, a decision will be made between you and your physician regarding the safety of delaying your procedure. In most cases if your procedure is not of an emergent nature, it will be delayed for a short period of time.
- > We enforce physical distancing and our waiting rooms have been reconfigured to only allow a limited number of people at one time.
- > It is safe to come to the Emergency Department (ED). Wait times are minimal and CCH has created geographically distinct emergency rooms where we are able to re-stratify our COVID patients in one area/section of the ED and our non-COVID patients in a separate area.
- > Valet service is temporarily suspended at all Penn Medicine locations to limit COVID-19 exposure. At CCH, garage and outdoor parking, and drop-offs, are still available.

**Even before the COVID-19 pandemic came to our region, CCH had been working to ensure the safety of our patients, their families, and our staff. Now, as we resume procedures and surgeries, we are focused on continuing our rigorous safety procedures, which include:**

- Screening, including thermal scanning, of all patients, visitors (healthy support person/s) and staff for symptoms every day. Those with symptoms are referred for testing. Patients with symptoms who are coming for an appointment will have their appointments rescheduled.
- Convening a committee purely focused on social distancing to ensure we consider multiple ways to keep patients, visitors, and staff safe.
- Enacting a universal masking policy which requires all staff, patients, and visitors to wear masks or face coverings at all times. CCH will provide a mask to visitors/patients that do not have a mask upon entering the building.
- Testing each patient for COVID-19 2-3 days prior to procedures. If a patient tests positive, a decision will be made between the patient and his or her surgeon regarding the safety of delaying the procedure.
- Discontinuing the availability of magazines in waiting areas.
- Configuring all waiting areas to promote physical distancing including surgical waiting areas as well as pre- and post-operative areas.
- Waiting areas/sitting areas and patient rooms are cleaned several times a day, in accordance with Infection Control guidelines.
- UV light on the closed patient room, after the top to bottom cleaning is completed.
- Increased presence of Environmental Services Department (EVS) staff to support the Emergency Department.
- Enhanced visitation guidelines to maximize safety for patients and staff.

**For more information or to learn more visit:**  
[chestercountyhospital.org/CoronavirusFAQ](https://chestercountyhospital.org/CoronavirusFAQ)

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## ▼ DEAR NEIGHBORS



This year has brought transformative changes to the hospital's campus. In January, the new main entrance to our Pavilion opened. Not long after, our country was faced

with the COVID-19 pandemic. Without missing a beat, our employees came together to take care of our community. We did this by relying on one another to provide the best care possible during an unprecedented time. Staff participated in additional training to prepare for the surge of COVID-19 patients, and our construction crews worked hard to ready the patient rooms in our new Pavilion. We found strength and support from our community with donations of supplies, food and protective gear. Through our Foundation's Emergency Relief fund, local businesses made monetary donations to our team and Dansko made a monetary donation and a commitment to supply all of our healthcare workers with a pair of shoes.

We rallied not only as a community but also as a health system. In early April we collaborated with our sister hospital in Princeton which was hit hard with a surge of COVID-19 patients, by sending them much needed ventilators to ensure the team there was adequately supplied. We have seen generous donations from sports figures to create antibody testing and received a donation from Eagles owner, Jeffery Lurie, to the Immunology Defense Fund that supports Penn's internationally renowned immune health researchers developing ways to combat the disease.

We are truly grateful to our community members and appreciate all of their support. Our hospital remains dedicated to maintaining its "secret sauce" and that is our culture. We hope you enjoy this issue.

Warm regards,

Michael J. Duncan  
President and CEO

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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 place of a physician's medical advice or assessment. Always consult a physician in matters of your personal health.

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**34%**  
LARGER  
THAN OUR  
CURRENT ED

# Fast-Tracking Completion of the New Pavilion...



## In Preparation For COVID-19

Timing is everything. It's an old saying whose truth was driven home back in early March when the first cases began appearing in the area.

**Chester County Hospital was months away from completing a \$300-million expansion, the centerpiece of which is a 99-room inpatient pavilion.** A decision was quickly made to hasten the pace of construction on the pavilion to help the hospital meet the anticipated surge of COVID-19 patients. While that surge never fully materialized, the completed pavilion afforded the hospital a separate space to care for COVID-19 patients.

As part of the hospital's pandemic response plan, two of the Pavilion's floors were dedicated to treating COVID-19 patients. A third was prepared as a COVID-19 intensive care unit (ICU). A number of nurses and physicians cross-trained so that they could be reassigned to the new units.

The first part of the Pavilion, where the hospital's new main entrance is located, opened in January. The remainder of the building was scheduled to open gradually over the next several months. It was expected to be fully operational by late June or early July, according to **Randy J. Scott**, the hospital's plant operations manager and fire marshal.

"Getting the pavilion up and running before that point was a true collaborative effort between the hospital, LF Driscoll [the project's contractor], and its subcontractors," Scott says. "They worked 24/7 to make that happen."

Scott estimates that the building was 85 to 90 percent complete when the first cases of COVID-19 were diagnosed in early March. What remained was mostly cosmetic work—





painting, installing countertops—on the building’s top two floors. “LF Driscoll and its subcontractors agreed at that point to work around the clock so that we could occupy all inpatient rooms if we needed to,” Scott says.

Beyond the carpentry, the Pennsylvania Department of Health and its Division of Safety Inspection allowed the hospital to begin using the pavilion to its full capacity without a final formal inspection. (That inspection was conducted virtually in mid-May.) The Joint Commission and the Centers for Medicare and Medicaid Services also granted waivers, Scott said, clearing the way for the hospital to begin outfitting designated COVID-19 units.

In the midst of outfitting the Pavilion, the hospital was also expanding its Emergency Department (ED). The entrance and parking lot are still located along East Marshall Street, but once inside the expanded portion of the ongoing ED renovation, patients will notice the beautiful new light-filled spaces with comfortable waiting areas and three new triage stations. Private rooms in this section of the ED enable patients and families not only to have confidential conversations with the care team, but also to enjoy some quiet time while awaiting test results and information.

This new space has allowed CCH to create geographically distinct emergency rooms to help isolate patients that need to be seen in the ED. There is essentially one section to care for patients that come in with COVID-19 related symptoms and there is another area of the ED for non-COVID patients.

During the pandemic many patients put off care because of apprehension about coming in contact with COVID-19. However, with the realignment of the ED, patients can feel safe coming to CCH. “It is important for patients experiencing active symptoms like chest pain, or pressure to come directly to the emergency room,” states **Clay Warnick, MD**, Medical Director, Cardiovascular Program, Service Line Quality, and Heart Failure at Chester County Hospital. “These patients need to be treated immediately to prevent a complicated course of care.”

CCH has taken multiple steps to ensure patient safety including cleaning waiting areas/sitting areas several times a day, increasing the frequency of cleaning “high touch” surfaces (i.e. table tops, elevator buttons, stairwell handrails, door knobs, keyboards, public washrooms, armrests) and making hand sanitizer readily available to staff, patients and visitors, throughout the hospital. In addition, all isolation rooms, upon a patient’s discharge, are cleaned from top to bottom before

*continued >*



## Fast Track... *continued*

another patient is admitted. This includes using UV light on the closed room, after the top to bottom cleaning.

The hospital will continue to renovate the existing Emergency Department one section at a time to match the light-filled modern aesthetic in the ED addition and to create larger, all-private rooms, thereby expanding its capacity to meet the needs of the growing population in Chester County and surrounding areas.

"It's about privacy, yes, but also about creating more room for family members and staff," says **Darren Girardeau, MSN, BM, RN, PHRN, NEA-BC, CCRN, CEN, CFRN**, Director of Emergency Services, Transport, and Radiology Nursing. "And it's about having 'everything modern'—from the nurses' stations to cardiac monitors, to large display boards with up-to-the minute patient information." He notes that the project has been carefully planned in three phases, with staff trainings each step of the way, so that patient flow will not be affected. The ED will continue to operate with 30 or more beds for the majority of the project, which is in line with the hospital's current capacity.

When the third and final phase is completed, the new ED will be 34-percent larger than the current ED—a major boon for the community, says President and CEO **Michael J. Duncan**.

"We will go from 32 beds to about 43 beds, and that is the right order of magnitude for us," Duncan says. "We were about up to capacity for the community we serve. On peak days, we found we might have to put beds in a hallway. Which is less than ideal for our patients."

Furthermore, patients coming to the ED today tend to have more complex health issues. People with less serious concerns—a possible sprain, an ear infection, persistent fever, etc.—are more likely to seek care at their primary care practices, many of which have expanded hours in recent years, or at one of the growing number of urgent care centers that have sprung up in many communities. "This takes the simpler illnesses out of the ED, but as a result, patients coming to the ED are sicker than in years past. And a higher percentage of them are being admitted to the hospital," Duncan says.

This is why the location of the ED next to the hospital's new Pavilion, is so important. If a patient needs more intensive services such as critical care, a heart procedure, or surgery, that care is provided in spaces adjacent to the ED or just an elevator ride away. The ED features a rooftop helipad to allow hospital staff to quickly airlift any patient who might require care at Penn Medicine hospitals in Philadelphia.

## Other key features of the new Emergency Department

### ENHANCED ENTRYWAY SECURITY

When visitors first enter the new ED, they will notice enhanced security measures, including a metal detector, x-ray bag screening, and security staff on duty 24 hours a day. Chester County Hospital is the first hospital in Chester County to take this step, but felt it was in the best interest of its patients and families, given recent tragic events happening in public spaces throughout the country—including



hospitals and healthcare facilities. "We know that 75 percent of workplace violence incidents take place in healthcare settings, so this is something we felt we needed to do," says Girardeau.

Duncan and other hospital leaders visited Nemours Alfred I. duPont Hospital for Children in Wilmington, which also has enhanced security screening in their Emergency Department, to observe their system in action. "Nemours has found that when people see there is security to go through, they often go back to their cars to store whatever they might be carrying for self-defense. It just elevates the care and helps to create a safe space for everyone. We do not want anything distracting us from focusing on the care of each patient," Duncan says.

The process will be quick, pleasant, and seamless so that patient and families will not experience any delays in care. This change also has the full endorsement of the hospital's Patient and Family Advisory Council – a consulting group made up of current and former patients and patient family members. Our foremost goal is to keep patients and their loved ones safe—and to ensure that, once inside, ED staff members can focus their full attention on addressing whatever health concern brought them to the hospital.



*“We will go from 32 beds to about 43 beds, and that is the right order of magnitude for us.”*

*— Michael Duncan, President*

### ACCESS TO AMENITIES IN THE KNAUER FAMILY LOBBY

Family members and friends who accompany patients to the ED can take an elevator ride or walk down a flight of stairs to the Knauer Family Lobby, located just inside the entrance of the new Pavilion. There they can visit the Bistro, which serves various beverages, including Starbucks coffee, and packaged snacks and sandwiches. A vending machine is also available. There is no need to make the walk to the hospital’s cafeteria and be away from the patient’s bedside for too long.

The Lobby also features The Women’s Auxiliary Gift Shop and the Outpatient Pharmacy, where all community members—not just hospital patients—can have prescriptions filled. There is a comfortable, light-filled waiting area as well as access to the Abbott Family Courtyard, a glass-enclosed, two-story outdoor space featuring trees, greenery, and tables and chairs.

Visiting the ED can be stressful, but these spaces allow family members to take a break and recharge while remaining close to the Emergency Department.

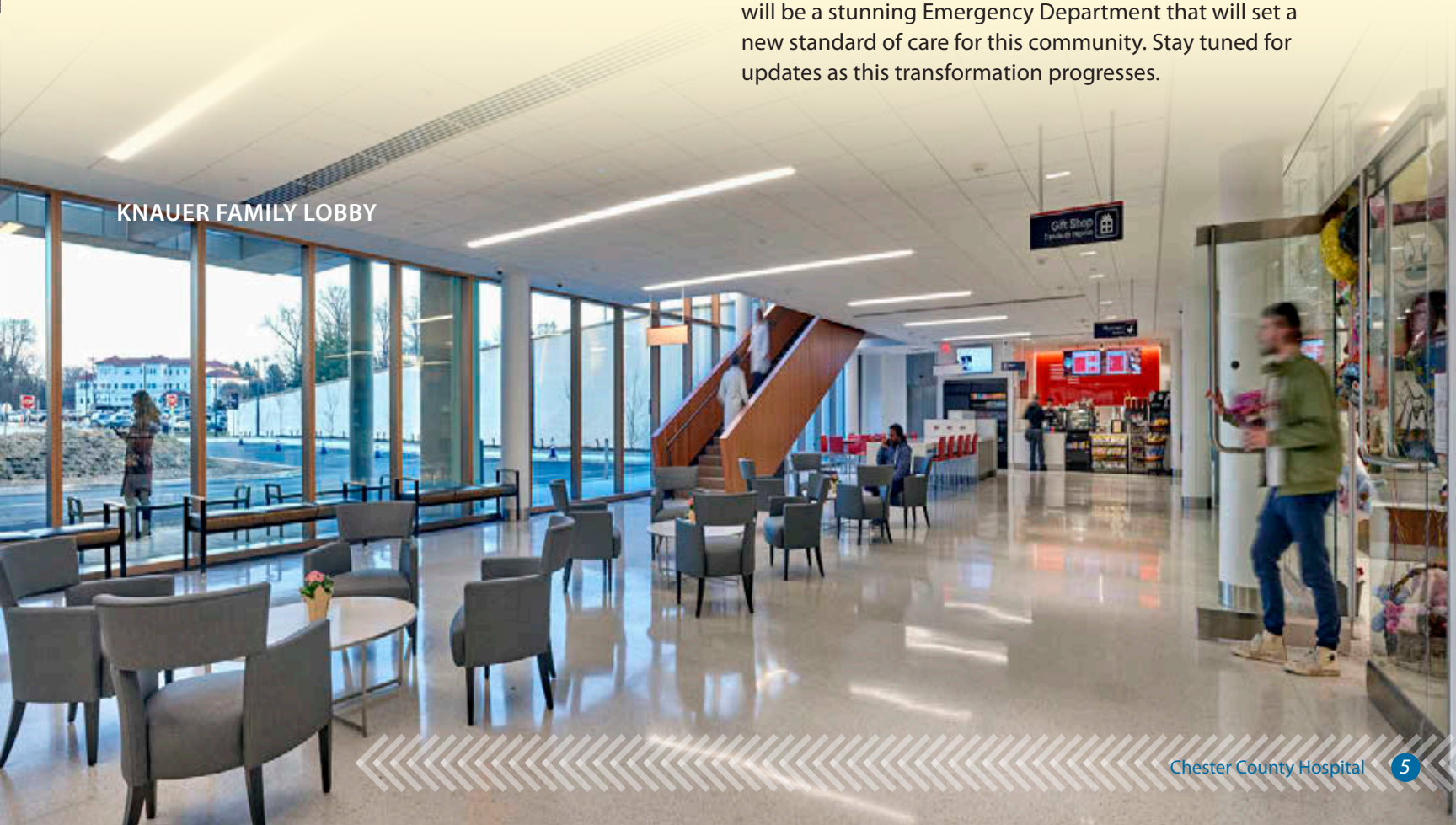


FULLY EQUIPPED AND COMFORTABLE PRIVATE ROOMS

### DEDICATED ROOMS TO BETTER SERVE PATIENTS WITH SPECIFIC NEEDS

When it’s complete, the new ED will have a dedicated area for patients who come in with mental health concerns or substance abuse issues, in order to protect patients’ and families’ privacy and better address their level of need. There also will be a decontamination area for patients who might have come into contact with a dangerous chemical or other substance that could pose a hazard to others.

Throughout this process, patients and families may notice signs of ongoing construction, but most of it will be hidden behind temporary hallways built to transport them to whichever sections of the ED are in use. The end result will be a stunning Emergency Department that will set a new standard of care for this community. Stay tuned for updates as this transformation progresses.



KNAUER FAMILY LOBBY





*“It’s truly amazing what they’ve done and continue to do.”*

– Brittany Fols, CCH

OUR COMMUNITY | OUR PATIENTS | OUR RESPONSIBILITY

SHiNE

# Need a Ride?

## SHiNE Has Cancer Patients Covered

**For the better part of the last decade, SHiNE, an all-volunteer nonprofit, has been working to ensure that every patient at the Abramson Cancer Center at Chester County Hospital has round trip rides during treatments and wellness appointments.**

**Brittany Fols**, a social worker at Chester County Hospital, described the Abramson Cancer Center’s transportation assistance program as “invaluable.”

“It’s been remarkable to see just how much of a difference it can make for some of our patients and their families,” she said. “Getting to and from their treatments and appointments can be a major source of stress for anybody. By eliminating that, they can focus more on their wellbeing.”

A 2017 American Hospital Association (AHA) report states that each year, 3.6 million people in the United States do not receive medical care because of transportation issues.

“Research has shown that only 20 percent of health can be attributed to medical care, while social and economic factors – like access to healthy food, housing status, educational attainment, and access to transportation – account for 40 percent,” the report stated.

In other words, someone’s inability to get to a doctor’s appointment or a treatment is much more than a simple inconvenience. It potentially sets off a cascade of new concerns, including

increased health expenditures and poorer overall health. Which is why efforts to overcome transportation barriers can become what the AHA describes as “health enablers.”

*“We found that cancer patients sometimes had trouble getting to their appointments, and it wasn’t always a matter of means... especially for those who had treatments every day. They weren’t feeling well, and their family members weren’t always available to drive them. It puts a huge burden on all involved. We realized that getting treatment in a timely manner had a big impact on cancer recovery.”* – Stephanie Challis, SHiNE

### HOW IT WORKS

Virtually anyone along the care continuum at the Abramson Cancer Center at Chester County Hospital can identify a candidate for the transportation assistance program, but it’s mostly the social workers, like Fols. New-patient coordinators, patient service associates, and nurse navigators also identify those in need of the service. Patients can simply request a ride, too. Rides can be arranged on a one-time

basis or throughout a patient’s course of treatment.

The rides are scheduled through a platform called Ride Health, which coordinates the trip assignments and delivers real-time updates every step of the way. The rides are provided by Uber. And the program is funded entirely by SHiNE. So essentially, the only thing required of the patient is to be ready at the appointed time. There’s no payment at the point of service.

In 2019, more than 2,000 rides were provided through the program at a cost of approximately \$45,000, or about one fourth of SHiNE’s annual budget. It was the nonprofit’s largest expense last year, according to **Stephanie Challis**, who has served as the organization’s chair for the last 10 years.

This program is one of several ways the organization has made its presence felt at the hospital. “We’ve really evolved in a big way over the last 15 years.” SHiNE funded the first nurse navigator at the hospital. It also covers the cost of personalized wigs and acupuncture for patients. In addition, the nonprofit pays for massages and gym memberships, complete with an oncology-certified specialist in both fields.

▶▶ TO LEARN MORE, VISIT  
[www.Chestercountyhospital.org/SHiNE](http://www.Chestercountyhospital.org/SHiNE)



# Hospital Expansion Will Bring New Heart Procedures To Chester County

AN ADDED BENEFIT IS HAVING CARDIAC PROCEDURES AND TEAMS LOCATED IN ONE PLACE

**When Chester County Hospital's new Procedural Suite opened in June, the experience of having surgery and other procedures here transformed—not only for patients and families but also for surgeons, physicians, nurses and clinical staff. Larger operating rooms (OR) promote seamless teamwork and accommodate today's technology, including robotic assistance, equipment mounted on overhead booms, and real-time imaging. Multiple 70-inch monitors in the ORs help the team visualize procedures, share information about the patient anywhere within Penn Medicine, and collaborate more effectively. One room is a hybrid OR, an advanced procedural space that combines a traditional operating room with an image-guided interventional suite. This allows teams from different disciplines to work together as they perform highly complex procedures.**

For heart care in particular, the Suite gives patients access to newer, minimally invasive heart procedures that correct structural problems, such as diseased or defective valves. The hybrid OR is key to offering these services, as it combines the technology of an OR with the capabilities of a catheterization lab, which allows teams to access the heart using a catheter inserted through an artery in the chest or upper leg. The procedure is called TAVR—short for Transcatheter Aortic Valve Replacement. This is a procedure that Penn Medicine helped to perfect. Chester County Hospital has had long-standing partnerships with experienced clinical teams who offer structural heart procedures at Penn Medicine's Philadelphia hospitals. Starting in July, patients will be able to access that expertise right here, without traveling downtown.

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“Our goal is to make the experience as **seamless** as possible...”

PICTURED ABOVE: DEON VIGILANCE, MD, MUHAMMAD RAZA, MD, STEVEN WEISS, MD

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## AN ADDED BENEFIT: **DAILY, REAL-TIME COLLABORATION AMONG CARDIAC TEAMS**

A more immediate benefit of the new Procedural Suite is how it will bring Chester County Hospital's cardiac specialists together in one place. Although there is already a "culture of collaboration," says **Steven Weiss, MD**, Chief of Cardiac Surgery, specialists are housed in different locations throughout the hospital. The heart's vessels, valves, chambers, and electrical activity are all connected, so the experts who treat them should be, too. Working side-by-side in the Procedural Suite, specialists will have immediate access to each other's skills and expertise—a major benefit for any patient being treated for a heart condition.

*"There are five complementary disciplines involved in the specialty care of heart disease," notes Weiss, referring to noninvasive cardiology, interventional cardiology, electrophysiology, structural heart, and cardiac surgery. "Historically, they kind of grew up separately and now we're moving them all together. When we're all co-located, we'll be able to talk to each other and not just share patients and equipment but ideas. We'll cross-pollinate more. It's an exciting time to be in this specialty."*

# Heart Procedures continued

The first planned addition was TAVR. About one in eight people over 75 will develop aortic stenosis, in which the aortic valve—the valve that releases blood from the heart into the body—narrows and can't open fully. As a result, people tire easily and experience shortness of breath. Over time, they can develop heart failure, meaning that the heart is permanently weakened and can't meet the body's need for blood supply. Severe symptomatic aortic valve stenosis can limit a patient's lifestyle and lead to death within a couple of years.

This issue has been top of mind for **Steven Weiss, MD**, Chief of Cardiac Surgery at Chester County Hospital, for several years. He started The Heart Valve Clinic here because he saw many patients with valve problems that weren't being detected and leading to heart failure.

"This problem wasn't always recognized," Weiss says. "People just thought, 'Okay, I'm getting older. This is what it feels like to be 80.' Now that we're finding valve disease, we can help them enjoy their 70s and 80s instead of feeling miserable."

TAVR emerged about a decade ago as "a real game-changer," adds Weiss, by using a catheter-based approach to place a new aortic valve inside the diseased valve. It revolutionized care for the sickest patients for whom open-heart surgery—the traditional approach to aortic valve disease—was much too risky. Now it's being used for most patients with aortic valve stenosis. "These patients often feel better right away. They're amazed at the change," he says.

Patients will now have access to TAVR right here in Chester County. Weiss, Clinical Assistant Professor of Surgery, Penn Medicine **Deon Vigilance, MD**, and interventional cardiologist **Muhammad Raza, MD**, are leading the hospital's TAVR program. (Interventional cardiologists specialize in catheter-based heart procedures.) They have formed a physician team that has been performing TAVR at Penn Presbyterian Medical Center and have expanded their operations to Chester County Hospital.

"[Aortic valve stenosis] is the most common valve problem in people over 65," Vigilance notes. "There is a growing number of patients who can benefit from the TAVR approach. They're in the hospital for just one or two days and experience significant improvement in their quality of life."

"Our goal is to make the experience as seamless as possible, bringing the highest level of care to you in our community, where you're close to home and have access to your family," he adds.

Muhammad Raza, MD, Medical Director and TAVR co-leader, is also directing the hospital's new structural heart program. The vision is to add more structural heart procedures after the TAVR program is up and running. "Put simply, for a patient who has a structural abnormality or valve disease in the heart, we will minimally invasively repair it through a catheter," he says.





One such procedure is the WATCHMAN, a small umbrella-like device implanted in a structure called the left atrial appendage to prevent blood clots from forming there. In selected patients with a type of irregular heartbeat known as atrial fibrillation, it can be used instead of blood thinners to reduce stroke risk. Another offering planned for the future is MitraClip, which is used to fix a faulty and leaky mitral valve. The mitral valve controls blood flow from the top to bottom chamber on the left side of the heart. If it doesn't close tightly enough, the blood leaks back into the left atrium and people can feel out of breath and experience leg swelling. A miniature clip is implanted to help the valve close tightly.

"As part of Penn Medicine, Chester County Hospital's program will bring state-of-the-art care for structural heart

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### ANOTHER ADVANCE: **ROBOTIC HEART BYPASS**

In addition to working with the structural heart program, Deon Vigilance, MD will perform robotic coronary artery bypass surgery, or CABG, in the new Procedural Suite. It allows surgeons to bypass certain blocked arteries in the heart through small incisions in the chest, using highly specialized robotic equipment. For the right candidates, this can mean avoiding the increased risks and recovery times associated with opening the chest and breastbone to access the heart.

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disease," says Raza.

The desire to bring more cardiac treatment options here to Chester County is why "we built flexibility into the rooms," says **Tim Martin, BS, RCIS**, Business/Operations Manager, Invasive Cardiology. "As demand grows and our offerings expand, we can really flex within that space to accommodate many more cases." In the new Procedural Suite, there is a cardiovascular "pod" of six rooms, with one shelled out for future use. "Whatever our needs end up being, we can outfit another OR for those procedures," Martin adds.

It's the newest phase of an evolution in care that **Janice Baker, MSN, RN, CEPS, NEA-BC, FHRS**, Heart and Vascular Clinic Manager, says she's witnessed since joining Chester County Hospital in 2004. "Our goal is to bring services we can safely and appropriately do here so our patients don't have to leave the community—and to be the best place to go for heart and vascular services," she says. "In 2001, Chester County Hospital was the first hospital in the suburbs to offer interventional catheterization and open heart surgery. We were also the first hospital to offer electrophysiology services [procedures to correct irregular heart rhythms]. Now, with the capabilities of our new platform, we will be the first hospital to offer structural heart services to the patients who rely on us for care."



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### ALREADY OPEN: **NEW DIAGNOSTIC HEART UNIT AND PRE-PROCEDURE TESTING**

When Chester County Hospital's Pavilion opened in January, a new Diagnostic Heart Unit and Pre-Procedure Testing Area debuted just to the right of the hospital's new Main Entrance. Like the main foyer, this area features a comfortable waiting lounge and ample natural light—along with the most advanced testing equipment in modern, spacious rooms.

The benefit, notes **Janice Baker, MSN, RN, CEPS, NEA-BC, FHRS**, Heart and Vascular Clinic Manager, is the co-location of non-invasive heart and vascular testing creating a "one-stop shop" for patients who need to have symptoms checked out or are preparing to undergo surgery or another procedure. There is a nurse on site to assist the clinical leads and technicians performing the tests, which include:

- **Echocardiography** – uses sound waves to produce live images of the heart
- **Stress test** – measures the heart's electrical activity during exercise
- **Nuclear stress test** – uses a radioactive tracer to create an image of how well blood is reaching the heart muscle, during exercise and while at rest
- **Pulmonary function testing** – measures how well the lungs function

The unit also offers neurodiagnostic testing, which measures brain activity and the electrical activity of muscles and nerves.

# Improving Care Amid a Mounting Physician Shortage

**What's changed? Our population. It's getting older fast, and that's largely what's ignited the surge in demand, the AAMC says.** The number of Americans ages 65 and older will nearly double from 52 million in 2018 to 95 million by 2060, according to the U.S. Census Bureau. By 2032 alone, the nation's population is projected to grow by more than 10 percent, with those over 65 increasing by 48 percent.

One of the most prevalent strategies being employed by healthcare systems to counter this shortage is the introduction of the advanced practice provider.

At Penn Medicine and Chester County Hospital, advanced practice provider (APP) is a term used to describe either a physician's assistant (PA-C) or a nurse practitioner (CRNP). In certain instances, an APP will perform the initial assessment of a patient, create a treatment plan, prescribe medication, and work with family members, case managers, and social workers, as needed, to facilitate the execution of the treatment plan.

**Leigh Anne Frank, PA-C** has been a physician's assistant at Chester County Hospital for the last seven years. Over that time, she's seen her responsibilities grow as the nature of her role has evolved.

"I'm a hospitalist"—doctors and APPs who coordinate and provide general medical care for the hospital's patients—"and that particular specialty has changed a lot while I've been here. Family doctors are relying more on hospitalists to see their patients while they're in the hospital," Frank says. "I used to admit patients. Now, I admit and work with them throughout their entire continuum of

care while they're in the hospital."

"Our care delivery model at Chester County Hospital is team-based and relationship-centered, so I've made sure that our APPs are part of the team. They're also leaders in their own right, and they can practice at the top of their licenses. They're not just super nurses and PA-C's," says **Kevin Sowti, MD, MBA**, Medical Director of the Hospitalists at Chester County Hospital.

If you haven't been seen by an APP either at the hospital or during a visit to your family doctor, you're likely to in the near future. In which case, it's important to remember that, while the APP is fully capable of (and licensed to) diagnose and treat you on her own, she is usually the face of a multidisciplinary team that includes at least one doctor. (Some APPs are not overseen by a doctor, and they're not required to by law because an APP is considered an independent provider.)

"And we're in constant communication with that team," Frank says. "We're gathering information from the doctor, the specialist, and the nurses in order to tailor care appropriately. We have the medical background and all the expertise, but we're relying on that team to guide the treatment."

Straightforward cases are typically handled by the APPs with little, if any, consultation from a doctor. The interaction is much more prevalent with more complex conditions that would benefit from multiple perspectives and a broader collective of knowledge.

In which case, "I may discuss a patient's case with Leigh Anne, or whoever's on our unit, at least twice, sometimes even three times, a day,"

says **Edward Ma, MD**, a hospitalist at Chester County Hospital. "We'll discuss the patient's symptoms, their labs, the relevant studies, and then we'll come up with a plan together. Now, if there's any uncertainty, I may see the patient myself. But, if we come up with a plan that's concrete—meaning we can reasonably expect that it's going to lead us to a diagnosis and treatment—then, often, I won't need to see the patient."

Advanced practice providers like Frank enable doctors to devote more of their time to complicated or advanced cases. Time is a precious commodity in every medical setting. And it's likely to be the most obvious casualty, from a patient's perspective, in places where the doctor shortage is felt most acutely. But it's also likely how the presence of APPs will be most appreciated.

"We can spend a little extra time explaining things," Frank says, "because setting expectations and helping people feel good while they're in the hospital, which can be a nerve-wracking experience, is such an important aspect of APP's role."

"Many patients are not used to this new model, where we have our advanced practice providers delivering a lot of the care," Ma says. "They should rest assured, though, that APPs are well trained providers and part of a supportive multidisciplinary team. And if there's any uncertainty, we'll be there to help resolve it. Ultimately, by preventing our doctors from being spread too thin, this model is enabling us to provide better care for all of our patients."



A national crisis is looming, but it has nothing to do with climate change or security. By 2032, the United States will see a dramatic shortage of doctors, as many as 122,000 according to the most recent projection by the Association of American Medical Colleges (AAMC), for the demand currently outpaces the supply.



< KEVIN SOWTI, MD, MBA,  
MEDICAL DIRECTOR OF THE  
HOSPITALISTS AT CHESTER  
COUNTY HOSPITAL

*“Our care delivery model at Chester County Hospital is team-based and relationship-centered...”*



EDWARD MA, MD  
CHESTER COUNTY HOSPITAL



< LEIGH ANNE FRANK, PA-C  
CHESTER COUNTY HOSPITAL

*“We can spend a little extra time explaining things, talking with families, and helping everyone have a really good understanding about what’s going on...”*



## Escape Rooms

### HELP NURSES AND SUPPORT STAFF

**It turns out, escape rooms are an effective educational tool for nurses and clinicians.**

During a recent training session, more than 80 nurses, physician assistants, nursing students, and various support staff members passed through one of two escape rooms that were set up at Chester County Hospital to help participants refine their ability to assess patients and environments for falling risks.

“The hospital’s Falls Task Force,” which organized the event, “has been trying to find ways to make education fresh for the staff and give them opportunities to learn in a fun environment, rather than just giving them learning modules where they have to read something and take a test,” says **Cathy Weidman**, Director of Medical-Surgical Services at the hospital and a co-chair of the Task Force. She also played the role of patient in one of the rooms.

The escape rooms were created by **Kelsey Bunting, RN, BSN**, and **Cathryn Millares, RN, BSN**, who first heard of the idea while attending an American Nurses Credentialing Center Magnet Conference.

“Aside from being a fun, interactive experience where everyone could participate, it also underlined the importance of communicating because the people who finished with the fastest times were the ones who communicated among their groups clearly and quickly,” Millares says.

“At some point, people of all departments interact with patients, so they need to be aware that they can help prevent a fall as much as any nurse working the floor,” she says. “On our Falls Task Force, we have pharmacists, the director of volunteers, we have people from all over the hospital because it takes all of us to keep a patient safe and keep them from falling.”

## A Research Initiative Becomes a Gateway for WCU Students

**Chester County Hospital (CCH) and West Chester University (WCU) – both pillars of the Chester County community – have been serving residents of southeast Pennsylvania, and beyond, for more than 125 years.** Their close proximity, and shared constituency, has led to a natural partnership over the years.

One of the ways the partnership thrives is through supporting real-life experience for the student population. The hospital’s **Senior HealthLink** program is designed to provide community health experience to area nursing students. The program, brings preventative health care to the homes of Chester County residents age 55 and older for FREE. The home-based program currently has more than 250 clients that the student nurses, who travel in pairs, visit about every five weeks for an ongoing individualized care plan.

Nursing majors are not the only beneficiaries of the hospital’s support of local university students. The hospital’s Community Health and Wellness Services department has also hosted numerous Masters of Public Health students over the years. These students have participated in capstone projects that left lasting impact on hospital programs and employees alike.

**Laura DelGuercio**, class of 2017, piloted a food insecurity questionnaire in the hospital’s Ob/Gyn Clinic. The idea for the questionnaire rose from the 2016 Community Health Needs Assessment, which showed that despite being one of the richest counties in the state, Chester County had a high food insecure population. The Clinic was a natural partner to test this screening tool, as it provides free or reduced-cost obstetric and gynecological health care services to the medically underserved women and Medicaid population –the same population affected most by food insecurity, according to nationwide studies. The pilot was a success, leading to the Chester County Food Bank providing emergency food kits to the Clinic to give to patients in need.

There are discussions currently underway to expand the food insecurity screening tool initiated by DelGuercio hospital-wide. “Helping our community gain access to adequate nutritious food will improve their overall health, which is what everyone at the hospital is working toward,” Michelle Francis MS, RD, CDE, LDN, director, Community Health and Wellness Services, shared. “Asking our neighbors if they have access to enough food to feed their family and



**LAURA DELGUERCIO,**  
WCU GRADUATE STUDENT



then connecting them to the right resources is the most obvious first step.”

Last year, the Community Health and Wellness Services department welcomed **Millad Bokhouri**, a WCU Master in Public Health Administration candidate at the time. Bokhouri’s project was to research the impact of healthcare on the blind population and rehabilitation.

After months of research, culminating in a presentation to hospital physicians, administrators, nurses and staff, Bokhouri found a 123% increase in awareness of patient potential after demonstrating and teaching the ways in which healthcare workers can support independence for the blind.

Back in 2014, **Chester County Hospital achieved the prestigious Magnet designation from the American Nurses Credentialing Center (ANCC)**. This is the highest honor and form of recognition for nursing excellence. While the hospital was pleased to have achieved such a milestone, they also knew they had work to do if they were to achieve redesignation in 2018, as the ANCC noted that CCH nurses would need to be more involved in the research program for their next evaluation.

This is where yet another WCU and CCH partnership blossomed. **Cheryl Monturo, PhD, MBE, ACNP-BC, nursing professor at WCU**, had already been working with the hospital’s research department on a transformational leadership study. With this new direction from the ANCC, Monturo was invited to take on a more permanent role.

She began working alongside **Cindy Brockway, MSN, RN, CCRP**, the research program’s director. The two have created a structure that encourages clinicians to develop and pursue research projects aimed at making sure patient care always reflects the latest medical evidence – and to create that evidence if it doesn’t already exist.

An early fruit of that effort is a risk assessment tool that helps predict the incidence of post-op nausea and vomiting. The concept was introduced by perioperative care nurse **Kathy Hubbard, MSN, RN, CPAN**, after she found that about 23 percent of patients at Chester County Hospital’s Ambulatory Care Center were experiencing this common side effect of anesthesia. Within three months of the tool’s implementation, the rate of post-operative nausea and vomiting decreased to just 7.5 percent.

In August 2019, Chester County Hospital learned that it had been awarded Magnet re-designation. In presenting the award, the ANCC also cited three particular cases that highlighted “excellence in nursing practice.” Among them was a special project spearheaded by Brockway and Monturo to disseminate research to the hospital’s nurses. The weak link just four years ago was now the shining example.



## Warming Hearts + Heads

**The Chester County Hospital Knitters Club crafted 650 beanies for hospital patients undergoing chemotherapy (known as “chemo caps”) and another 1,900 for newborns (with seasonal themes), along with about 450 baby blankets, and countless red and pink scarves.** The club recently fielded a request from the NICU nurses for booties, and they made 424 Chester Bears, which are given as comfort to children in the emergency department.

The Knitters formed in 2006 with only six members. When **Cheryl Calabrese** joined three years later, there were only a few more, but that soon changed. Calabrese, who retired several years ago, jokes that she was the baby of the club when she started. That’s no longer the case, though two of the group’s founding members remain, **Marcia Gregory** and **Nancy Barr**, who never miss a meeting.

In 2008, Calabrese was diagnosed with breast cancer. “It was my first experience with Chester County Hospital, and it was very positive,” she says. “Fortunately, I had a really good outcome.”

At one of her follow-ups, she presented her oncologist with a baby blanket she knit for his newborn. He asked her why she wasn’t part of the knitting club. It was the first she’d heard of it. “But I jumped at the chance because it was a way I could give back,” she says.

**Carol Dunigan**, the hospital’s volunteer coordinator, distributes much of the club’s wares, but Calabrese personally delivers beanies and pink scarves to Cindy Brown at the Fern Hill Medical Campus. Brown was Calabrese’s nurse navigator following her diagnosis. They’ve since become friends. And if there’s ever a large surplus, she’ll bring everything home with her before gradually spreading it out among several facilities. “Nothing goes to waste,” she says.



# new physicians

## Emergency Medicine

### Megan Cohen, MD

Dr. Cohen received a medical degree from Temple University School of Medicine and completed a residency at Christiana Care Health System. Dr. Cohen specializes in Emergency Medicine.



### Michael John Duzy, DO, FACC

Dr. Duzy received a medical degree from Philadelphia College of Osteopathic Medicine in Philadelphia. He completed a residency and fellowship at Lankenau Medical Center. Dr. Duzy is a board-certified cardiologist and specializes in the spectrum of cardiovascular care – from education to disease prevention, imaging and treatment. He is a fellow of the American College of Cardiology and a member of the Pennsylvania Osteopathic Medical Society. He sees patients at Cardiology Consultants of Philadelphia in West Chester and West Grove, PA.

## Family Medicine

### Eric DiCicco, DO

Dr. DiCicco received a medical degree and completed a residency at the Philadelphia College of Osteopathic Medicine. He specializes in family medicine and sees patients at Gateway Primary Care in Downingtown.



### Satoshi Furukawa, MD

Dr. Furukawa received a medical degree from the University of Pennsylvania School of Medicine and completed his residencies in general and cardiothoracic surgery at the Hospital of the University of Pennsylvania. He went on to complete fellowships in lung transplantation at the Hospital of the University of Pennsylvania and Temple University Hospital. He specializes in open and minimally invasive surgery (including video thoracoscopic surgery), cardiac and lung transplantation, lung volume reduction surgery (LVRS), mitral valve repair, transcatheter aortic valve replacement (TAVR), aortic surgery, off-pump bypass surgery, bullectomy and long-term mechanical circulatory support. Dr. Furukawa comes to Chester County Hospital from Pennsylvania Hospital where he presently serves as chief of cardiovascular surgery. He is board certified in Thoracic Surgery and Cardiac Surgery.

## Occupational Medicine

### Maura Lappin, DO



Dr. Lappin received a medical degree from Rowan University School of Osteopathic Medicine. Around the time she started medical school, she was appointed

as a commissioned officer (Captain) in the United States Army, and after graduation completed her internship at the Walter Reed National Military Medical Center. She is enrolled in an Occupational Medicine residency at the Perelman School of Medicine at the University of Pennsylvania, a "train-in-place" program that involves working in the Occupational Health Center clinic to complement her classroom responsibilities. She is also pursuing a Master of Public Health degree from the University of West Florida, as her residency requires.

### Amanulla Khaji, MD

Dr. Khaji completed his undergraduate training at B. M. Patil Medical College in Bijapur, India. He received his postgraduate training in England, Scotland and Northern Ireland and received membership of Royal Colleges of Physicians London. He completed his internship, residency, and fellowship in cardiology, and an advanced fellowship in electrophysiology at Lankenau Medical Center. He is board certified in Internal Medicine, Cardiovascular Disease, Echocardiography and Nuclear Cardiology. He sees patients at West Chester Cardiology.



### Muhammad Raza, MD



Dr. Raza received a medical degree from Punjab Medical College and completed a residency and fellowship at Drexel University/Hahnemann University Hospital. He is an interventional cardiologist and the Medical Director of the Structural Heart Disease Program at Chester County Hospital. He has extensive experience in minimally invasive transcatheter therapies for valvular and structural heart disease including TAVR – transcatheter aortic valve replacement, WATCHMAN implantation, PFO/ASD closures, MitraClip and mitral valve-in-valve implantation procedures. Dr. Raza sees patients at the Heart Valve Clinic at Chester County Hospital and at Cardiology Consultants of

Philadelphia at the Fern Hill Office in West Chester. He is board certified in Internal Medicine and specializes in cardiology.

### Deon Vigilance, MD, MBA

Dr. Vigilance received a medical degree from Pennsylvania State University College of Medicine. He went on to Columbia University/New York Presbyterian Hospital where he was the chief research fellow and the procurement fellow of thoracic organs in the division of Cardiothoracic Surgery. He completed his residency in cardiothoracic surgery at the University of Maryland Medical System. He comes to Chester County Hospital from Trinity Health Mid-Atlantic – Mercy Health System, where he presently serves as chief of cardiothoracic surgery. He is board certified in General Surgery and Thoracic Surgery.



## Heart and Vascular

### Paul Alfieri, MD, FACC

Dr. Alfieri received a medical degree from Temple University School of Medicine in Philadelphia and completed his residency and fellowship at the Milton S. Hershey Medical Center in Hershey. He is a board-certified cardiologist who specializes in all aspects of cardiac care. He is a member of the American College of Cardiology, American College of Physicians and American Medical Association. He sees patients at Cardiology Consultants of Philadelphia in West Chester, Kennett Square and West Grove.



### **Nephrology**

#### **Amit Kapoor, MD**

Dr. Kapoor received a medical degree from Temple University School of Medicine and completed a residency at the University of Medicine and Dentistry of New Jersey. In addition, he completed a fellowship at Temple University Hospital. Dr. Kapoor is board certified in Internal Medicine and specializes in nephrology. He sees patients at Clinical Renal Associates, Ltd.- Exton Office.

#### **Marc Kim, MD**

Dr. Kim received a medical degree from Ross University School of Medicine. He completed a residency and fellowship at Hahnemann University Hospital. Dr. Kim specializes in nephrology and is board certified in Internal Medicine. He sees patients at Clinical Renal Associates, Ltd.- Exton Office.

#### **Roy Marcus, MD**

Dr. Marcus received a medical degree from Temple University School of Medicine. He completed a residency and a fellowship at the University of Michigan Medical Center. Dr. Marcus specializes in nephrology and is board certified in Internal Medicine. He sees patients at Clinical Renal Associates, Ltd.- Exton Office.

#### **Heather Mascio, DO**

Dr. Mascio received a medical degree from the University of Medicine and Dentistry of New Jersey. She completed a residency and a fellowship at the Walter Reed National Military Medical Center in Bethesda, Maryland. She specializes in nephrology and is board certified in Internal Medicine. She sees patients at Clinical Renal Associates, Ltd.- Exton Office.

#### **Laura Panarey-Raymond, DO**

Dr. Panarey-Raymond received a medical degree from the Philadelphia College of Osteopathic Medicine. She completed a residency and a fellowship at Hahnemann University Hospital. Dr. Panarey-Raymond is board certified in Internal Medicine. Dr. Panarey-Raymond specializes in nephrology and sees patients at Clinical Renal Associates, Ltd.- Exton Office.

#### **Jennifer Patel, DO**

Dr. Patel received a medical degree from New York College of Osteopathic Medicine. She completed a residency at North Shore University Hospital and a fellowship at New York Medical College. Dr. Patel specializes in nephrology and is board certified in Internal Medicine. She sees patients at Clinical Renal Associates, Ltd.- Exton Office.

#### **Kevin Sperling, MD**

Dr. Sperling received a medical degree from the University of Pittsburgh School of Medicine. He completed a residency at McGaw Medical Center in Chicago, Illinois and completed a fellowship at University of Pittsburgh Medical Center. Dr. Sperling specializes in nephrology and is board certified in Internal Medicine. He sees patients at Clinical Renal Associates, Ltd.- Exton Office.

### **Obstetrics/Gynecology**

#### **Joseph Knapp, DO**

Dr. Knapp received a medical degree from the Philadelphia College of Osteopathic Medicine. He completed a residency at Walter Reed National Military Medical Center. Dr. Knapp is board certified in Obstetrics and Gynecology.

### **Otolaryngology (Head & Neck Surgery)**

#### **Jillian Mattioni, DO**

Dr. Mattioni received a medical degree and completed a residency at the Philadelphia College of Osteopathic Medicine. She specializes in otolaryngology and sees patients at Chester County Otolaryngology and Allergy Associates.



### **Radiology**

#### **Steven Herman, MD**

Dr. Herman received a medical degree from Temple University School of Medicine. He completed a residency at the Hospital of the University of Pennsylvania and Temple University Hospital. In addition, he completed a fellowship at Thomas Jefferson University Hospital. He is board certified in Radiology.



#### **Laurence Spitzer, MD**

Dr. Spitzer received a medical degree from Drexel University Center City Hahnemann Campus and completed a residency at Albert Einstein Medical Center, Cooper University Hospital and the Hospital of Saint Raphael. In addition, he completed a fellowship at Thomas Jefferson University Hospital. Dr. Spitzer is board certified in Radiology.



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**Pediatrics**

**Matthew Elias, MD**

Dr. Elias received a medical degree from the Perelman School of Medicine at the University of Pennsylvania. He completed a residency and a fellowship at the Children's Hospital of Pennsylvania. He is board certified and specializes in pediatrics and sees patients at Chester County Hospital.

**Christine Falkensammer, MD**

Dr. Falkensammer received a medical degree from the University of Innsbruck. She completed a residency at Miami Children's Hospital and completed a fellowship at Baylor College of Medicine and Texas Children's Hospital. Dr. Falkensammer is board certified in Pediatrics and specializes in pediatric cardiology and sees patients at CHOP Pediatric Cardiology.

**David Goldberg, MD**

Dr. Goldberg received a medical degree from UMDNJ-Robert Wood Johnson Medical School. He completed a residency at Yale - New Haven Children's Hospital and completed a fellowship at Children's Hospital of Philadelphia. Dr. Goldberg specializes in pediatric cardiology and is board certified in Pediatrics. He sees patients at CHOP Pediatric Cardiology.

**Alexa Hogarty, MD**

Dr. Hogarty received a medical degree from Columbia University College of Physicians and Surgeons. She completed an internship and residency at Children's Memorial Hospital and completed a fellowship at the Children's Hospital of Philadelphia. Dr. Hogarty is board certified in Pediatrics and sees patients at Chester County Hospital.

**Kristen Ritenour, MD**

Dr. Ritenour received a medical degree from the University of Virginia. She completed a residency at the Children's Hospital of Philadelphia. She is board certified in Pediatrics.

**George Taylor, MD**

Dr. Taylor received a medical degree from George Washington University School of Medicine. He completed an internship and a residency at Johns Hopkins Hospital. In addition, he completed a fellowship at Boston Children's Hospital. Dr. Taylor is board certified in Radiology.

**Matthew O'Connor, MD**

Dr. O'Conner received a medical degree from the University of Virginia. He completed a residency at University of Virginia Health System and a fellowship at the Children's Hospital of Philadelphia. He is board certified in Pediatrics and specializes in Pediatric Cardiology.

**Michael Quartermain, MD**

Dr. Quartermain received a medical degree from Wake Forest School of Medicine. He completed a residency and a fellowship at the Children's Hospital of Philadelphia. He is board certified in Pediatrics and specializes in pediatric cardiology.

**Pain Management**



**Michael Ashburn, MD**

Dr. Ashburn received a medical degree from the University of South Alabama College of Medicine. He completed a residency at University of Alabama Birmingham (UAB) University Hospital and completed a fellowship at University of Utah Medical Center. He is board certified in Anesthesiology.

**Douglas Gugger, MD**

Dr. Gugger received a medical degree from Temple University School of Medicine. He completed a residency and a fellowship at the Hospital of University of Pennsylvania. He specializes in pain management and is board certified in anesthesiology.

**Justin Roh, MD**

Dr. Roh received a medical degree from University of Rochester School of Medicine. He completed a residency and fellowship at University Hospitals Case Medical Center. He completed a fellowship at Case Western Reserve University Hospital. He specializes in pain management and sees patients at the Penn Pain Medicine Center West Chester.



**Urology**

**Jose Pulido, MD**

Dr. Pulido received a medical degree from the University of Pennsylvania School of Medicine. He completed a residency at the Hospital of the University of Pennsylvania. Dr. Pulido specializes in urology and sees patients at Urology Center of Chester County.

**Hyperbaric Medicine and Wound Care**

**Zachary Gaskill, DO**

Dr. Gaskill received a medical degree from Lake Erie College of Osteopathic Medicine and completed a residency at PCOM/Aria Health. In addition, he completed a fellowship at the Hospital of the University of Pennsylvania. Dr. Gaskill specializes in wound care and sees patients at Penn Wound Care and Hyperbaric Medicine Chester County in West Chester.

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# Chester County Hospital Rallies Around Kennett Square Food Pantry

**Last fall, an electrical fire broke out at the Kennett Area Food Cupboard, in Kennett Square.** Crews from Kennett Fire Company No. 1 and Avondale Fire Company responded quickly and contained the flames, but not before they destroyed a portion of the Cupboard's inventory, **Beth Erisman**, a spokesperson for Kennett Area Community Service (KACS), told the Daily Local News.

The building didn't sustain any structural damage, but it would take time to clean up the mess, time that the KACS staff didn't have. More than 800 households depend on the KACS, the Cupboard's parent organization, to fill some of their food shortages throughout the year. Those families receive a one-week supply each month.

Such an effort requires an incredible amount of sustained support and coordination—**the Cupboard received \$915,000 in food donations in 2018 and distributed more than 500,000 pounds of food.** In the wake of the fire, urgency rushed into the void.

"We **served 1,124 people** [in September], and those people are counting on us," Erisman said.

As the news broke, **Kathleen**

*"This is philanthropy.*

*This is the love  
of humankind.*

*This is the power of  
generosity, and this  
connectivity and love are  
what we, as Kennett Area  
Community Service seeks  
to cultivate and grow.  
Chester County Hospital  
is a good partner  
in this with us."*

**Gorman**, Senior Vice President of Strategic Planning and Marketing at Chester County Hospital, emailed **Jacqueline Felicetti**, the hospital's Chief Human Resources Officer, and asked if she could help her organize a hospital-wide food drive in support of the Cupboard. "Absolutely," replied Felicetti.

"That's the Chester County Hospital way: To put a deserving cause like this out there and know that everyone

is going to pull together," she says. "Whenever there's an opportunity to support our community, count us in. In this particular case, knowing the impact it could have on the local Hispanic community, and the large number of our employees who have ties to it, we wanted to make sure we did whatever we could."

More than 60 percent of the Cupboard's recipients are Hispanic, according to the KACS.

The next morning, members of Felicetti's staff distributed collection boxes across the hospital and to satellite campuses. Within two weeks, the hospital's food drive netted more than 600 pounds in donations, which were transported to the Cupboard in three separate deliveries. Even after those deliveries were made, donations continued to come in. (Those goods were later delivered to the Cupboard.)

"It is heartening to see kindness grow out of crisis, to know that the seeds of generosity always remain ready to sprout just when they're needed most," Leah Reynolds, Executive Director of the KACS, said in response to the outpouring. "Thank you to Chester County Hospital for your support during this time of need."





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# *Celebrating Our...*

## PHILANTHROPIC COMMUNITY

Chester County Hospital stands on a foundation of deeply rooted history, unique culture, and powerful philanthropy – values that still guide us today.

As our campus footprint changes with our largest expansion to date, we honor our roots and thank our supportive community.

Our new front doors are officially open! Within the new entrance of the Knauer Family Lobby, two wall installations pay tribute to the long-standing power of our community. Historical milestones, artifacts,

impactful gifts and donor stories are featured, inspiring a new generation of compassionate, generous donors to influence tomorrow's advances in healthcare.

The future of healthcare is right here in Chester County. Your investment in the hospital provides essential resources for the very best in healthcare for your family, friends, and neighbors.

**To learn more about giving options, please contact Ashley Kopp at 610.431.5266 or [ashley.kopp@pennteam.upenn.edu](mailto:ashley.kopp@pennteam.upenn.edu).**